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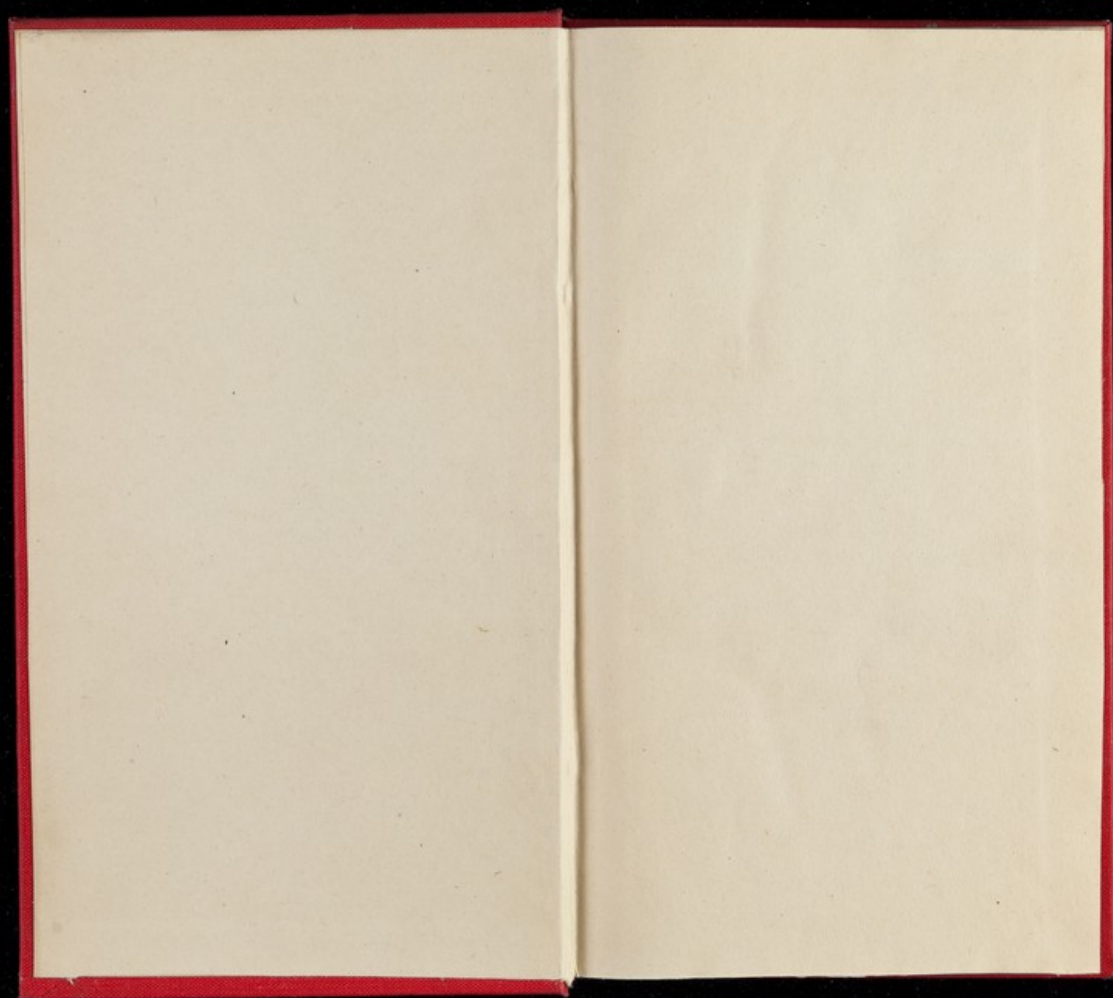
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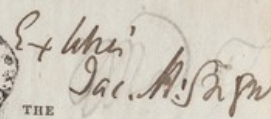


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ETS







JOHN BUFFA, M. D.  
LATE PHYSICIAN TO THE ARMY DEPÔT,  
ISLE OF WIGHT.

CONTAINING  
HIS REMONSTRANCE TO HIS ROYAL HIGHNESS,  
FIELD-MARSHAL, THE  
COMMANDER IN CHIEF;

Parve, (nec invidio) sine me, liber, ibis in urbem ;  
(Hei mihi !) quo Domino non licet ire tuo. ●  
P. OVID. NASON. TRISTIUM, *Liber Primus.*

1808.





The past and present wear such different forms in my mind, that I gladly turn from the gloomy contemplation of the latter, to the cheerful scenes of the former. While stimulated by the universal satisfaction the faithful discharge of my duty procured me from every rank, the sacrifices I made, and the losses I sustained, past unheeded: the interests of myself and family were never put in competition with what I owed my king and country; but my whole time was employed in administering relief, and adding to the comforts of the sick soldier; and, on several occasions, the wards of the hospital have become both my parlour and dining-room. This line of conduct attracted the notice, and procured me the patronage of the best of princes.

When I reflect how happily I passed many years, equally respected by both officers and privates, I cannot avoid feeling sentiments of the greatest indignation and disgust at the treatment I have experienced from the gentlemen composing the Army Medical Board; which treatment has compelled me to have recourse to the present appeal, as the only means left to restore peace to my mind, and convince my friends and the public, that the

tame

tame forbearance they have witnessed in me hitherto, has not been the result of a consciousness of guilt, but from an absolute ignorance of the charges alleged against me; for to my repeated applications for a general court-martial on my conduct in the Isle of Wight, I received in answer "that there was nothing against me to warrant a court of inquiry, and that if I was placed on half-pay, it was at my own request\*."

With this answer I was obliged to rest satisfied, till the Report of the Commissioners of Military Inquiry painfully convinced me how miserably I had been duped; but, though painful, attended with the salutary effect, of having roused me from my lethargy, and urged me, like the trodden worm, to turn again on my oppressors.

I will not detain the reader by an attempt to describe my irritated feelings, — they are such, as every noble and upright mind must experience, while labouring under an unmerited stigma; but shall proceed to a detail of plain matters of fact, whereby I intend to prove how far I am correct in calling it "an unmerited

\* No such Request was made by me.



"stigma." In order to render my narration more comprehensive, it will be necessary that I should sketch the outlines of my military career; which I shall do as briefly as possible, dwelling but slightly on such parts of it as are not immediately connected with the object in view.

In the year 1793, on General O'Hara's assuming the command of the British army at Toulon, a general staff was appointed, of which I formed a part, with the rank of Apothecary to the general hospital; where I continued till the evacuation of the place by the British troops; upon which occasion I was ordered to accompany the sick and wounded to Gibraltar, where I remained six months on duty, and then rejoined the British forces in Corsica.

In January, 1795, by permission of his Excellency the Right Honourable Lord Minto, the Viceroy of Corsica, I returned to England, with a strong letter of recommendation from his Lordship to the Right Honourable Lord Melville, then Secretary of State for the War and Colonial Departments, and, in consequence, was shortly after appointed Surgeon to his Majesty's 24th foot, then stationed at Detroit, in Upper Canada, whither I immediately repaired.

On

On my joining the regiment I found it labouring under an epidemical fever, similar to that which raged at the same period in several of the provinces of the United States, particularly that of New York. It soon became universal; and my exertions on that occasion having proved successful, not only in my own regiment, but among the inhabitants, gained me their confidence and esteem; and so grateful were the latter, that on the troops evacuating that province, according to treaty, the most liberal offers were made by them to induce me to leave the service, and settle myself with them; which proposal, however gratifying to my feelings, or advantageous to me in regard to emolument, was rejected. I therefore continued in my situation, and proceeded with my regiment to Montreal; from thence to Quebec; and in the latter end of October, 1799, landed with the same corps at Halifax, in Nova Scotia.

Shortly after, his Royal Highness the Duke of Kent was graciously pleased to appoint me to do the duty of Assistant Inspector of Hospitals, and to take upon me the direction and management of the medical department in North America; and about the same time I was removed to the 7th foot, or Royal Fusiliers. In November,

1800,

1800, I obtained leave of absence, and returned to England, purposely to solicit a confirmation of the appointment bestowed on me by his Royal Highness; when, on application to the Surgeon General (Mr. Keate), he informed me that I could not be confirmed in that situation, but that, if I conceived myself *strong enough* to stand an examination by a special board of physicians, and was by them found and reported duly qualified, I should be appointed physician to his Majesty's forces. I acceded to the proposal; and, having gone through the requisite examination, was, in January, 1801, appointed Physician to the forces, and immediately embarked at Portsmouth, to join the expedition under the late gallant and brave Sir Ralph Abercrombie.

In Egypt I pursued the same line of conduct I had invariably adopted, of never allowing private feelings to interfere with my public duty: the consequence of which was, that my wife, and one of my children, fell victims to that dreadful disease of the country,—the plague.

After the surrender of Alexandria by the French, the general hospital was removed to that

that place: I remained there till the news of the preliminary articles of peace having been signed, was officially communicated to us; when, overwhelmed with sickness, blindness, and mental suffering, I returned to England for the benefit of my health, and was shortly afterwards, with many others, reduced to half-pay.

On the re-commencement of hostilities, I was placed again on full pay, and appointed to Chatham district, and afterwards, by exchange, to the Army Depôt, Isle of Wight.

From this period I may date the commencement of my misfortunes, as will fully appear in the following remonstrance to Field-Marshal his Royal Highness the Duke of York; my inducement for sending which arose from the circumstance of having, by mere accident, (for I had repeatedly applied, as before stated, for the grounds of accusation against me, without effect) obtained an extract of a letter written by Lieutenant-Colonel Gordon to the Secretary at War, and by him transmitted to the Lords of the Treasury, wherein it is stated, that I stood accused "OF HAVING PREFERRED CHARGES AGAINST MY SUPERIOR OFFICERS IN THE MEDICAL



" MEDICAL DEPARTMENT, WHICH, UPON IN-  
 " QUIRY, TURNED OUT TO BE PERFECTLY  
 " GROUNDLESS!"

The reader will be able to judge, by the facts hereafter detailed, First, Whether this accusation was well founded; and, Secondly, What legal or regular inquiry was instituted to investigate the abuses of the Depot Hospital, Isle of Wight, to warrant such calumny.

To Field-Marshal His Royal Highness the  
 DUKE OF YORK, Commander in Chief, &c.  
 &c. &c.

The Humble Remonstrance of JOHN  
 BUFFA, M. D. late Physician to the  
 Army Depot Hospital, in the Isle of  
 Wight.

SHEWETH,

THAT the extraordinary and un-  
 merited persecution Memorialist has met with,  
 and is still continuing to experience from the  
 unprovoked conduct of Mr. Keate, the Surgeon  
 General, compels him to throw himself on the  
 protection of your Royal Highness, whose  
 gracious

gracious interference he humbly implores;  
 confident that your Royal Highness will not  
 approve of any private pique, malice, or re-  
 venge, or any other transaction, unconnected  
 with official or military duty, to interfere, or bias  
 one, though the superior Officer, in the execu-  
 tion of his public duty.

In the recital of the following matters of fact,  
 Memorialist hopes, from what he shall lay be-  
 fore your Royal Highness, (and which he is  
 ready and willing to support by evidence be-  
 fore any tribunal, either civil or military,) that  
 the secret, malicious, and false accusations,  
 which have been alleged against him, in an  
 irregular and clandestine manner, will be seen  
 through, and proper redress granted to this  
 his humble remonstrance; so as to render  
 an appeal to the public, and laying his dis-  
 tressing case before it, (which so much pains,  
 artifice, and exertion have been used to sup-  
 press, and bury the same in oblivion) or oblige  
 him to seek that justice which his case de-  
 mands in a court of law, wholly unneces-  
 sary.

With this view Memorialist is firmly con-  
 vinced, that the mind of your Royal Highness

has been poisoned against him, by the misrepresentations of the Army Medical Board. He therefore humbly begs leave to state the following circumstances, which are literally facts.

In the year 1803 Memorialist was appointed to Chatham, as Physician to that hospital; but no sooner had he repaired to that place, and made suitable arrangements for the comfort and reception of his family, than he received a letter from Mr. Keate, pressing him to exchange his situation with Dr. Phelan at the Isle of Wight; which letter called him to town, in the hope of personally being able to prevail on the Surgeon General to be allowed to remain at his post. All his remonstrances having proved ineffectual with Mr. Keate, who still persisted in the exchange, by observing at the same time that the situation at the Army Depôt was permanent, when the other was only temporary, and worth really a valuable consideration, he at last unfortunately consented; and the exchange was effected, and sanctioned by your Royal Highness.

Memorialist removed, at a very great sacrifice, and at a considerable expence, to the Isle of Wight,

Wight, and, to his great disappointment, learned from Dr. Phelan all the slights and injustices with which his predecessors had been treated at the Army Depôt; who gave him at the same time such a character of the Principal Medical Officer, as to preclude, his possibly having any other respect for him, than that of being his superior Officer.

Memorialist soon afterwards was given to understand, that there was no allowance for him; in consequence of which he wrote the following letter to Mr. Keate:

"Depôt Hospital, Isle of Wight.  
"SIR, "June 3d, 1804.

"I beg leave to inclose you a copy of my letters to the General commanding, together with his answer to No. 1. for your perusal; trusting you will approve of the steps I have taken, in requesting what all the Medical Officers of this Staff regularly receive, and of which I alone have been deprived for nearly these twelve months past.

"I have the Honour to be,

"Your most obedient,

"T. KEATE, Esq. "Humble Servant,  
"Surgeon General, (Signed) "J. BUFFA."  
" &c. &c."



About the 21st of September, 1803, Mr. Powell, the Acting Apothecary, called upon Memorialist; when, after some general conversation respecting the economy of that hospital, Mr. Powell assured Memorialist, that he had the Principal Medical Officer so completely in his power, that he could not only have him dismissed the service, but bring him to public justice. He would (continuing to address Memorialist) be silent for the present, with respect to the most flagrant part of the Principal Medical Officer's conduct, but would only inform Memorialist what was publicly known to all his colleagues, and what he had himself been an eye-witness of, namely, "That great and various abuses were hourly committed at the hospital, to the injury of the sick soldier, and the public at large; among which, (and these," added he, "were mere trifles to others he knew) was, that casks or tubs of claret from the smugglers had been admitted into the King's stores, and by so doing the revenue defrauded; and that the said wine was appropriated by the Principal Medical Officer and others to their own use.

"That a considerable portion of raisins and currants were purposely condemned as bad, when

"when excellent, by desire of the Principal Medical Officer, and converted into wine for his own use; he well knowing that the said ingredients were the property of the public. That candles, soap, sugar, tea, port wine, porter, meat, and bread, were daily disposed of, and drawn regularly from the hospital; and that the Principal Medical Officer and Acting Purveyor received a valuable consideration from the butcher who supplied the hospital with meat, and which was the reason why the meat was always so bad, and so many complaints made about it without any effect.

"That one day the Principal Medical Officer, in the presence of Mr. Powell, asked the Acting Purveyor, if he had any money on the public account in his hands; when the Acting Purveyor replied in the affirmative: upon which the Principal Medical Officer, in words to this effect, said, 'Then you can let me have £40 or £50, to stop a gap.' And that this officer was in the habit of drawing sums for his own use from the Acting Purveyor, while the bills of the tradesmen remained unpaid."

Mr. Powell

Mr. Powell ended by saying, that the Principal Medical Officer had prejudiced the General greatly against Memorialist; to which Memorialist replied, that knowing, and being accustomed to do his duty, prejudice could never essentially injure him; and that it was his determination not to intermeddle with any thing but his duty as a Physician to that hospital, being a complete stranger to the economy of it, and the person accused being his superior Officer.

In January, 1804, information was given to Memorialist, that certain bedsteads belonging to the barrack or hospital department, to the number of eighty, were condemned, and sold for garden fences to the Staff Surgeon. This circumstance was reported by the Hospital Storekeeper to Mr. Powell, and to Assistant Surgeon Harris, as an irregular transaction.

At the same time Hospital Mate Morton also represented to Memorialist, "That large quantities of smuggled brandy and geneva were introduced into the hospital stores, of a very inferior kind, to make up deficiencies in those articles; and that the Principal Medical Officer was not ignorant of the fact."

In

In February 1805, Major Gray, of the Army Depot, called upon Memorialist, to know if the reports so much in circulation all over the island, concerning the abuses of that hospital, were true. To which Memorialist replied, that Mr. Powell and others of the Medical Staff, had mentioned to him all those abuses; but not having himself witnessed any such things, and some of the abuses having taken place previous to his joining that hospital, he did not chuse to trouble himself with matters totally foreign to him, particularly as they tended to criminate his superior Officer.

It afterwards appeared, that the said Major Gray, or some other person at his particular desire, wrote an anonymous letter to Mr. Pitt, in the month of February, 1805, giving a circumstantial information of the aforesaid abuses; which letter being transmitted to the Army Medical Board, it was most maliciously, illiberally, and unjustly attributed to Memorialist; and without making the least inquiry to discover the real author of the said letter, or investigating at all into the said abuses, they ordered Memorialist to the West Indies.

Memorialist



Memorialist would have proceeded again on foreign service, without the least hesitation, but on account of his health, and the deranged state of his affairs, occasioned by his late unfortunate exchange, which rendered it absolutely impracticable.

Memorialist being at that time under the care of Mr. Phips, Oculist to his Majesty, owing to the state of his sight, added to the indifference of his health, (the former being in consequence of the ophthalmia he contracted in Egypt, the latter the result of uneasiness of mind,) he obtained a certificate from Mr. Phips of the same, and was ordered back again to his duty in the Isle of Wight.

On his return there, Messrs. Stewart, Harris, and Powell, Medical Officers of the hospital, informed Memorialist, that certain quantities of meat were charged to the public, and inserted in the diet table, or weekly expenditure, approved and signed by the Principal Medical Officer, which had never been issued to the sick, to make up deficiencies in that article.

That Assistant Surgeon Morton had reported to Mr. Stewart, "That hospital blankets had  
" been

" been seen in a shop, or shops, in Newport, which Mr. Stewart reported to the head of department, and of which no notice was taken."

About this time the Acting Purveyor left the Dépôt, indebted to the public accounts to a considerable amount, which, on the representation of the above Medical Officers, Memorialist reported the whole to his superior Officer; relating as well all the other circumstances above represented to him, to the prejudice of the Principal Medical Officer and the Acting Purveyor; but he took no notice of such information, became extremely attentive to Memorialist, and gave him a handsome certificate of Memorialist's public conduct at the hospital.

Memorialist being again teased and pressed by Major Gray to report the said abuses, or that he would report his criminal silence; with the consent and approbation of Messrs. Stewart, Harris, and Powell, Memorialist reported the whole in a private letter to Mr. Keate; and then informed Major Gray, that he had at last acquainted the Surgeon General with all the abuses in question, that the matter then rested with that Officer. At the same time, in consequence

quence of the great uneasiness Major Gray had occasioned Memorialist, by his interference in the hospital concerns, he desired that no further intercourse, either in words or writing, should in future take place between them; and having communicated the contents of his note to Messrs. Stewart and Harris, dispatched it by an orderly man to Major Gray.

Shortly after, Memorialist received an official letter from the Physician General, accusing him with imposition respecting his sight, which Memorialist was not a loss most completely to refute, and which Memorialist immediately did; but was no sooner acquitted of this unfounded charge, and just on the point of setting off to the Isle of Wight, than he received a note from Lieutenant-Colonel Gordon, requesting him to repair to head-quarters immediately, which he accordingly complied with; when Memorialist found Mr. Harrison, another gentleman, and Major Gray assembled in the waiting room; when Mr. Harrison communicated to Memorialist the contents of a private letter written, unknown to Memorialist, to the Secretary at War, in which Major Gray earnestly requested that his name might be concealed, stating, that he had witnessed great abuses in the Dépôt Hospital,

pital, and would only report what he had heard from Memorialist, adding, that to account for Mr. Keate's not having taken notice of Memorialist's letter, he would explain, by also mentioning what he had heard from Memorialist on that subject, "That the Principal Medical Officer had said, 'Mr. Keate cannot hurt me, for my present situation cost me £1000,' which Major Gray stated as given to Mr. Keate."

Memorialist being questioned particularly upon this point, not only denied it *in toto*, but obliged Major Gray to contradict himself; when that Officer excused himself by saying, "That such report was current at the Dépôt; and as the Principal Medical Officer had often intimated at dinner, and in company, that his situation cost him £1000, he took it for granted, that the said sum went into Mr. Keate's private purse."

The Principal Medical Officer was certainly then in the habit of censuring Mr. Keate, but particularly when the hospital accounts were returned to him unpassed, which was often the case.



Mr. Harrison then proceeded to the charges exhibited by Major Gray against the Principal Medical Officer, when Memorialist could not in honour but repeat to Mr. Harrison what had at various times been communicated to him.

The next day Memorialist returned to the Army Depôt, and shortly after, Mr. Knight arrived privately to enquire into the said abuses. Major Gray was first called in. Next Memorialist was summoned; when, to his great astonishment, Mr. Knight began by saying, that Memorialist was considered next to Major Gray in the accusations against his superior Officers in the Medical Department; Memorialist contented himself, by literally repeating what he had said in London before Mr. Harrison; and, after having proved that Memorialist had no hand, nor the most distant thought, of exhibiting those charges, he presented a copy of a letter he had written to Lieutenant-Colonel Gordon on the subject.

*Salopian Coffee-house,*  
"SIR,                      "London, 29th May, 1805.  
"As Major Gray has judged it necessary,  
"and no doubt actuated by the purest principles  
"of zeal for the good of his Majesty's service,  
"to

"to make use of my name in reporting to  
"the War Office what passed in conversa-  
"tion between him and me, and what  
"certainly was in every one's mouth through-  
"out the Depôt, I have yesterday, before  
"Mr. Harrison, repeated faithfully, impartially,  
"and dispassionately, every thing I have  
"heard as general report, and what was  
"communicated to me by Messrs. Powell,  
"Morton, Stewart, and Harris, of the Medi-  
"cal Depôt Staff; having, at the representa-  
"tion of the said gentlemen, mentioned the  
"whole to the head of my department. Hav-  
"ing been kept, since joining the Depôt,  
"until this moment, in the dark, with re-  
"spect to the transactions of that hospital;  
"I never witnessed those abuses myself,  
"which universal report says to have been  
"long practised there. Of course, being  
"aware of the delicate nature of the busi-  
"ness, I was on my guard, and used every  
"possible means, to avoid the accusation,  
"or even the most distant supposition, of  
"being actuated by malice, pique, or revenge;  
"principles and motives very foreign to my  
"heart, as well as insulting to those feelings  
"I possess.

"When

"When called upon, I shall again *verba-*  
*tim* repeat what came to my knowledge,  
 "to the best of my belief. Happy indeed  
 "shall I be, if the parties concerned, can  
 "clear themselves from the long standing  
 "reports that have prevailed to their dis-  
 "credit.

"I have the Honour to be,

"Sir,

"Your most obedient,

"To Lieut. Colonel

"Humble Servant,

"GORDON, &c. &c.

"JOHN BUFFA."

Memorialist there also delivered to Mr. Knight a copy of the letter he had written to Mr. Keate, concerning the abuses of the hospital, and proceeded to call Mr. Powell, who confirmed and corroborated Memorialist's statement, word for word. Then Mr. Harris, and lastly Mr. Stewart confirming, in the same manner, what Memorialist had asserted he heard from those officers; the Steward, the Storekeeper, the Clerk, the Matron of the hospital, were afterwards called in, and brought charges against the Principal Medical Officer of a more serious nature.

Memorialist, after having proved, by the evidences of the above mentioned Medical Officers, that

that the charges alluded to in Major Gray's letter had been actually communicated to him by those gentlemen, the only uneasiness that remained on Memorialist's mind was, that after proving his case so clearly, by the above evidences, he should be found culpable in not having officially reported those abuses he had heard of in the hospital, which being only informed of in mere conversation, he humbly conceived he should have not been justified in taking such a step, more especially as the charges seemed seriously to affect his superior Officer.

Memorialist had always been cautious not to do any thing to incur the displeasure of his superior Officers, as he well knew, and, as he conceived, always performed his duty, as an Officer on the Medical Staff, with zeal and attention.

A few days after the above inquiry, General Whitelocke arrived, and went to the hospital, and there openly said, (which Memorialist pledges himself to prove,) "That he (the General) came down with the express purpose of supporting the Principal Medical Officer, through



"through thick and thin, and to oppress Memorialist and Major Gray."

On Memorialist going to the public parade, to present his respects to the General, that Officer, without the least provocation on Memorialist's part, publicly and most grossly affronted him, both as an Officer and as a Gentleman; in consequence of which, Memorialist wrote him the following letter.

"SIR, *Army Depot Hospital,*  
"19th June, 1805.

"The more I examine my past conduct, the more I feel myself hurt at the extraordinary manner with which you publicly treated and disgraced me yesterday, in the face of the whole garrison.

"The very intemperate language, actions, and expressions, (all but striking me) which were used and uttered, are stigmas unbecoming the character of an Officer, and a Gentleman, to labour under; I therefore, publicly to clear myself, must immediately lay the whole before a superior power.

"I have the Honour to be,

"To Gen. WHITELOCKE, "&c. &c.  
"&c. &c. (Signed) "JOHN BUFFA"

Copy

Copy of the Letter alluded to in the above.

"SIR, *Army Depot, Isle of Wight,*  
"19th June, 1805.

"As you have been so good as to acquaint me, by order of the Secretary at War, That in future, on any improper treatment being offered to me, and upon my specifying the same, that immediate steps should be taken to afford me ample redress, I hereby beg leave to submit to your consideration the copy of a letter I have just transmitted to General Whitelocke, in consequence of his ill usage to me, and humbly request the Secretary at War's interference and protection against similar occurrences, on the part of that Officer.

"I have the Honour to be, Your most obedient,  
"To FRANCIS MOORE, "Humble Servant,  
"Esq. &c. &c. &c. "J. BUFFA."  
"War Office."

On the 20th of June, General Whitelocke's Aide-du-camp waited on Memorialist, and asked him whether he had written to London any thing concerning the transaction of the preceding day; told Memorialist that the General,

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though very hasty, possessed an excellent heart; that he was only angry with Memorialist, because he had not communicated to him the abuses of the hospital, and that he was anxious to see Memorialist.

On waiting upon the General, he informed that Officer, that he had written to the Secretary at War, a copy of which Memorialist had transmitted to him. Memorialist was told what it was in the General's power to do for or against Memorialist at head-quarters.

After a conversation of nearly half an hour, the General concluded by saying, that he plainly saw Memorialist was an injured man, and had been made a complete "cat's-paw of;" that he would write and speak in Memorialist's favour to head-quarters; and then presented a paper to Memorialist to sign, which he did without consideration, which was to exculpate the General at the War Office. A few days after Major Gray was removed into a garrison battalion.

Mr. Keate was all this time very busy in making his story good at head-quarters, and succeeded so far, that without any public inquiry

quity

being made, or without any trial by a general court-martial, by some influence or other, unknown to Memorialist, obtained the sanction of your Royal Highness to have Memorialist superseded in his employment as Physician at the Army Depot; and as if that was not sufficient punishment, the military allowance of 15s. 6d. *per diem*, which had been granted to Memorialist as a reward for his extra services by the Commissioners of his Majesty's Treasury, was most cruelly and unjustly withheld. That having succeeded so far, the same day Memorialist received the official intimation of his suspension, without any reason being assigned; Memorialist likewise received the following letter from Mr. Keate.

" Army Medical Board Office,  
" SIR, July 6th, 1805.

" The inclosed is an extract of a letter which  
" I have received from Mrs. Gray; and I request to be informed, what ground you have  
" for the assertion stated therein.

" I am, yours, &c.  
" Dr. BUFFA, (Signed) " THOS. KEATE."  
" late Physician to the  
" Forces, Isle of Wight."



Extract of a Letter from Mrs. Gray to Thomas Keate, Esq. dated *London*, July 4th, 1803.

"I hope you will pardon my intrusion on your time, by a recital of what occurred in consequence of my waiting on a certain high personage, who assured me, that Dr. Buffa had told him, that the Principal Medical Officer had said, 'Mr. Keate cannot hurt me, as I have stopped his mouth by giving him a premium of £1000.'"

The above letters were the only communication Memorialist had from Mr. Keate, by which, and not having obtained a general court-martial on his conduct, he was precluded from refuting publicly the charges made against him, and which he could completely have done, by numerous and respectable witnesses, had the same taken place, and which Memorialist was anxious to have.

All the exertions made by Memorialist to clear himself, to see Mr. Keate, or obtain any answers to his letters of justification, having proved useless, Memorialist applied to headquarters for a general court-martial, but to no effect, whence Memorialist only received for

answer,

answer, "there was no room for either a court of inquiry or a court-martial!"

It is only a few weeks ago that Memorialist learned of what he stood accused, and the cause of his removal from the Army Depot, by the following extract of a letter from the Secretary at War to the Lords of the Treasury, written a few days before Memorialist was placed on half-pay.

Extract of a Treasury Letter, dated 21st Oct. 1803 \*.

"That Dr. Buffa has acted in so reprehensible a manner, by preferring charges against his superior Officers in the Medical Department, which, upon inquiry, turned out to be perfectly groundless, that his Royal Highness the Commander in Chief has obtained his Majesty's pleasure, for suspending him in his employment, and, as a mark of his disapprobation, reducing him to half-pay; the extra

\* Not till May, 1807, did Dr. Buffa know for what he had been superseded, when, on his arrival from Gibraltar, he obtained this extract, which occasioned the present Remonstrance to his Royal Highness the Commander in Chief.

"allowance

"allowance which has been granted him, will  
"now of course be withheld."

Since Memorialist's removal from the Army Depot, frequent applications have been made by his friends to the War and Colonial Office, for employment at Gibraltar, or elsewhere, but without effect; Mr. Keate having declared to Mr. Turnbull, Chairman to the Company trading to the Mediterranean, that so long as he was Surgeon General, Memorialist should never enjoy any situation under Government, except his half-pay, which he regretted his enjoying.

Memorialist is ready and willing to submit, with pleasure, to the decision of a general court-martial, if your Royal Highness, in your known goodness, humanity, and impartiality, will order the same, by which he is convinced, he can, not only justify, and prove his assertions, but establish, and re-instate his much injured character, as an Officer and a Gentleman.

Memorialist humbly submits to your Royal Highness, that no legal, or regular enquiry, according to the Articles of War, and discipline of  
the

the service, has been instituted, to try the merit or demerit of such an important case as the present. None! positively none!! All was suppressed in the impenetrable veil of darkness, and power; in fact, all has been set at work to screen the guilty, and to oppress, persecute, and ruin the innocent.

Memorialist therefore, with every submission, duty, and respect, leaves his hard case in the hands of his most gracious and illustrious Commander in Chief; who, he doubts not, will consider his degradation, as an Officer and a Gentleman; his humiliation and submission; and hopes, and trusts, your Royal Highness will be convinced, from the above statement of facts, that he has not been dealt with, either according to law or justice; and that he was undeservedly removed from the Army Depot, unjustly reduced, and most cruelly sacrificed; and that your Royal Highness's known goodness and benignity will afford him such remuneration, or satisfaction in the premises, as to your Royal Highness, in your great wisdom and justice, shall think fit.

Which was accompanied by the following Letter:

SIR,



SIR,

August, 8th, 1807.

Having so long silently and patiently suffered, you cannot be surprised at seeing me, at last, taking those legal steps, I ought to have adopted two years ago, and which nothing but my entire submission, and real respect towards my superior Officers, have precluded me from doing.

Necessity now alone compels me to this method; and to that imperious dilemma, to which I have been so cruelly and undeservedly reduced, they will have to attribute the revival of matters, which it was never my intention to intermeddle with, nor had I the least thought ever to expose, and which, much as it is even now against my inclination to do, I here candidly declare, that no human or mortal effort shall be spared to follow up this business, with that resolution and perseverance suited to the importance of my case, without the interference, or direction, of my honoured Commander in Chief, to which I shall ever feel myself bound to pay implicit obedience.

I have

I have now once more earnestly to request your kind and friendly offices in my behalf; and beg you will induce his Royal Highness attentively to peruse the inclosed Remonstrance, and to honour me with a speedy answer.

I shall daily look for it with anxious impatience, which will direct and govern my future proceedings in this unhappy and disastrous business.

I have the Honour to be,

SIR,

Your most obedient,

To Lieutenant Colonel  
GORDON, &c. &c. Humble Servant,  
JOHN BUFFA.  
Horse-Guards.

Four days after I was favoured with the annexed reply.

Horse-Guards,

SIR,

12th August, 1807.

I have not failed to lay before the Commander in Chief your Letter and Memorial of the 8th instant, and am commanded to acquaint you, that his Royal Highness cannot cause any further interference in the transactions therein alluded

alluded to, which have already been so fully investigated.

I have the Honour to be,

SIR,  
Your obedient Servant,  
Dr. BUFFA, &c. &c. J. W. GORDON.

From this period till May following I continued my applications to head-quarters for redress, until, to my great surprise, on perusing the fifth Report of the Commissioners of Military Inquiry, in the return of the Medical Staff, transmitted from the Army Medical Board to the Commissioners, in consequence of a requisition made by them to ascertain the cause of so many Officers remaining unemployed, I observed opposite my name the following unjust remark, "ORDERED TO BE PLACED ON HALF-PAY, AND NOT AGAIN TO BE EMPLOYED, IN CONSEQUENCE OF IMPROPER CONDUCT IN THE ISLE OF WIGHT." Which remark gave rise to the correspondence hereafter detailed, and to my present appeal, which the public will view as a measure of self-justification.

SIR,  
May 5th, 1808.  
Having lately perused the Report of the Commissioners of Military Inquiry, and having therein

therein observed the copy of a return of Army Physicians at present on half-pay, in which, opposite to my name, stands the following remark, "Ordered to be placed on half-pay, and not again to be employed, in consequence of improper conduct in the Isle of Wight," I deem it an imperious duty, due to myself, my family, and friends, to inquire what part of my conduct, public or private, could have justified so unequivocal, so cruel, and, I humbly trust, so unmerited a stigma.

Feeling, therefore, most severely the predicament in which this remark has placed me, and by which, it appears, I am for ever precluded an honest exertion of those professional talents which, to the best of my abilities, I have been proud to exert for the benefit of a country, wherein my anxiety and ambition to serve has produced a confiscation of my estate by the enemy, and expatriation from my native land; it cannot be considered obtrusive, if I demand from you, Sir, whose name is subscribed to this return, a copy of the proceedings and opinion, upon which the remark and condemnation has been founded, and by which, without my having been once called upon in self-justification, (though it would be my pride now, and I beg

F 2 it



it as a boon, to meet any inquiry on the subject that has caused the remark against me,) I find myself unhappily in a country, now become my own, after six and twenty years residence and services in it, by your Report eternally proscribed.

I have the Honour to be, SIR,

Your most obedient, humble Servant,

JOHN BUFFA.

P. S. I earnestly request an answer to this as early as your avocations will permit it.

To Sir LUCAS PEPPYS, Bart.

&c. &c. &c.

Army Medical Board Office,

May 8th, 1808.

SIR, I am desired by the Physician General to inform you, that he received your letter of the 5th instant, as well as your note of yesterday. The Board has *duly replied* to the reference of your Memorial to the Lords of the Treasury\*.

I am, SIR,

Your most obedient Servant,

To Dr. BUFFA.

S. REED.

\* The Memorial alluded to in the above curious answer, was similar to the Remonstrance submitted to the Commander in Chief, differing only in the prayer, as hereafter stated; which, it appears,

Extract of a Memorial presented by Dr. Buffa to the Lords Commissioners of his Majesty's Treasury.

"All your Petitioner's endeavours to clear himself proving useless, he applied at headquarters for a general court-martial, but to no effect; whence he only received for answer, 'there was no room for either a court of inquiry, or court-martial.'

"That no regular charge has been made against your Petitioner, but in the underhand, clandestine manner above stated; no opportunity has been afforded to your Petitioner, to defend himself against any specific charge to be alleged against him.

"Therefore he humbly submits, that, under all the peculiar circumstances of his case, he has been most cruelly, and most unjustly removed from his medical employ at the Army Depot, and improperly and injuriously

appears, had been referred by the Lords Commissioners of the Treasury to the War Office, and from thence to the Army Medical Board to report thereon; which, after remaining six weeks before them, and repeated orders from the War Office to return the same with their report, was at length reluctantly complied with; and the *due reply* was nothing more than a bare-faced evasion.

Army

"deprived, ever since that period, of his military allowance of 15s. 6d. per day, granted your Petitioner by this Honourable Board, for his extra services as per his Majesty's warrant, dated the 21st of June, 1805.

"Your Petitioner, therefore, humbly remonstrates against the withholding his said military allowance, and humbly petitions this Honourable Board, that they will either direct a military inquiry as to your Petitioner's conduct, or direct that the arrears of his said military allowance, as ordered by this Honourable Board as aforesaid, shall be paid to your Petitioner, as well as that it may be continued to him in future; or afford your Petitioner such other relief in the premises, as to your Lordships, in your great wisdom and impartiality, shall deem meet, and

"Your Petitioner, as in duty bound, will ever pray, &c."

Copy of the Note alluded to in the foregoing.

Dr. Buffa reminds Sir Lucas Pepys, that his letter of the 8th instant remains still unanswered,

To Sir Lucas Pepys, May 17th, 1808.  
&c. &c.

Sir,

SIR,

May 20th, 1808.

In reply to my letters of the 5th and 17th instant, I am answered, by your direction, in a letter signed S. REED, and nothing more nor less, That they have been received, and that the Board has duly replied to the reference of my Memorial to the Lords of the Treasury.

As my Memorial (as you are pleased to term it, but which I call my Remonstrance) was not addressed to you, I did not conceive, nor could I expect that you would have said a single syllable upon that subject; but as my letter of the 5th instant was *particularly addressed to you*, and as the purport of it went to demand the reasons on which you, as Physician General, had signed a Report, that I was placed on half-pay for improper conduct in the Isle of Wight, and not to be again employed, I did both conceive and expect that you would, in common justice, have answered completely and satisfactorily (for common humanity demanded it) *that letter*. As you have not done so, it is but candid for me to inform you, that if you will not do me justice, I shall claim it of the country; and therefore, unless in eight days time you assign to me the grounds on which you have framed the Report I allude to, provided such Report was made by you,



you, I shall hold it a duty due to myself to have recourse to the law as my protector.

I am, Sir,  
Your most obedient,  
To Sir Lucas Pepys, Humble Servant,  
Bart. &c. &c. JOHN BUFFA.

Army Medical Board Office.  
May 23d, 1808.  
In answer to your letter of the 20th instant, I must refer you to the Commander in Chief's office for the letter to the Surgeon General, in consequence of the Report made to his Royal Highness after the investigation at the Isle of Wight.

I am, Sir,  
Your obedient, humble Servant,  
To Dr. BUFFA. Lucas Pepys.

SIR, May 18th, 1808.  
I have my reasons for pressing now upon you to furnish me with a true copy of the report which you have made to head-quarters in the year 1805, immediately on your return from the Isle of Wight, from your *secret* investigation concerning the abuses of that hospital. The

reasons

reasons of my present application I need not now explain to you. The remonstrance I gave in, early in the last month, to the Lords of the Treasury, is now and has been before you for these three weeks past; and I feel it incumbent upon me to take every legal means to find out whether your report at head-quarters is founded on truth, and if it exactly corresponds with the evidence of Messrs. Stewart, Powell, Harris, and the servants of that hospital, particularly the Matron and the Purveyor's Clerk; to inquire what you have done with the false vouchers, and other documents of fraud, delivered to you in trust by the Purveyor's Clerk in my presence. Surely nothing has been suppressed, to screen the guilty, and punish the innocent! In such a case, you are fully aware, that the laws of my country will give me ample redress.

I have the Honour to be,  
SIR,  
Your most obedient,  
To FRANCIS KNIGHT, Humble Servant,  
Esq. &c. &c. JOHN BUFFA.

SIR,

Army Medical Office,  
SIR, May 19th, 1808.

I hasten to answer your letter of yesterday, calling for a true copy of the report made to head-quarters in 1803, on the subject of my inquiry into the abuses said to exist at the Depôt Hospital in the Isle of Wight. My report contained only the detailed evidence that came before me, and did not include any opinion or judgment of my own. The whole was submitted to the Commander in Chief's office, from which alone you can obtain the copy you seek.

I am, Sir,

Your most obedient Servant,

Dr. JOHN BUFFA. F. KNIGHT.

SIR,

May 25th, 1808.

In consequence of my various applications to the Army Medical Board, requesting a true copy of the Report made to head-quarters con-

\* When Mr. Knight talks of my enquiry and my report, it is necessary for me to inform the reader, that Mr. Knight alone undertook the grand labour of privately investigating the abuses of the Depôt Hospital. His confidential clerk, Mr. S. Reed, took down the depositions. The public will judge how matters were afterwards disposed of, and how far the remarks in my letter of the 18th of May are justifiable.

cerning

cerning the abuses at the Depôt Hospital, Isle of Wight; I am referred, both by Sir Lucas Pepys and Mr. Knight, to the Commander in Chief's office for the proceedings and report I have demanded of them; I therefore take the liberty to inclose both their letters for the inspection of his Royal Highness, and humbly request that you will be pleased to order me a copy of the proceedings and report in question.

I have the Honour to be,

Your most obedient, faithful,

To Lieut. Colonel Gordon, &c. Humble Servant,  
JOHN BUFFA.

SIR,

Horse-Guards,  
27th May, 1808.

Having laid your letter of the 25th instant before the Commander in Chief, I am directed to return to you the inclosures, and to acquaint you, that his Royal Highness has no favourable opportunity of recommending you for employment.

I have the Honour to be,

SIR,

Your obedient Servant,

Dr. BUFFA, &c. &c. J. W. GORDON.



June 5th, 1808.

Dr. Buffa not having received any answer to his letter of the 30th ult. \* wishes to be informed, if Mr. Knight can, or will furnish Dr. Buffa with a true copy of the report, which Mr. Knight has thought proper to make to head-quarters, concerning the abuses at the Depôt Hospital, Isle of Wight, after his secret inquiry in the year 1805, as the subject in question cannot now be left at rest.

A ready compliance to Dr. Buffa's just and equitable demand, would save a vast deal of trouble, expence, and notoriety to all parties.

F. KNIGHT Esq.

Army Medical Office,

Mr. Knight's compliments to Dr. Buffa; he has no answer to give to the Doctor's letter of the 30th ult. further than to refer to his former reply of the 19th May.

Army Medical Office,  
June 6th, 1808.

\* The letter of the 30th of May went to inform Mr. Knight, that to him alone Dr. Buffa looked for a copy of the Report, and not to head-quarters.

To

To Field-Marshal His Royal Highness the  
DUKE OF YORK, Commander in Chief, &c.  
&c. &c.

The Humble Memorial of JOHN BUFFA, M. D.

Most humbly and respectfully sheweth,

THAT his Majesty was graciously pleased, by warrant under his sign manual, dated June, 1805, to grant to Memorialist a military allowance, in consideration of his past services, of fifteen shillings and sixpence *per diem*, which was expressly stated to be in lieu of his half-pay.

That your Memorialist, at the period when his Majesty was graciously pleased to make the aforesaid grant in his favour, was on full pay, and attached to the Army Depôt at the Isle of Wight, from which situation he was shortly after displaced, and put upon the half-pay list.

Your Royal Highness's unfortunate Memorialist respectfully presumes to hope, that your Royal Highness will take such steps in his behalf, as his case may appear to merit; and that he may be allowed to receive the benefit intended

intended to be conferred on him, by his Majesty's most gracious bounty; being perfectly willing, and (in that event) obvious of relinquishing his situation on the half-pay list of the Army.

Which is humbly and respectfully submitted to your Royal Highness's favourable consideration.

And your Memorialist will ever pray, &c.

And a few days after, received the answer hereafter transcribed.

*Horre-Guards,*  
SIR,  
I am directed by his Royal Highness the Commander in Chief, to inform you, that he regrets your misfortunes, but cannot comply with your request.

I remain, SIR,

Your obedient, humble Servant,  
To Dr. EUFFA, &c. &c. J. W. GORDON.

In

In the present publication, I have carefully avoided the introduction of superfluous matter, which might tend to swell its pages, or lead my reader into a labyrinth unconnected with my motive, which goes no greater length, than as a measure which will unburthen my mind from the dire oppression under which it has laboured, since the commencement of hostilities against me by the Army Medical Board up to the present period; exculpate my immediate friends from their painful anxieties in my extenuation, and relieve them from the unpleasant reflection, that *something* was attached to my name, which they could not explain, and from which they foreboded the worst possible consequences, and, though from their friendship, perhaps felt reluctant at espousing the cause of a man who was publicly traduced and stigmatized upon the broadest scale, by an authority scarcely to be doubted.

And, lastly, the public, to whose unbiassed and impartial ordeal, I am reluctantly brought, I feel a degree of confidence which evinces to me, that in such an appeal, I have nothing to apprehend from their censure; but every thing to anticipate from their candour and liberality, when feeling for a suffering individual, branded  
more



more conspicuously than the broad arrow could have marked him for unbounded calumny; and doomed to vegetate his days, under the sneers and scoffs of those very men, who ought to have stood forward as his friends, for the candid manner in which he related occurrences, which to him appeared enormous; but when he reflected on the charge being directed against his superior Officer, he too well knew that his patriotism, should it be vanquished, would ultimately, on his own head: these were his feelings; nor did he explain till propelled by the threats, to report him for criminal negligence.

Having laid before the public tribunal a case, I trust, unprecedented, I cannot here refrain from offering a comment on the flagitious remark in the fifth Report of Military Inquiry, "*Ordered to be placed on half-pay, and not again to be employed in consequence of improper conduct in the Isle of Wight.*"

These are the words; what then is to be implied? Nothing can remain on the mind of every individual perusing it, but that the object of this *innuendo* was, to convey to the reader's mind,

mind, that I had been *Guilty* of some crime, which merited such marked disapprobation.

Such ideas must naturally occur to every candid mind, even supposing it ignorant of the fundamental parts of our glorious and envied Constitution; but when such an *innuendo* meets the scrutinizing eye of a discerning and intelligent public, what construction can be put on such a remark? It can only be said, the accused has incurred the reprehension, by a dereliction from the paths of rectitude, and doubtless he has been *found guilty*!

I have never been tried, consequently never convicted of any improper conduct; although the reader will perceive, that I have repeatedly courted a trial, and as often been told, there was nothing against me to warrant a *public* investigation.

After such a conclusive answer, I felt myself authorized to request, at least, the receipt of the bounty bestowed on me by my most gracious Sovereign, which was also denied.

Shall I, then, calmly resign myself to obloquy, without arresting censure, and disarming calumny?

lummy? No: I have long proposed it, and have now attempted it; consequently it cannot meet the disapprobation of any impartial person, whether concerned in this affair or not, nor of those whose names are necessarily introduced, merely to sanction my assertions by authenticity: such gentlemen, I am convinced, will excuse the necessary publicity of documents, which are merely official; having withheld all extraneous matter as derogatory to my sentiments, and uninteresting to the public. But let the *authors* of the information, conveyed through Lieutenant-Colonel Gordon to the Secretary at War, of my "*having preferred charges against my superior Officers in the medical department, which, upon inquiry, turned out to be perfectly groundless,*" change situations with me: and let the just indignation of the British public exculpate my name, by their well-timed censure of Mr. *Knight*; and let them enquire, who invested him with supreme authority to HEAR, JUDGE, and CONDEMN at pleasure, and the Army Medical Board, to pass a sentence more ignominious than it becomes an Officer of the British army, and a Gentleman, to submit to, without an attempt at self-justification, which my forbearance and moderation has hitherto restrained, not from any

any criminal apprehension; on the contrary, it will be observed, that throughout the foregoing correspondence I have courted investigation: but let it be *public*, and before such a *legal tribunal* as shall have power, by an acquittal, to re-instate me in society; or, in the reverse, to seal the obloquy I feel, at present, unmerited and unjust. Yet, were it possible to be so unfortunate, as not to be able to substantiate my refutation to any charge which can be objected to me, the opportunity of public self-vindication would console me; but I fear it not, nor can I hope for the opportunity now, after so long a lapse. And trusting that the foregoing pages may meet the perusal of the candid and impartial, whether competent to redress me in the manner required, or not, that I shall stand exonerated, in the opinion of every liberal mind, of the unmerited stigma attached to my name in the fifth Report of the Commissioners of Military Inquiry; and that when they read that, they will have a retrospect to this my address, and the persons I have accused of such infamous defamation.

From what I have stated, I trust the reader will be convinced, that the power and influence of the Army Medical Board, as also the interest



of others (the late General Whitelocke), have been collected in all their might to screen the *guilty*, and to crush an Officer, who, unpropped by influence and unsupported by friends, had nothing but his own conscience, and the testimony of faithful, though long and painful services, to bear him up. How then, when it was the interest of such *parties* to suppress any public investigation of the abuses of the Dépôt Hospital, can it for a single moment be supposed, a person so circumstanced, should escape the persecution of such men? My weakness, as an individual, invited their secret and malicious attack, but the strength of my cause was not so easily to be vanquished: to effect it, therefore, they had recourse to private calumny, and by that means succeeded in their vindictive purpose; thus procuring the sanction of a *sentence*, passed without trial, and acted upon without the slightest intimation of complaint, against the suffering, (though innocent) object of their atrocious attack,

P. S.

P. S. It is necessary that the public should be apprised, that after the Medical Board had caused my removal from the Dépôt Hospital, the Staff Surgeon and the Deputy Purveyor were, shortly after Mr. Knight's return from his *secret inquiry*, each promoted at the Medical Board's special recommendation, (the former to the rank of Deputy Inspector of Hospitals to the Forces, and the latter as Purveyor;) that the Principal Medical Officer is suffered to retain his situation to the present day; and the person alluded to in my Remonstrance, as the Acting Deputy Purveyor, previous to a Deputy Purveyor being added to the Dépôt Staff, was also promoted, and is now permanently situated in the Island of Guernsey, as Apothecary to the Forces.

J. B.

FINIS.

Murdock and Son, Printers,  
65, Cloth Fair, Smithfield.





A LETTER  
TO THE  
COMMISSIONERS  
OF  
MILITARY ENQUIRY.

A  
LETTER  
TO THE  
COMMISSIONERS  
OF  
Military Enquiry;

EXPLAINING THE  
TRUE CONSTITUTION OF A MEDICAL STAFF, THE BEST FORM  
OF ECONOMY FOR HOSPITALS, &c.

WITH A  
REFUTATION OF ERRORS AND MISREPRESENTATIONS

CONTAINED IN

A LETTER by Dr. BANCROFT

ARMY PHYSICIAN,

DATED APRIL 28, 1866.

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By ROBERT JACKSON, M. D.

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London:

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LETTER, &c.

GENTLEMEN,

A LETTER addressed to you by Dr. Bancroft, Physician to the Forces, has just now been put into my hands; in which the Dr. accuses me of having stated facts, and advanced opinions which, credited by you, and admitted into your pages, have filled your fifth report with error, and led you to present suggestions for the reform of the Medical Department of the Army, which are injurious rather than useful to the public interest.

As I am, as far as I know, the only person in the nation who has written on medical arrangement for armies, it is not unreasonable to suppose, that you were sometimes directed to the object of your enquiry by what you met with in my publications; but, though I believe that I sometimes directed you to your object, I do not assume to myself that important place

Cause of  
his address

in your estimation which Dr. Bancroft asserts you assign to me; nor can I permit myself to think that you are so incompetent for your duty, or so unworthy of your trust that you read my book and adopted my opinions without having certified yourselves of their truth by proper evidence. You are to observe, and the Dr. may do the same, that there are points in my works which I state positively to be matters of fact. These were verified by my own experience, and I maintain them to be true in the face of the world! There are others which are only presumptive—I believe them to be equally true; but I had not authority to call for the official documents which would have rendered their truth demonstrative.—The situation in which you, as Commissioners, have been officially placed, gives you advantages on that head, which, as a simple individual, I could not attain. But admitting, for the sake of argument, that I have not been sufficiently precise and accurate on some points of the subject of your enquiry, and taking it for granted that you are guided by my notions in framing your report, it is not to be wondered at that you erred in your course, as you are supposed to speak—not from your own knowledge.

I suppose this to be the case; (I do not believe it to be the case in fact); and I admit that, if error exist, it ought to be corrected—its author or authors ought even to be severely reprimanded. To this I, for my own part, willingly accede; and I believe that you yourselves, as Commissioners, will not refuse to submit to a fair examination. I must however observe in this place, that the person, who has assumed the office of censor on this occasion, unless we are to consider him as a person supernaturally endowed, cannot be supposed to be well qualified for the undertaking. Dr. Bancroft was a very young man, not exceeding twenty-two, when he obtained his rank among the army physicians in the year 1795. He could not, at the time of his appointment, be supposed to have any acquaintance with armies; and his duties since then, like the duties of other physicians, being confined to the wards of hospitals only, the sphere of his observations, in matters which relate to the general business of the Medical Department, could not, in the nature of things, be extensive, had he even served longer than he has served, and been more zealous than he is known to have been.



Those who are acquainted with his history will not perhaps be disposed to consider him as well qualified for the office he has assumed, even though supported by the great learning of the Physician General, and armed by a degree of Doctor from the University of Cambridge. But, defective in experience as Dr. B. must be acknowledged to be, had he yet shewn the candour which belongs to a liberal man and a physician, you and others might have been disposed to listen to him with attention; for you would have believed that his design was good. On the contrary, the Dr. presumptuous in his professional rank which he conceives to be superior to actual knowledge, and irritated by disappointment that his class has not been placed in your projected arrangement on the pinnacle of medical power, forgets the decorum of a gentleman's language; and, though a *regular* physician of the British army, indulges freely in misrepresentation and abuse as if he addressed the American Congress,—not British Commissioners for Military Inquiry.

If the Dr. does not respect you, who are constituted judges on a subject of important national concern, I have no right to expect that he would act with candour towards me, who

am only an obscure individual, and one whom he moreover considers as the author of the injuries that have been directed against his class. He has accordingly attacked my writings; and in doing this he has so mixed and garbled my words, so perplexed and perverted my meaning on different occasions, that, without reference to my own text, I should sometimes scarcely know myself what I mean.

I published the works alluded to with a view to give information to the public on a subject which I considered to be important. Those who are desirous to know the truth will look into the original, not implicitly credit the garbled statements of Dr. Bancroft. In the presumption that they will do so, I fear no unfavorable decision; and, desirous to remain at peace with all men, I should have suffered the Dr.'s letter to you to pass without notice on my part, did I not conceive it to be my duty to elucidate some points respecting medical arrangement in which he asserts I have led you into error. In doing this I shall endeavour to elucidate the question in a manner that men of plain common sense, without initiation into the mysteries of the medical art, may, while they see the fact, be enabled to comprehend its reasons.

You will then, I trust, be convinced that I have not misled you; and you will be confirmed at the same time in your opinion that you have not misled the public.

Points to  
be exam-  
ined.

The points which chiefly claim your attention, and in which I am principally concerned, relate to the qualification of the Medical Officer—the rule observed in selecting him—the comparative advantages and disadvantages of general and regimental hospitals, with an estimate of the just proportion of a medical staff for the service of an army of a given force. It is difficult to follow Dr. B. in his wanderings through these subjects: he moves desultorily every where, and decides nothing conclusively any where, except by assertion; which you and the public will not perhaps be so complaisant as to take for argument.

Qualifica-  
tion of the  
medical Of-  
ficer.

In the first place then, with regard to qualification: Medical Officers are of two classes, viz. the regular physician, who attends his terms at one of the English universities, either Oxford or Cambridge, who obtains his degrees at the proper age, and who afterwards becomes Fellow of the College of Physicians of London. Such is the perfect physician—regular in all his

progress, the person to whom the care of the British army ought exclusively to be committed, as possessing a right to exclusive knowledge from the ceremonials through which he obtains the Doctor's cap. Besides the above, there are a kind of half regulars, consisting of persons who have studied medicine, or who have obtained a diploma at a Scotch or Irish university; and who have afterwards been licenced to exercise their art, on paying a sum of money to the College in Warwick Lane.

The other class, and it constitutes the great body of Army Medical Officers, is comprehended under the denomination of Regimental Surgeon. The subjects of this class are often obscure in their rise, and irregular in their progress. They trust, or pretend to trust to no other qualification, except possession of the knowledge of their profession, which is the art of curing diseases by the speediest and safest means, without licence according to the statute of Henry the Eighth. The regimental surgeon may cure a disease,—a fever for instance, as safely and more speedily than the regular physician; he is, notwithstanding, precluded from bearing the name, and ostensibly from assuming the physician's office in the British army.



Physician-  
general's  
answer.  
11.

The physician-general is considered to be the author of the rule of exclusion to which I now allude; and, it would have been well, if you had called upon him to explain his reasons for the enactment of his law more intelligibly than he has done in his answers to your queries. You put the question to Sir Lucas Pepys, viz. Would not the gentlemen, who have acted as surgeons to regiments, and have afterwards served in army hospitals, be equally, or rather more fit, to be appointed physicians to the army than the persons you have usually recommended? Answer. I think not, because their education does not lead them to a knowledge of principles.

I am not surprized that you did not understand the important information, as Dr. Bancroft terms it, conveyed in this answer of the physician-general. In my apprehension it means nothing; or it means that medical science can be learned, according to principle, only at privileged places, though it be known to every one that that there was not, when this rule was enacted, a regular medical school at either Oxford or Cambridge, not even a public hospital where the student had the opportunity of verifying the truth of his principle by application in practice: yet, without such opportunity he can have no expe-

rience; and without such experience his education must be admitted, by every unprejudiced person, to be defective. I do not deny that Oxford and Cambridge are excellent seminaries for classical learning, mathematics, and logic; and that men have been enrolled at Oxford and Cambridge who have proved themselves to be great physicians; but greek and latin, mathematics, and logic, may be learned at other places besides Oxford and Cambridge; and, unless the physician-general can satisfy the public that, when a student is enrolled in the lists of the university, he is presented with a key or pick-lock for all science, I can see no reason why a young man, who knows greek and latin, mathematics, and logic, as well as a Cambridge student,—for instance, as well as Dr. Bancroft himself, and who attends the same courses of lecture, and walks the same hospitals, and at the same time, in London or at Edinburgh, as Dr. B. does, should be qualified for no higher degree than to compose drugs or administer glysters; while the Dr., because he had a knowledge of *principles*, that is, had kept his terms at Cambridge, was at once appointed physician to the king's troops, and held to be duly qualified to cure the most

formidable diseases in the most unhealthy climates of the earth by prescription, or without previous experience.—This is a real case, illustrated and confirmed by the example of Dr. Bancroft himself.

The Doctor appeared at the Cove of Cork in the year 1796, on his passage to the West-Indies: there were then, on the medical staff at that place, young men, destined for the same service, of riper years, and I have reason to believe not inferior in classical education to the Doctor;—men, who had attended more lectures, walked more hospitals than the Doctor from his years could be supposed to have done: nay, some of them had even been intrusted with the care of sick men, yet they were ignorant and inferior in his estimation, incapable, according to the regulations of Sir Lucas Pepys, of prescribing for a patient: the Doctor was enlightened, because he was initiated at Cambridge,—not because he had seen much.

This law of exclusion and assumption of knowledge by prescription, may be right; but the *irregulars* do not understand it; and therefore, I think with Dr. Bancroft, that you did not

sufficiently consider its import, otherwise you would have demanded an explanation of it from the physician-general for the benefit of the vulgar.

The answer to the next, or twelfth question, viz. "Would not the hope of such promotion," (viz. the physician's rank) "act as a useful stimulus to the diligence and good conduct of the inferior officers in the medical department of the army?" Answer. "No doubt an increase of pay would act as a stimulus, but that should not be obtained at the expence of the lives of the soldiers," appears, according to Dr. Bancroft, to be equally lost upon you as the preceding. It does not strike me that the physician-general conceived the just import and tendency of your question. I interpret it thus,—Whether the hopes of advancement to that higher rank, which commands respect, and which increases a man's usefulness, would have the effect of stimulating individuals to exertion, so as to deserve promotion. The increased emolument is an appendage to the promotion; it was not, I presume, the direct object in your contemplation: nor is it the direct object in the mind of the honorable and conscientious surgeon.

Physician-general's answer, 12.



The physician-general on the contrary, who, as a practising physician, calculates his importance and measures his activity by the number and magnitude of his fees, did not seem to comprehend that there is any thing in promotion besides increased pay, answering, that "No doubt increase of pay would act as a stimulus." Sir Lucas Pepys here undesignedly develops his character, and unfolds the cause which moves him into action.

The physician-general's pay is 2*l.* per day; but he complains that it is scanty; and it, in fact, appears to be insufficient to rouse him into activity. He is supposed, as a duty of his station, to visit the general hospitals in Great Britain; and to illuminate by his superior light the obscure mind of the ordinary physician, where he may be embarrassed by difficulties, or encompassed by sickness of an unusual kind or dangerous nature. Now it is known of a truth, that Sir Lucas Pepys, with the exception of one visit to a regimental hospital at Maldon for a particular purpose, never once visited a military hospital since the time of his appointment to the present day; though serious and destructive sicknesses have made their appearance, on different occasions, in the hospi-

tals at Plymouth, Southampton, Gosport, Deal, Chatham, the Isle of Wight, and even at York hospital, which is in the vicinity of his head quarters.

As Sir Lucas complains that his pay is insufficient, and, as this insufficiency of pay is apparently the cause why he remains torpid and indifferent, you may probably be able, in the course of your enquiries and experiments, to discover the measure of his dose, so that he may be put in motion and preserved from this time forward in a course of exertion for the good of the British army.

It is reasonable to suppose, from what we have seen, that the quantum will not be small; but, as I am bound to believe that you wish well to the interest of your country, and as you cannot but be convinced of the importance of the army's health for your country's security, I am confident that you will not recommend that it should be stinted. If pay can make him active and useful, let him be made so at any amount; for the health of the army in the present time, is better than a house full of gold.

To the latter part of the sentence, viz. "That promotion should not be obtained at the expence of the lives of the soldiers," I most willingly accede; and, in correspondence with this view, I lay it down as a fundamental rule, that no medical officer, neither physician or regimental surgeon, shall be entrusted with the care of the soldier's life till he has given proof, by actual experiment, that he is fit for his duty.

I admit the truth, and praise the humanity of the physician-general's remark; but I cannot perceive that he has been studious to give it effect in practice, for he has committed the execution to chance. He could have no knowledge whether a young man of twenty-two, who had never treated diseases, and had not yet, in fact, obtained the degree which is supposed to confer medical knowledge, would be a skilful army physician or not; yet, there was no hesitation in giving the appointment, through fear that the lives of the king's soldiers might be sacrificed to inexperience: that danger was only apprehended, when persons, who had already treated diseases with success in regimental hospitals, aspired to the physician's rank.

This remark of the physician-general, though true in itself, is insulting and uncharitable as applied to regimental surgeons. He has not, I presume, well considered it, before he gave it enunciation; it must, in fact, either be regarded as a calumny on the whole body of the class, or it reproaches himself with a dereliction of his duty, in having permitted their work of destruction to go on so long without remonstrance on his part. I hold it to be equally a loss to the nation, whether the soldier die through the unskilfulness of the medical officer in a regimental or in general hospital; and, as this is self-evident, I should conceive it to be the duty of the physician-general, and it is, in fact, implied in his duty, to enquire into the nature of diseases, and the manner in which they are treated in the one, equally as in the other. If the regimental surgeon be debarred from entering the general hospital in the character of physician, through fear of his depriving the king's sick soldiers of their lives by treating their diseases unskilfully, it is criminal to permit him to pursue his blundering course in the hospital of a regiment, where he produces an uncontrolled destruction.



If the physician-general has seen this, and has not endeavoured to remedy the mischief, he is condemned in his own conscience for neglect of duty; if he insinuates a charge, without knowledge of the fact, he is guilty of gross calumny. He speaks contemptuously, and even injuriously of a body of men, few of whom, I presume, he knows personally, and whose professional acquirements he does not appear to have taken the trouble to ascertain: that they are not all skilful and learned, I am ready to admit; but I know, and the public knows it as well as I do, that there are many among them who are both learned and skilful; not inferior in liberal and professional education to the best of our regular physicians, and superior to many of them in the extent and variety of their knowledge.

If, from among the good, the surgeon-general has at any time raised the bad to the higher rank and more responsible duties, the fault lies with him; it is not to be imputed to the class, no more than the selections of the physician-general, which have been made from among the regulars, have not always been made from those who are publicly respected.

But that you may be better enabled to judge of the pretensions of the regulars and irregulars, that is, of the college physician and regimental surgeon aspiring to be army physicians, I shall describe, in a few words, the character of the person that, according to my idea, should be admitted into the medical lists of the army, marking at the same time the rule of progress according to which he should be allowed to attain the higher stations.

No candidate for medical appointment is then to be admitted into the service without the most unequivocal testimonies of good private conduct, without the possession of a liberal and classical education becoming a gentleman, and without exhibiting proofs of the attainment of such a share of medical knowledge as confers upon him a right to assume the exercise of his art in civil life. I do not regard the country where he may have been born, nor the university at which he may have been bred. I merely look to the possession of the requisite knowledge, and I insist on the necessity of proving the possession of it by trial in experience.

With the possession of the qualifications implied, (and which cannot be supposed to be

attained under twenty-one years of age) I hold the candidate to be an eligible pupil of the army medical school. At the medical school he is destined to pass through a course of instruction, comprehending an illustration of the ordinary matters which belong to the management of medical business in armies. When sufficiently acquainted with the economical duties of hospitals, and when proved to be equal to the treatment of the ordinary military diseases, a point to be judged by putting his skill to proof in trial under the inspection of competent and severe judges, the commission of battalion assistant is supposed to be open to him. He cannot be less than twenty-two, perhaps twenty-three years of age before he has completed his proposed course:— He is now prepared for the public service; and the point of preparation at which he stands will not, I believe, lose in comparison when contrasted with that of the young man from Cambridge, who is appointed army physician before he has obtained his physician's degree, or before he has been known to prescribe for a patient. He is inexperienced, yet he acts as sovereign within the walls of his ward from the hour of his appointment; if he has not knowledge, and the chance is against him, the sick will not benefit. The other has been tried; yet he is only an assistant to a

more experienced surgeon; and he scarcely thinks himself qualified to act alone in cases of difficulty. After an experience of five years at home in times of peace, or three years abroad in the scene of active war, the assistant to whom I allude is deemed eligible, in point of service, to the office of battalion surgeon. But, though eligible to attain the rank of surgeon, after the prescribed period of service, he must still submit to formal trial before the appointment be actually conferred.

It is required that substantial proofs be exhibited in the trial in which this question is decided, that the medical officer has actually made progress in professional attainment, that his private character has remained pure and unexceptionable in all points, that his diligence has been habitual, his attention to professional duties uniform, cordial and correct. The examinations here implied are supposed to be public examinations made by the chiefs of the department at home, or by the senior medical officer abroad, assisted, as he may think fit, by those of superior rank to the person examined. The certificate is then granted; and the justice of the appointment, when it does take place, has general concurrence, for the reasons are



known and valid, viz. Seniority of rank in the army or division of the army present, proofs of the attainment of knowledge, and public testimonies of good private conduct. From surgeons of the battalion rank thus appointed, surgeons of regiment or brigade are again selected, after a service of five years, and after the institution of trial to ascertain that the acquisition of knowledge has been progressive, and that the moral conduct has continued uniformly good and respectable. From surgeons of regiment or brigade, physicians for general hospitals, (which are only necessary in the events of actual war,) are proposed to be selected. According to the plan proposed, no imaginary barrier is placed between the military physician and the military surgeon, for none really exists. The duties of medical men in armies comprehend the knowledge of both, more frequently the exercise of the physician's mental talent than the surgeon's manual dexterity. As physicians, or chief medical officers for hospitals are supposed to be taken from the most eminent of the class of regimental or brigade surgeons, so surgeons of hospitals are taken more suitably from the class of battalion surgeons; for, these being younger, may be supposed to be more capable of bearing fatigue,—and the hand may probably be more steady for

operating. They must here again however submit to trial, and produce satisfactory proofs of fitness previously to appointment—From what I have now said, and I have transcribed it from my publication of 1805, with a view to prevent any unfair inference being drawn from the garbled quotations that Dr. Bancrfit has so frequently made from my works, you will see at one view that the medical candidate to whom I allude enters the army as battalion assistant with better tests of qualification as a practitioner, though he may or may not have a diploma, than some of the regular, but young gentlemen who were appointed army physicians in the year 1795. He is well grounded in his outset, his conduct is watched in his progress, and he obtains no promotion without producing additional testimonies of fitness for the office to which he is promoted.

We have seen the grounds on which the Oxford or Cambridge student is admitted to enter the army as physician; we have defined the conditions which are required of the young man, who presents himself as a pupil of the projected medical school, and we have stated that proofs of fitness must always be exhibited before he obtain his subsequent promotions. You, gentlemen, as unprejudiced, will judge the

case;—and to your notice I recommend it; I must, however, observe in the mean time that, as the genuine object of the medical art consists in restoring the sick man to health by safe and effectual means, so the person, who accomplishes this object most safely and most speedily, is the real physician, whether he may have obtained his knowledge at Oxford, Cambridge, Edinburgh, or Aberdeen; or whether he may have learned it by his own experience and observation, as probably was the case with Hippocrates, and certainly has been the case with many.

I, for my own part, hold the title of M. D. to be empty in itself, even the title of S. C. M. L. does not, in my opinion, indispensably confer medical knowledge: it is no more than a document to prove that the person, so distinguished, has attended certain courses of lecture on science, and that he carries in his memory certain opinions, and remembers by rote some general rules of proceeding for the cure of certain diseases: no proof is demanded in the examination instituted, and none can be there obtained that he actually knows the right application of these means in practice. The qualification here stated, is thus equivocal as far as respects the physician; yet Dr.

Bancroft, and he appears to speak the sentiments of the president of the College, extolls the attainments of the regular physician so highly, though not proved to be a man of experience, and speaks so contemptuously of the regimental surgeon, though he may have exercised the medical art for years with success, that we must endeavour to determine the relative value of these two classes by something like experimental proof.

It is a question of national importance of such magnitude as to deserve a thorough investigation, whether the Oxford and Cambridge physician, or a person who has obtained the degree of Doctor at Edinburgh or Dublin; at least a person, who has gone through a course of study at these or other universities, and who has served subsequently in the capacity of regimental surgeon, (but who is not permitted to take out a licence at Warwick Lane because he bears a surgeon's commission) are the fittest persons to fill the physician's rank in the army.

We have assertions on one part, and denials on the other; but, as assertions and denials are no arguments, I humbly propose that

An expedient for deciding the contest between regular physicians & regimental surgeons.



the pretensions be tried by experiment, so that the government, obtaining something like demonstrative evidence from the result of the trial, may have a sure basis of fact on which to proceed in forming its new medical arrangement. The regular physician is presumed to be superior in attainments, though he may have given no actual proof of knowledge; the regimental surgeon it is said, "can never be *duty qualified* to practice the two intricate arts of physic and surgery," though he may have given the most positive proof in trial that he has actually executed both functions with success.

If we look into medical history as it relates to our own country, particularly within the last fifty years, medical science, more expressly that part of it which relates to the discrimination and treatment of acute diseases, acknowledges numerous obligations to persons who have served as regimental surgeons. But, that we may not any longer act on presumptive opinion where we have it in our power to ascertain the positive fact, I propose the following expedient by which all the doubts may be dispelled. The proposition which I now make is important to the British army, and the execution of it is not

difficult according to the present disposition of the military in England. It is simply this: Let a division of the army, the largest collected at one place in Great Britain, and one moreover stationed at the least healthy position in the island, be divided into two equal parts. That the condition of the parts be as nearly alike as possible, let the half of the several regiments of which the force is composed be thrown into one division, the other half into the other,—the companies taken from right to left alternately; and that there be no advantage or disadvantage on either part on the head of discipline and economy, let the troops remain in their barracks or tents in the same manner as they were formerly, only let the sick of one division be committed to the care of regular physicians, that of the other to a person who has served as regimental surgeon. As the troops thus committed to medical experiment are equal in number, so they are supposed to be equal in all things which relate to their health, the hospitals as nearly so as possible; but though the extent and external form of the hospitals be the same, it is allowed that the persons to whom the medical care is committed, make such arrangements in the interior as may best correspond with their views of successful practice. When these matters have been ar-

Experi-  
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ranged and adjusteil as they ought to be, the contending medical officers assume their duty. The advocates of the regular physicians, desirous to assure themselves of success in the contest, may be supposed to claim the privilege of bringing forward their first champion. This person we must conclude to be the physician-general himself; for from the nature of his relations with the army, and moreover, from being president of the College of Physicians in London, he is chief of the regulars, and officially the first medical person in the kingdom.

I do not know to whom the body of regimental surgeons might be disposed to depute the trust of supporting their pretensions on this occasion; but, as I am constitutionally more adventurous than wise, I voluntarily offer myself for the combat; indeed, I claim it as my right. I am, I believe, the oldest inspector of hospitals, possessing a physician's diploma and physician's commission, who has acted as regimental surgeon: I am also, notorious among the irregulars; and, as the physician-general brought charges against me, in my capacity of a physician in the year 1801, which were not proved, I now hope to be fur-

nished with an opportunity of establishing a sentence in the face of the world which was not then generally made known. In the system of medical arrangements for armies, published in 1805, I make the bold assertion that the medical staff is too numerous, consequently that it is not adequately employed; and, persisting still in the opinion, I here offer the physician-general two physicians, viz. Dr. Bancroft and any one he pleases, to assist in the execution of a duty, which I, as an irregular, profess to perform singly, even without a clerk to write my prescriptions.

I am serious in what I say,—and I am ready to undertake the duty as soon as the necessary arrangement shall be made; I pledge myself to continue to execute it for twelve months (as the question cannot be properly decided in less) without fee, reward or allowance, except quarters at the public expence contiguous to the scene of my duty; and I add further that I am willing to forfeit my half-pay, though I have no other subsistence for myself and family, if the result of my labours be less favourable than that of my opponent.

The proposition which I have now made,



will, I doubt not, seem ludicrous to many: it is not so in fact, if other of the acts of man be grave and serious; for, to compare small things with great, when the sovereigns of different kingdoms contend about privileges and pretensions, and cannot after declarations and counter-declarations, convince each other by argument of their right, they resort to the combat, or trial of strength. Now,—if regular physicians, and medical officers in the army, not considered as regular in the eye of the College, cannot agree about their powers and pretensions, the case is similar, and I know no means by which the claim can be established and the case decided, except by trial of skill in experiment. If the irregulars be admitted to trial, and proved to be inferior in the knowledge of curing diseases, they will in future remain in the inferior station without repining, at least without having cause to repine: the regulars will then be left in the undisturbed possession of that pre-eminence, which we now say they have usurped by prescription.

But, though the superior attainments and supereminent knowledge of the army regular physicians have not been publicly demonstrated in

those scenes of trial in which they have been exposed; yet I believe most perfectly that, if Dr. Bancroft, the physician-general, or any other of the fraternity can furnish you with satisfactory proof that the knowledge of their class so far exceeds that of other men as they pretend, you will candidly acknowledge that there is an error in your report; and, instead of suggesting that no more regular physicians be appointed for the service of the army, you will recommend most seriously, and press the importance of your recommendation most earnestly upon the attention of government, that a regular physician be in future appointed to every regiment of the line; for such more expressly as are destined to serve in unhealthy climates; for, if it should appear that the lives of two or three hundred men could be saved annually in each of these corps by the proper application of the extraordinary skill of the regulars, besides the grace and humanity of the act, there would be a great saving in point of expence, even if the physician had a salary of two thousand a year. This project, to which the physician-general appears to be inclined, would, I presume, satisfy Dr. Bancroft, if his thirst for rank and pay be satiable; and, as I believe that you have no motive in presenting the suggestions for

improvement in the medical department that you have presented, except your opinion of their public utility, I think I may venture to say, (though I have no knowledge of your private opinions,) that if Dr. Bancroft prove the fact which he assumes, you will support his views and promote his interests with all your energies; for, in so doing, you will render a most essential service to the British army, consequently to the British nation, the safety of which now depends upon its army.

Division of  
the medi-  
cal art in  
parts

At page 9 we have a pompous declamation on the importance of dividing the healing art into physic and surgery, and of maintaining these divisions in all their extent, even in the army. The division of the art into these separate provinces has served most eminently to increase the importance, and multiply the profits of physicians: I cannot discover that it has in fact, or that it could in simple reason be supposed to improve the science; on the contrary, it appears to me to be one great cause which mars its progress. I need not dilate upon the reasons: medical men understand them perfectly, and you may also conceive them. For instance, if a physician prescribe a remedy for a sick person, suppose a person ill

of fever, compound it himself, or see it compounded by another, administer it with his own hand, or see it administered by the servant, the duty will be done in a more conscientious and perfect manner, and the effect will be more certain than if he merely write the prescription. The written prescription is sent to the apothecary, who commits it to his shop boy, who probably compounds it incorrectly; and, after an interval, often such that the condition of things being changed, it arrives at the patient's house when the favourable occasion is past. In the one case, the physician knows what is done, and he looks for an effect with confidence; in the other, he does not certainly know what is done, and he is apt to ascribe, in his imagination, effects to remedies that were not in fact administered: his conclusions are thus in danger of being incorrect. The first mode of practice is often followed in regimental, the latter in general hospitals; for, to administer as well as to prescribe, is a part of the regimental surgeon's duty: the regular physician on the contrary ordinarily considers his duty to be done when he writes his prescription, and commits it to the dispenser or hospital mate, for execution. But, though I allow that the division of the healing art into different branches, and the preservation of rigid boundaries be-



tween the parts, raises the importance of the physician's office in the eye of the public; it is a division that is only acted upon in rich countries, among rich people, and in great and opulent cities. It scarcely has a place among the diffused population of rich and luxurious England itself; and it seems to be little known in the United States of America, or in the islands of the West Indies; yet, with all this confusion of parts, the Americans cultivate medical science with zeal, and they have even perhaps made some improvements in the art of healing beyond some of their more refined contemporaries.

The Doctor seems to be feelingly alive to the apprehension that the different parts of the healing art, which have been separated with such industry, and with so much advantage to its professors, should be again confounded; and he exults that the French revolutionists, in the midst of their fury, respected the constitution of the military medical code, leaving the distinctions of physician, surgeon and apothecary untouched. I am rather surprized that, in his rage against innovation he suffers Joseph the Second, to pass without an anathema; for that imperious sovereign sacrilegiously expunged the name of physician from the list of his army. He did

not however intend to expunge, nor does experience prove that he banished medical science from his military hospitals. On the contrary, he instituted schools for the education of his medical servants; but, in doing this, he confounded the parts, not conceiving, as Dr. Bancroft says, and as the physician-general of the British Army seems to think, that a regimental surgeon can never be *duty qualified* to practice the two intricate arts of physic and surgery. The emperor Joseph was not initiated into the mysteries of Warwick Lane. He had no idea of advantage arising from the division of medical and surgical labour; and he did not believe, what indeed I cannot believe myself, that because a man may possess the skill to cut off a limb, he is thereby rendered incapable of curing a fever. Hence, the Emperor, in the spirit of innovation perhaps, but apparently with the impulse of genius and good sense, endeavouring to escape assuming the right of thinking for himself, committed the health concerns of his army to the direction of a person of military experience, on whom he bestowed the title of first surgeon; the detail of execution was allotted to surgeons of different rank and degree, according to the extent and importance of their different duties. Thus it is that the medical

system of the Austrian armies acknowledges no person of the rank of physician; yet the Austrian military hospitals are allowed by all persons who have seen them, and compared them with others, to be the best conducted military hospitals in Europe.

The success of the practical effect will here, as in other cases, depend on the skill of the individual who acts, with the soundness of principle which directs the act; but the knowledge of the fact that such arrangement exists, and that it was approved, after trial, by a people, who calculated the value of things and estimated causes and effects with more accuracy perhaps than any other people in Europe, furnishes no weak argument in proof of the position which I maintain, and which you seem to admit, that the acquisition of the surgical skill which a military surgeon requires will not interrupt his progress, or rob him of the power of acquiring knowledge to cure internal diseases in a speedy and effectual manner: I even add that the collateral light, arising from the observation of surgical diseases, will, on some occasions serve to enlarge his medical views, or perhaps to correct them. The authority of the Austrian medical system may then, I think, without presumption, be put in balance against

the opinion of Dr. Bancroft and Sir Lucas Pepys; and, as we appear to have borrowed many things from the Austrians in our military economy, I hold the discipline of the hospitals to be one of those which is especially worthy of imitation.

The next point on which Dr. Bancroft pretends that I have misled you regards the rule observed in bestowing medical rank. I do not pretend to trace this beyond the American revolutionary war; for beyond that period my personal observation does not extend,—and I have no opportunity of consulting books.

Qualifica-  
tion re-  
quired by  
Mr. Hui-  
ter.

Some of the physicians of the medical staff in the American war were appointed from civil life, two of them regular, viz. Dr. Morris and Blagden; others likewise civil, but not of Oxford or Cambridge, viz. Dr. Nooth: some were appointed from among the medical officers of the army, viz. staff surgeons, apothecaries, or regimental surgeons; some of them with diploma, others without it; for the Commander in Chief abroad was then possessed of the power of making a regimental surgeon an army physician by general order, in a similar manner as a regimental surgeon may be thrust into the



College in Warwick Lane by mandamus. There in fact existed no law of exclusion in the American war. A medical man was appointed physician for the army from civil or military life, though oftener from the latter than the former, according as he was supposed to possess superior knowledge, or as he found favour with those in power. Dr. Veale, Dr. Hayes, Dr. Roberts, and Dr. Clark, had either been regimental or staff surgeons, and Dr. Clark was, to the best of my knowledge, the only one among them who possessed a physician's degree.

But this is foreign to the purpose, for I mean to refer only to the period when Mr. Hunter succeeded to the office of surgeon-general. A regulation was then formed, and it was, I presume, sanctioned by the highest authority, that no person should be placed in the station of army physician who had not previously borne a medical commission, that is, been staff surgeon, regimental surgeon, or apothecary to the forces. Dr. Bancroft seems to doubt the existence of this regulation; and he argues vaguely to disprove it by alledging that Dr. West was the only physician of Mr. Hunter's nomination. Dr. Robert Smith, regimental and afterwards staff surgeon, and Dr. Brown, regimental mate and afterwards staff apothecary, also Dr.

Lindsay, regimental surgeon, were appointed during Mr. Hunter's continuance in office. There are thus more proofs of the existence of the rule than Dr. Bancroft acknowledges; but my own case proves the fact of the regulation incontrovertibly.

In September 1793, when an expedition was preparing for the West-Indies, I offered myself a physician for that service. The answer returned by Mr. Hunter was to the following effect, that he would willingly have accepted my offer could he have done it consistently with rule; but as I had never borne a medical commission, that is, never been staff surgeon, regimental surgeon, or apothecary, he was precluded from complying with my request. As it appeared, from the terms in which the letter was couched, that I was disqualified only by not having previously borne a medical commission, I returned in answer that rather than be disappointed in my view, which was a further investigation of the fevers of hot climates, I was willing to accept the surgeoncy of a regiment serving in the West-Indies, or destined for that country, on the implied condition that I should obtain the physician's rank on the first proper occasion. The third regiment

of foot, or Buff was offered, and I accepted it. —Mr. Hunter died in a few days after the appointment took place.

The rule is here clearly defined; and, as the proposition was made through Mr. Lewis of the War-Office, and the answer returned through him, he, I doubt not, may still recollect so much of the circumstances as to verify what I say, if Dr. Bancroft or any other person should be disposed to question my veracity.

Qualifica-  
tion re-  
quired by  
the Medi-  
cal Board.  
1794.

I have now shewn to you that Mr. Hunter's rule was express and positive to the exclusion of all persons who had not borne a medical commission: I must next shew you, and prove to you that the rule of the Army Medical Board was expressly and directly the reverse of Mr. Hunter's. The Buff, the regiment in which I served as surgeon, instead of going to the West-Indies as I expected, was put under the command of Lord Moira. It appeared off the French coast, anchored in the road of Guernsey, and finally returned to England. As England was not the scene in which I wished to serve, I waited on the physician-general in the month of March, stating to him the cause that had induced me to enter the

service, and, mentioning the expectation, or rather condition under which I entered it, requested to know if I might look for the physician's rank. He told me frankly that it was impossible as I was the surgeon of a regiment. On this, I observed to him that I had never acted in any other capacity in England but that of a physician, that he might know I was a physician by a book which I had written on the fevers of Jamaica, and, as I believed I had attained some knowledge of the diseases of the West-Indies, I was desirous to employ the knowledge so attained for the benefit of the Army. He seemed to be moved into indignation at what I said, and told me abruptly that, if I had the knowledge of Sydenham or Rattcliffe, I was the surgeon of a regiment, and the surgeon of a regiment could never be a physician in His Majesty's army.

The exclusion of the regimental surgeon from the rank of army physician is here positive and peremptory: a regimental or staff commission was a condition indispensable to eligibility in the time of Mr. Hunter: it was here a disqualification. No two things can be more directly opposite; the latter is a complete subversion of the former; you might therefore,



justly enough, I think, be allowed to term the regulation of the Board an innovation.

When I took my leave of Sir Lucas, I waited immediately upon Lord Amhurst, who was then Commander in Chief, with the intention of resigning the surgeoncy of the Buff; but his Lordship informing me that the Buff was ordered to Jersey, which was expected to be attacked by the enemy, I suspended my design and joined the corps at Lymington. From Jersey I went to the Continent with the regiment; and, in March 1795, I was thrust in among the physicians of the army, by order of His Royal Highness Field Marshal, Duke of York, on condition that I submitted to examination by the College of Physicians when the circumstances of the service permitted me to return to England.

This might be deemed an infringement of the privilege; it is contrary to Sir Lucas's express declaration to myself. I possessed a physician's diploma, had exercised the physician's art in civil life, and had moreover been intrusted with the care of soldiers as a regimental surgeon for some time; but the general hospital was sacred ground on which I could

not be permitted to tread. I was notwithstanding thrust into it by authority, ordered to act as physician, even placed in the direction of the medical department on the Continent, though I was not yet qualified according to the regulation. There was here a transgression of the Statute of Henry the Eighth, according to Sir Lucas's interpretation. Can Sir Lucas himself pretend that he observed the statute in his nomination to physician's rank in the year 1795? It stands on record that young men who had been enrolled at Cambridge, but who had not yet attained the degrees; who kept their terms perhaps, but who had given no proof of knowledge by any trial instituted, were appointed army physicians, placed upon duty, sent to stations of the highest importance, and allowed to qualify or to take their degrees and their licences when they became of age; you may consider the case, it is not a trivial one in the concerns of the army.

The question which relates to the comparative advantages and disadvantages of regimental and general hospitals for the care of the health of the military sick is a very important one. It calls for a very thorough investigation, and you have passed it over very superficially, having,

if we may believe Dr. Bancroft, prejudged the case, by examining those persons only who were likely to confirm you in your preconceived opinions. You are here represented as predetermined judges, packing your jury, that you may obtain your own verdict. I cannot go deep into the subject; but I shall endeavour, in as few words as possible, to state the fact as it appears in the medical history of the service, of which I have knowledge myself; suggesting, at the same time, the probable causes which influence the effects observed and which are often different in themselves.

Comparison of general and regimental hospitals.

Military hospitals are of two kinds, or denominations, viz. general and regimental. A regiment is the first entire and independent part of an army; and it is so organized as to exist with its own means. The regimental hospital is the place appointed for the reception of those materials of the primary part which become ineffective through disease; and officers, professing medical skill, denominated regimental surgeons, are appointed to repair the first injury which happens to the health of the regiment. This, they are supposed to attempt without loss of time, and they are understood to accomplish it by the safest and most effectual means. The regimental surgeon is an integral part in the constitution of

a regiment; and, while he cures the disease, he keeps in view the preservation of that organization, discipline and economy which gives the military body its preeminence over an ordinary mass of people. The general hospital is a place appointed for the reception of the sick, or ineffective parts of an army; and, as these are thrown into this receptacle in the mass, the organization, which belongs to the military body as its distinctive character, is lost in the first instance; and, under physicians acquainted only with the loose organization and fluctuating habits of society in civil life, it may probably never be again restored. A general hospital, I do not say necessarily, but I may say not unfrequently, exhibits a mass of disorganised ineffectives, who, when they are restored to bodily health and sent back to their regiments, are found by their officers to have lost much of what belongs to soldiers. Military officers of experience and observation know this to be true; and I think I am thus warranted to conclude that general hospitals, in consequence of the mixture of the sick of different corps and descriptions, which is in fact military disorganization, have an unfortunate effect on the military body; not only in what regards bodily health, for the means are not applied so directly to the ends; but more



especially in what regards the military spirit of the soldier, who is thus withdrawn from under the eye that watches and supports his military course. Hence I recommend, and you seem to be of my opinion, that regimental hospitals, as primary establishments for the military body, deserve the first attention; that general hospitals, as secondary and only necessary in actual war, are only of secondary importance.

This I conceive to be your opinion.—I do not say that regimental hospitals are alone sufficient, and that general hospitals should be entirely abolished; I only say that the latter are not necessary or useful in times of peace, or in garrisons and stationary quarters, even in the enemies territory. No experiment, I admit, has been made with the direct view of determining the relative advantages and disadvantages; many facts have however arisen in the course of military service which give countenance to the vulgar opinion, that the result, or recovery of health in armies is more fortunate in the regimental infirmary than in the general hospital. If the fact be true, there are reasons which may be thought sufficient to account for it, without ascribing want of skill to the hospital physician, or extra-

ordinary skill to the regimental surgeon. It is known to all medical men of experience that diseases, fevers for instance, are more easily cured in the beginnings than in the advanced stages: in fact they are, or may be often cut off abruptly at their onset, at least they may then be turned into a safe channel with much certainty; on the contrary, if they have attained a certain point in their progress they obstinately pursue their own course. The regimental hospital is destined for the early reception of sick; and here, notwithstanding the smaller skill of the surgeon, the effect is more fortunate than in general hospitals, where the disease is so advanced, as not to be easily arrested, or where it is so complicated in its nature, by a combination of artificial causes, as to mock the skill of the more learned and regular physician. If we strip the question of its sophistry and view it as it is, the conclusion, I think, cannot be refused that the regimental hospital is the place from which we may confidently expect the most fortunate result if all things be equal; for the means are applied while the disease is in the beginning of its course, consequently when it may be subverted easily, and, for the most part safely. The fact is true, and the common sense of common men is equal to the comprehension of it.

But besides this, which is of primary importance, there is another of considerable consequence in influencing the result, which most physicians understand, and even common men may estimate, viz. that, where there is a collection of a mass of men, particularly of diseased men confined to bed as happens in general hospitals, (for general hospitals are understood to comprehend large collections of sick,) the air loses its salubrity, though it may not acquire any of those foreign qualities which are styled infectious. Pure air is essential to the support of health; hence we understand the fact, how recovery is slow and imperfect within the walls of general hospitals: and hence, as general hospitals, which are large collections of sick, cannot well be supposed to possess a pure air, we conclude by fair inference that they ought only to be held as secondary, that is, as a resort of necessity for the accommodation of complicated diseases of long continuance; such for instance as require rest, quiet and regimen not easily attainable in the scene of actual war.

With these two points in view, and which persons of common sense may comprehend, it is evident that the effect cannot well fail to be more fortunate in regimental than in general

hospitals if skill be equal; and it is no proposition from you, or from me that the skill of the regimental surgeon be inferior to that of the regular physician: pains are even taken in the system which I lay down, though not yet acted upon, to ascertain that he be actually skilful; the physician, as we have seen, may be nominated and appointed to act without verbal examination, and without submitting to trial in experience.

Having stated these two leading points, I shall now mention in a cursory manner what I know by personal observation, or what I have learned by report from others of good authority respecting the point in question, viz. the difference in effect between the returns of general and regimental hospitals. As a considerable portion of my days have been spent with military men, and, as the health of armies generally claimed some share of my attention, I sought for information from those with whom I associated, and I usually found that men of military experience who served in the German wars, considered the general hospital as destructive of life in a much higher proportion than the regimental infirmary, that is, as distinctly as I could collect, where regiments depended on their own resources for the care of the sick, the morta-



lity of the troops was comparatively small; where the chief dependence for the cure of diseases was placed on general hospitals, the mortality was proportionably great.

Here I trust to the authority of others; my information is more direct, though not sufficiently precise, in the American war. The cure of disease, more particularly fever, was there more speedy, and not less fortunate in regimental infirmaries than in such general hospitals as fell under my observation; but here, being almost constantly in the field with the advance of the army, I had not the opportunity of estimating the difference so correctly as I have done since the year 1793.

I acted as surgeon with the Buff for about eighteen months in the beginning of the late war: the corps was sickly for at least twelve of these eighteen; and, during this period, it lost upon the whole six persons, viz. one from consumption, one from dysentery, one from inflammation of the lungs, one from a cause I could not discover, as I had not an opportunity of opening the body, and two from fever. During this sickly period, two hundred and fifty persons were dismissed from the hospital list as cured of fever: the fever was of the infectious charac-

ter, such as then prevailed in almost every corps of the army. About thirty of the febrile patients of the Buff were sent to the general hospital at Southampton in January and February 1794, for there was no place of accommodation for them at their quarters. I do not know exactly the number that died; I know however that they were not fewer than eight. About one hundred and fifty more were sent to general hospitals while the regiment remained on the Continent. It was here impossible for the pay-master to get a return of the deaths that was in any degree authentic at the time we were on this service; but I know for certainty that one hundred did not return cured while the regiment was in Holland. The bad cases were not here selected for the general hospitals, as is customary on some occasions, the order went to direct that every person who was incapable of marching in the line should be sent off in the event of moving. In hospitals so oppressed by multitude as was the case in this instance, infections were engendered, and their virulence was augmented to the highest possible degree by accumulation, &c. the effects of which were not counteracted by interior economy. The disease thus produced was malignant, and so concentrated in force that the superior skill

of the regular physician was not sufficient to produce a return so favourable, as the feeble means of the uneducated surgeon at the regimental infirmary.

I cannot speak so distinctly concerning the medical history of other regiments as the Buff. I know that there were several corps which lost many men, even in the regimental infirmary; but I am confident there were few, if any, that lost men in the same proportion as in the general hospital; for, though the sick were disposed in barns and ill otherwise accommodated, the aid of the surgeon, such as it was, was always at hand, and it was applied generally at the favourable moment for acting; besides, as the mass of sick was here less numerous, the air was less corrupted by the effects of accumulation, though I do not pretend to say that it was altogether pure.

When the troops landed in St. Domingo in the year 1796, the sick were thrown into general hospitals, and the mortality was prodigious. The hospitals were here as clean as hospitals could well be made, and comforts were procured for the sick in abundance; but emanations from a mass of men brought together into small space, though the disease was not

infectious, seemed to deprive the air of its salubrious quality. This I conclude to have been the case, from the difference of effect observed, where the sick were spread about in smaller parties, though they remained under the same or similar treatment.

Convinced, in my own mind, from this and other observations of the advantages of treating sick in regimental rather than in general hospitals, I broke up the establishment of general hospital in the district where I resided, viz. Port au Prince, as soon as I became the senior officer of the medical department on this station. I then placed the sick in the hands of the regimental surgeon, taking care that the hospitals were well equipped and that all the comforts which sick men require were amply provided and duly supplied. The effect was decidedly more fortunate, as may be proved by the hospital returns transmitted to the proper offices in England, and which, I suppose, are still preserved.—I ascribed the difference of effect to the arrangement, not to the greater ability of the medical officer. I shall mention an example which may be considered as satisfactory proof.

The 2nd battalion of the Irish brigade arrived at Port au Prince in a sickly state, and it



experienced a subsequent sickness as new troops generally do when landed in tropical climates. This corps had no advantage in point of discipline; and it had no regular surgeon present. In those circumstances I attached to it, as acting surgeon, hospital mate Mackay, who is now surgeon in the 87th regiment. He was then a young man, but he possessed a discerning judgment, with diligence, attention and humanity—always on the watch; and having some how or other discovered a principle, though he never was at Cambridge, he seized the first opportunity of arresting the disease, or of turning it into a safe course with so good effect that, though the sickness was great, the mortality was comparatively small, and though few of the officers escaped sickness, yet not one, as far as I know, died.

A detachment of Dutch Artillery, of about one hundred Europeans, arrived at Port au Prince in August 1797: they were put under similar discipline, and the result was equally fortunate. The facts which I now state fell under my own observation: I know them to be correct, and I can further add with truth that, wherever the regimental arrangement was adopted, the effect was fortunate as compared with the other, though the medical officer ar-

rogated to himself no particular attainment of skill.

Besides what fell under my own observation in St. Domingo, the history of health among the troops, which took possession of the Cape of Good Hope in the year 1795, will also, I believe, serve to illustrate your position. In the beginning, (I believe during the command of General Craig,) the general hospital was the depot of all the sick:—the mortality is known to have been great. The general hospitals were broken up at a subsequent period, (under the command of General F. Dundas) and the mortality, I have been informed, almost entirely ceased. This may be authenticated by comparing the sick returns of hospitals during the different periods that the care of the health of the troops was under these different systems of management. The result, if I have not been misinformed, was decidedly in favour of the regimental experiment. But though this be true—and in point, the best of all illustrations of the practicability and advantage of committing the care of the health of troops to regimental surgeons, in regimental hospitals, is found in the system that was pursued at the Cape during the present war: The sickness was considera-

ble at times in consequence of various contingencies; yet no permanent general hospitals were established on that account. The sick returns may be consulted, as it is presumed they are still preserved at the office in Berkeley Street: they will, I presume, shew the effect to have been a fortunate one.

I do not at present know the state of health among the troops in the West-Indies, but Lord Castlereagh, minister for the war department, asserted about twelve months ago, in the House of Commons, (if newspapers repeated truly,) that the mortality in the West-Indies was of late diminished by one third. I do not pledge myself for the accuracy of his Lordship's statement; but if what he says be true, even if it be not the reverse of truth, there exists a strong argument,—and it will be deemed of authority—that the army has sustained no injury by the absence of regular physicians, and the want of general hospitals in that unhealthy climate.

I have thus given a short sketch of history from my own observation, or from the report of persons who deserve credit relative to the comparative advantages of regimental hospitals.

Though the advantage on the side of the regimental hospital, as judged by effect, is strongly marked, I am disposed to ascribe this difference, which is often striking, to causes which belong to the constitution and economical management of general hospitals which usually obtains in those depots, rather than to the unskilfulness of the medical officers who are intrusted with the care of the sick. In the one, as I observed before, the means are applied in the early and manageable period of disease; in the other, rarely till the disease is advanced in its course, probably till it has arrived at a period in its progress when it cannot be repressed with safety: To this I may add that there is ordinarily greater purity of air in the smaller than in the larger hospitals, for, the mass of diseased subjects being less numerous, their emanations are more speedily and more easily dissipated.

Dr. Bancroft, in advocating the cause of general hospitals, asserts the high claim of regular physicians, as if every thing should yield to their superior knowledge. He undervalues the regimental surgeon, and seems to exult that unusual sickness and considerable mortality, as exhibited in the monthly sick return for the month of March, have furnished him with an



opportunity of proving the fallacy of the regimental system, to which the health of the army in Britain is now committed.

Dr. Bancroft's remark on the mortality in the month of March.

It belongs to the inspector general of army hospitals to explain the cause of what Dr. Bancroft alleges to be true, and I doubt not that he will do it to the satisfaction of those who may be entitled to call for explanation on the subject; I only notice it here as a charge brought against the constitution of the regimental hospital, and, I cannot help saying, brought against it unfairly, apparently dictated by the same spirit that preferred charges against myself in the year 1801. A charge or insinuation of this nature is serious in itself; and, if wantonly made, it calls for reprehension, even for punishment; for it diminishes the confidence of the military in the ability of their officers; and, as such, it is injurious to the prosperity of the country. If Dr. Bancroft had considered the subject dispassionately—not viewed it as a disappointed physician, he would not, I believe, have thrown out this inconsiderate insinuation; or, if he had been capable of considering the question like a man of science, he would not have overlooked the causes which gave rise to unusual sickness at the time stated. If there was unusual sickness in a body of men so numerous as the

troops in Britain now are, upwards of 100,000, the death of four, or even five hundred men in one month, though high, might not be unprecedented. As you may not be aware of the fact, I shall inform you, though it does not properly belong to my subject, that, among the causes which occasioned sickness, there was a transfer from the militia to the regulars: this change of circumstances presented a new scene; and change of scene and circumstances often occasions sickness in armies. But, besides volunteering from the militia into the regulars, there was a draft of countrymen to the militia by ballot. Here another cause of sickness was put in action; for there was here a change of circumstances in mode of life, such as is known to affect human health. The causes stated might occasion sickness; and adding to these the occurrence of epidemic measles, scarlet fever, and inflammation of the lungs, which prevailed in some corps to considerable extent, we had a right to look for considerable mortality even in the hands of regular physicians; and, in fact, the returns of the general hospital at the Isle of Wight, during the same period, which may be, and which ought to be consulted on this occasion, are said to be still less favorable than the aggregate returns of regimental hospitals through Great

Britain. But, before Dr. Bancroft, or the physician general, whose orator Dr. Bancroft appears to be, can pretend to judge the question like men of science, it behoves them to obtain detailed returns of regimental and general hospitals, even of the hospitals instituted for the reception of the poor sick in London and elsewhere; and, when they have done this, it is necessary that they compare the whole, and estimate the mortality in each class of disease, in each of these establishments. If, after such examination, they find the effect in regimental hospitals to be uniformly less fortunate than in military general hospitals, or in the various hospitals about the metropolis, it might then be warrantable to say what has been said. As it is, Dr. Bancroft appears to be instigated by an unworthy motive; and, as he has committed himself to speak without knowledge of circumstances, he has erred in regard to the fact; and, as far as his authority, or the authority of his principal extends, propagated a calumny against the surgeons of the army, and the system of medical discipline that is now instituted for the care of the health of the military.

I have now stated facts, and given my opinion respecting the advantages and disadvantages of the different establishments into which

the sick of armies are usually received. I abstain from making invidious remarks on the character of the medical officers allotted to the duties of these establishments. I have usually spoken respectfully of regular physicians; but I have remarked, what no man could avoid remarking, that some of them were so young when appointed to their stations, that they could not, in the nature of things, be supposed to have given proofs by experience, that they actually possessed knowledge. I shall therefore leave this discussion to others, and proceed to notice in a cursory manner, the real state of the fact, respecting some points you endeavoured to ascertain by the testimonies of Dr. Borland and Dr. M'Gregor; for, it appears to Dr. Bancroft that the base of the testimonies of these gentlemen is founded on the opinions contained in one or other of my publications.

First, at page 30.—“That during the campaigns of 1794 and 1795 on the continent, the mortality was very great in the general hospitals, while it was comparatively small in the regimental.” I have stated the sum of my own observation on this head already. I now venture to say that the truth of it is known to

Relative mortality on the continent in 1794 & 95.



every military officer of discernment, who served in the campaigns here alluded to; and, I add, in illustration of what I maintain, that bad cases of disease *only* were not selected for general hospitals in this service, as is usually the case on other occasions, but that the regiments were ordered to disembarass themselves of all their ineffectives, previously to a march. These were thrown into general hospitals in the mass, and, in defect of organization which is as necessary for good effect in general hospitals as in the healthy army, the confusion was great. I do not attempt to describe the misery, and I only mention its existence that, taught by experience, we may learn to avoid the causes which occasioned it. I do not pretend to know the precise proportion of deaths; but I know it was enormously great, far exceeding the proportion of mortality while the sick remained in the regimental hospitals under the care of the respective surgeons. The cause of this may be understood from what I have said above without charging the physicians of general hospitals with ignorance, or neglect of duty.—I do not dwell on this; it is however known that the disorder and disorganization, which prevailed in general hospitals, appeared to make so strong an impression on the mind of the Commander in Chief, that a military commandant was appointed for the purpose of

enforcing the duties, and preserving that discipline which peculiarly belongs to, and which is always best performed by an intelligent and zealous medical chief.

Secondly.—“That in consequence of the sick being taken from the regimental and sent into the general hospitals, where they were placed under care of physicians selected from civil life, the regimental surgeons not being permitted to take care of their own sick, became less active in the service, and disgusted.” I must here observe, that there are no circumstances which will render a good man inactive or indifferent to the discharge of a duty so nearly connected with his heart as the care of the sick soldier; but I must also observe that, as a regimental surgeon often forms an attachment to the soldiers of the corps in which he serves, he feels regret when such of them as may be sick are removed from under his protection, unless he has proof in his own mind that they are to be better treated, and sooner restored to health by others than by himself. I admit that the allowances of wine were higher in the general hospitals on the continent than they were in regimental hospitals; but I could not perceive that the sick were otherwise better treated. The sick, as is known, were removed

Effect of  
general  
hospitals  
on the ac-  
tivity of  
regimental  
surgeons.

at stated times, or in the event of changing position from the regimental to general hospitals, particularly during the first part of the retreat; or till such time as all the places which could be obtained for general hospitals were filled. In consequence of the measure thus adopted, the regimental surgeon feeling himself to be a person of less professional importance than he had conceived himself to be, was less pleased, and less satisfied with himself than he ought to be; for his duty was chiefly to muster and collect the sick; few of them were permitted to remain under his care till their cure was completed, as the army for some time, at least, frequently changed its ground.

Difference  
of effect in  
general &  
regimental  
hospitals  
from treat-  
ment.

Thirdly.—“The question relative to the superiority of regimental over general hospitals in respect of the treatment of the sick.” This consists principally in the speedier cure in the one establishment than in the other. I stated in my publication 1805, at page 59, “that the average time required for the cure of acute diseases in regimental hospitals, where the surgeon is properly instructed in his art, cannot be supposed to exceed a fortnight; scarcely a man returns *cured* (I ought to have said) from general hospitals in less than six weeks; few in less than three months.” The last part

of the sentence is known to be a fact by military officers; I leave the first to be determined by the pay-lists sent to the War-Office from the hospital at the army depot, between the 1st of March 1801 and 1st of January 1802. The depot hospital, though not a regimental hospital, yet approached nearer to it in its economy and discipline than the general hospitals to which I and Dr. Bancroft allude. If Dr. Bancroft chooses to examine the documents to which I refer, and I do not suppose they will be withheld from his examination, he will find that, during that period, the average time required for the cure of acute diseases, that is, fever, dysentery, inflammation of the lungs, &c. does not even amount to fourteen days: That this is the case may I think be inferred from considering the relative circumstances of a statement which is already before the public; viz. the average time required for the cure of all diseases—acute and chronic at the depot hospital during the time specified. This, by the returns published in 1803 was twenty days at Chatham, and twenty-three at the Isle of Wight. The effect, I believe is such, as Dr. Bancroft could not promise as a regular physician in a general hospital. A zealous and intelligent regimental surgeon may promise



it with much confidence; for he has the opportunity of acting on diseases when they may be speedily and safely arrested, and there exists no motive in his mind, on account of connection with the other branches of the trade, which induces him to temporise, or proceed slowly in his course: it is in fact his interest to cut the disease short as soon as he can. If the average time for the cure of diseases of all descriptions requiring hospital treatment was only twenty, or even twenty-three days at the depot hospital, we may fairly conclude that the cure of fevers or other acute diseases, did not at the average exceed a fortnight. My position I consider as established; Dr. Bancroft has given an opinion without knowledge of the fact.

There is another part in this paragraph respecting the treatment of the Russian sick in Jersey and Guernsey, which I cannot pass without a remark: The superintendence of the health of the Russian troops was my duty; I think therefore that I may be allowed to know more of the state of the case than Dr. Bancroft, or even Dr. Benckhausen himself; for the Russian physician did not come to the islands till the sickness had ceased, and, when he

Russian  
sick in Jer-  
sey and  
Guernsey.

came, he took no charge, and did no duty in the hospitals. Hence, his information is not intitled to credit, as he had no just opportunity of knowing the truth, had his character been otherwise respectable. Dr. Borland was attached to the Russian auxiliary troops, as an assistant inspector of hospitals; and, as such, he must be supposed to have known the state of their health, for he was present with them in the island of Jersey. He testified upon oath that they were sickly, and that the sickness was contagious fever. When a person speaks upon oath he does not speak inadvertently, and being on the spot, he does not speak without knowledge of the fact. When any one, whoever he may be, endeavours to invalidate such testimony and solemn asseveration with no better authority than vague report or fanciful presumption, I cannot resist saying that the sentiment of honour does not reside in him; and, in the present instance, you may perhaps be disposed to think with me, that Dr. Bancroft, instead of bringing discredit on Dr. Borland, proclaims his own want of principle, in attaching to an oath no greater value than it bears with the transatlantics in a custom house. But that you may see how the matter actually stood, I shall mention the history

of the Russian sick; and it is shortly this. Those who were wounded, and those sick who were already collected into hospitals were embarked at the Helder and sent to Yarmouth. Those who were yet in tents or quarters, (and they were not few in number,) were thrown into the transports together with their comrades: the transports were crowded; the winds were adverse, and the ships were dispersed: the weather was rainy, the clothes of the soldier were necessarily damp and wet.—Some of these vessels were driven to Leith roads, others to Newcastle, some to Hull, and some brought up at Spithead. It is publicly known that there was much sickness on board the ships which arrived at the places now mentioned, and it is also known that there was considerable mortality. The principal form of sickness was the infectious fever; and, while this is authenticated by testimonies that cannot be doubted, the Doctor has no right to suppose that sickness was trifling among those who found their way to Jersey and Guernsey. The voyage was longer, and in fact, the great body of Russians did not reach their destination till some time in January: that they actually were sickly on their first arrival at their cantonments in Jersey and Guernsey is known by

the hospital returns; a surer evidence than that of Dr. Bancroft's assertions.

Fourthly.—“That many soldiers who had been sent into general hospital with slight ailments, caught fevers there and perished.” This, every person at all acquainted with the history of armies, knows to be true. Infectious diseases I am ready to confess appear occasionally in regimental as well as in general hospitals; but they are there ordinarily less aggravated, because the subjects are fewer in number, and the access to a pure atmosphere is more at command. In the military general hospitals of our own nation, the diseased subjects are oftener thrown together promiscuously than separated with care and discrimination according to the character and conditions of the disease. Small pox and measles, I believe, are kept apart; the other febrile diseases, as far as I have seen, for the most part appear in the mass. This I allow does not attach to a general hospital in its own nature: it is an error in management; but it is not easily avoided by persons who are little acquainted with principles of organization; and such are regular physicians taken from civil



life, for there is no example in the ordinary hospitals in England from which they could be supposed to learn a contrary practice:—the regimental hospitals on the contrary still retain something of military order and discipline.

Malingering.

Fifthly.—“That soldiers tarried very long in general hospitals, and feigning sickness frequently imposed upon the medical officer of no previous regimental experience.” The fact is true; and it is known to most military officers of experience and observation that the restoration of the soldier's health is slow in general hospitals, comparatively with what it is in regimental infirmaries; and it is also notorious that instances of persons who feign sickness for the sake of full diet with large allowance of wine and liquor—so common of late in general hospitals, do not occur rarely. Malingering thus arises in general hospitals: it cannot well arise, or be carried to any extent in regimental hospitals, for regimentally every eye watches the malingerer: in general hospitals, the malingerer occupies his place and escapes among the multitude, his cunning being often an over-match for the *regular* physician's penetration.

Dr. Bancroft, from a total ignorance of what belongs to a military life and military manner, or from a desire to misrepresent the fact for the sake of his purpose, assumes as a position that because the sick soldiers are sent to general hospitals by regimental surgeons, and because malingererers are found in general hospitals they must have previously imposed on their surgeons. The fact is, they are sick in the first instance, they are restored to health, and they become malingererers, as enticed by indulgences: they persist in the habit for a length of time, through the indiscipline of general hospitals. —I leave it to military men to judge the case.

Expenditure.

Sixthly — “That general hospitals have been attended with great waste and profusion of expence.” This is a question of considerable importance to the nation and it ought to be investigated thoroughly, so that a basis may be fixed, on which the economical arrangements of our future system may be founded. The foundations in this case ought to be demonstrative not presumptive; and, as there are yet some points connected with your investigation of this part of the subject, which appear to me to be unascertained, I take the liberty of drawing your

attention to such things as seem wanting to give your suggestions full authenticity.—In the first place then, with regard to the proportion of a medical staff for a given military force. This question is important; and I conceive that the estimate of the medical board far exceeds the needful. You yourselves seem to think it high; but, that you may ascertain the fact by the best possible evidence, it is proper that you call for returns of the military force and medical staff, general and regimental, during the war 1756 and American revolutionary war, likewise during the late and present wars: you will then see, by a clear document, what was, and is the rule followed in our own service on this head. You may also think it proper to know what is the proportion of the medical staff among foreign armies.

A return of the medical staff for a given military force among the principal warlike powers in Europe, viz. French, Austrians, Prussians and Russians, would serve much to illustrate your position; and I should suppose that, as you have authority to call for information from all quarters, you will not have much difficulty in obtaining it. I do not possess this information in so authentic a form that I could

venture to put it before you as a document. I may however observe that, as the Russian's military was formed according to the best German system, and, as a division of Russian troops joined our forces in Holland 1799, and, as this division appeared to be select, we must suppose it to have been complete in all its parts according to the ordinary rule followed by that power in its military arrangements. From this you may attain an outline which may serve to direct your course. The Russian force consisted of about 17,000, attached to which, exclusively of the regimental medical staff, there was one staff physician, one staff surgeon, and one staff apothecary. The proportion here stated, we must believe, as we have no evidence of the contrary, to be such as is ordinarily followed in the Russian army; for, though the Russian general left the most of the hospital equipments behind at Revel, by the desire, as the Russians themselves said, of Sir Home Popham, who told them all these things would be provided for them by the English, he left no part of his hospital staff.

If the medical staff was here entire, as it appears to have been, let comparison be made with the medical staff appointed for Sir Ralph



Abercrombie's expedition in 1795, for a force of 20,000, viz. one Inspector-general, one Assistant Inspector-general, eleven Physicians, eighteen Staff Surgeons, and six Apothecaries. If the Russian medical provisions were sufficient, our's must be considered as enormous. The Russians met with events in Holland which they did not expect: their system was deranged, and they did not well know which way to turn themselves. As they were not principals in the scene, they could not be supposed to think well and act with energy for themselves. They were in fact in difficulty, and in want of hospital equipments: they obtained relief from our stores, and even surgical aid from our medical staff. They had not however, I presume, calculated upon such supply or such assistance when they left Russia, more than they calculated on the assistance of British officers to command their battalions. The detachment was considered as complete and independent with its own means: the hospital furniture only, not the medical staff was left behind at Revel.

From what I have now said, you may probably think it proper to obtain information respecting the proportion of medical staff in the

armies of foreign powers, as an outline to direct your research when you come to estimate what may be necessary for our own country. The powers on the continent have more experience of field war than we have, and they calculate their means with better knowledge of the ends than we do. But, besides a knowledge of the proportion of foreign medical staff, which may serve to illustrate and confirm your positions, you will also, I believe, think it advisable to determine, by the best attainable authority, the *maximum* of duty, that is, the greatest number of sick or wounded for whom a physician or surgeon can be supposed to do the needful. This is essential before you definitively fix your proportion; for, as the view which you now offer is, I presume, intended to lay the basis of a permanent system of medical discipline for the national military force, it is understood by the public that no part of the investigation will be passed over negligently. On this ground I come forward at present, and you will, I doubt not, take in good part any hints which I, or any other person may suggest to you on the occasion. And here I observe in the first place that, before you allot the number of patients whom a physician may be thought capable of attending in a proper manner, you

will probably first consider how many hours out of the twenty-four, he may, without injury to his health, devote to this labour. I suppose, and I presume you do the same, that a medical man's duty is his business; and that his business forms his chief pleasure. On this supposition I maintain that a physician, surgeon or hospital mate will not, or ought not, to consider himself as overstrained by giving eight hours a day to his hospital duty, if the service require so much, viz. five hours in the forenoon, and three in the afternoon. When the portion of time allotted for daily labour among the sick is fixed, you will probably think it advisable to summon a committee of medical officers, viz. military physicians and military surgeons, with an equal number of physicians and surgeons who do the duties of hospitals in civil life, in the view that, by their help, you may adjudge the quantity of labour to be assigned to each class; for it is proper that this be determined by rule, and that it be determined as justly and as correctly as may be. It is obvious that number must vary according to the difficulty or complication, the danger, or safety of the different diseases which are placed under the physician's care; and it is also plain and easily understood that, when

the number is allotted, the task will be easy or oppressive according to the manner in which the subjects are disposed in hospital. If the sick be classed scientifically, and arranged in their wards according to the characters of diseases and their conditions, viz. progress towards recovery or death, a physician will be enabled to execute his medical duty with more facility, and with better effect for one hundred sick, than he could for thirty of the same description, if they be thrown together promiscuously, as seems to be the general practice in our own hospitals in Britain, whether civil or military. The classification to which I allude, and which I adopted in the hospitals at the army depot, made a duty easy which I could not perhaps have otherwise accomplished. With one assistant surgeon and a dispenser of medicines, I prescribed and administered, or saw medicine administered for three hundred patients daily, during the months of September and October 1801, exclusive of various other duties connected with the depot; and I think I can venture to say that, during this time, no one suffered from want of medical attendance. The French regulation for military hospitals allows a physician for two hundred sick; I do not know what Sir Lucas Pepys may be disposed



to think an adequate portion of duty for a physician of the British military staff; I believe however, that he will not be disposed to place it so high as the French. But be that as it may, as there is evidently a difference of opinion on this head among those who have spoken on the subject, and, as I do not suppose that you have knowledge of hospital duties personally yourselves, you will act wisely and proceed safely if you submit the question to the judgment of a professional committee, consisting of men of experience and reputation who have no individual interest in the case. When you have ascertained this point, you will, I doubt not, think it still advisable, as serving to illustrate the subject, to call for regular returns of the sick troops serving on different stations at home or abroad, for instance in the West Indies, Cape of Good Hope, Malta, Sicily, the Baltic, Ireland, &c. accompanied with returns of the medical officers, general and regimental, allotted for their care. Here, if you divide the aggregate amount of the sick by the number of medical officers actually present and supposed to be capable of effective duty, you will see what quantity of labour every medical man actually performs, or is destined to perform; and you will then be able

to judge, by the help of this official document, whether the medical staff exceeds the just proportion, as I alledge, whether it is barely sufficient as some think, or whether it is sometimes insufficient as others seem to insinuate: If you institute such an enquiry as this which I now suggest, you will then find grounds on which you may calculate the proportions of a medical staff for the service of a given force according to rule; and which, as such, you may put before the government in the confidence that it is sufficient and effective of its purpose under all contingencies.

I am aware that many, indeed that most medical men will be disposed to consider my estimate of the medical staff as too low. In making it, I have not spoken at random: I have however assumed as an implied condition, though it does not exist as things are, that every medical officer—not simply the physician, is competent to the treatment of common diseases, that he is energetic in action and zealous in disposition, that the sick are classed in wards or apartments according to the nature of diseases and their conditions; and further, that the remedies are administered immediately and under the eye of the person who prescribes. If the conditions now stated be observed faithfully

in practice, I have no apprehensions that the medical staff which I assign will be oppressed with the weight of duty: the duty on the contrary will be always within the compass of its power. If however the conditions be neglected, or the quality inferior, there will be much confusion and great toil; for I know by experience that no increase of number will be sufficient to remedy the one, or much alleviate the other. The fact is certainly true, and some of yourselves may perhaps have noticed it, that one experienced, intelligent and zealous medical officer is of more value in maintaining the health of an army, than six others who are without experience, little intelligent, and of small zeal.

In endeavouring to give my opinion a specific form through which it might be more easily brought to trial for judgment, I instanced an example, that the medical staffs, appointed for the expeditions to the Cape of Good Hope and the West Indies in the year 1795, far exceeded the just bounds; and I observed at the same time that, if it should so happen that the whole of the army was in the sick list at once, the hospital staff alone might be deemed equal to the duty of prescribing and administering for this entire force: I even add that, if the parts be arranged scientifically and well

disposed in convenient hospitals, the task would not be a hard one. Dr. Bancroft considers this as extravagant and ridiculous, and forms a case for himself by which he affects to demonstrate its absurdity. I do not notice his epithets for they contain no argument; but I have said the thing is practicable, and I hold it to be my duty to shew to you at this time that it is easy according to the plan on which I propose to act.

It appears, in looking into the lists of the medical staff which was prepared for the expeditions in 1795, that one physician was allowed for every two thousand men, one staff surgeon or apothecary for every thousand, and one hospital assistant surgeon for every hundred and fifty. There were thus provided for a force of two thousand men, eighteen medical staff officers: these, qualified as they ought to be, I hold to be equal to the care of two thousand sick. In an hospital list consisting of two thousand persons, there are not, probably two hundred who are actually in critical circumstances. These I consign, as may be supposed, to the care of the regular physician: the slighter and less complicated cases I commit to the staff surgeons; the assist-



ants, while under the superintendence of their superiors, may be safely entrusted with the management of the recovering and convalescent.

The Doctor, in his demonstration, proceeds on a premise that I do not admit, and that the rules of the service do not sanction, viz. that none except regular physicians are worthy to be entrusted with the treatment of medical cases. In two thousand patients, it is not improbable but that there may be twelve hundred of such as are called medical; and, if this be so, I would not be so unreasonable as to impose on Dr. Bancroft, notwithstanding his zeal and youthful ardour, a task so enormous as the care of twelve hundred sick, though their maladies might be slight.

He assumes, I have observed, as the base of his argument, a fact, which does not exist. If his premise were founded in the practice of the army, I should readily acknowledge that my calculation was absurd, the execution impossible; but, as things are, medical officers, whether surgeons or assistant surgeons, are intended, and actually ordered by the government to treat the diseases of soldiers, whether internal or external,—not merely to compound drugs

and perform other subordinate drudgeries; and, as this is the case in fact, the medical and surgical treatment of two thousand patients cannot be supposed to bear hard on eighteen medical officers, if even the half of them be worthy of responsible trust.

This I think must be admitted by every one; but besides this there is another point relative to the same subject which requires explanation, I make the assertion at page 75 of my publication, 1805, that “during the late war two thirds of the medical staff were idle, or but half employed; that where the hospital staff acted, the regimental staff did little or nothing; where the regimental staff did its duty, the hospital staff had only to amuse itself, or pursue its private occupations.” This Dr. Bancroft says is not true. My experience tells me the contrary:—That Dr. Bancroft was idle, I do not pretend to say, for I was not near him; and, as he boasts superior skill and high professional attainment, I should have held the inspector-general, Mr. Young, highly culpable and neglectful of the duty of his station, if he had permitted the Dr. to amuse himself, or return to England, while disease was so destructive

Superflu-  
ity of the  
staff.

abroad. The Dr. was in fact detained at the post of honor against his will—this is known. My position is then a general one; and, as the fact I alledge was tried on some occasions and proved to be true, I presume it might have been proved in all if experiment had been made.

The following examples of what was, will serve to shew what might have been. When I myself became senior officer of the medical department in the island of St. Domingo, viz. 1797, I committed the sick of the army, more especially in the district of Port au Prince where I principally resided to the care of regimental surgeons:—these did their duty, and the general hospital staff was set at liberty. This fact is known to many yet living. It was decisive enough in itself; but besides this, similar experiments were made at the Cape of Good Hope, both in the last and in the present war; and these may be thought to furnish a still more precise proof of the position advanced than that which I have now noticed.

The sick of the troops which captured the Cape in 1795 were placed in general hospitals as soon as the place surrendered; general hos-

Proofs of  
Superflu-  
ity of the  
Staff.

pitals were in fact the sole depots of sick; consequently regimental surgeons had, comparatively speaking, nothing to do. The plan was changed at a subsequent period: the general hospitals were broken up, the hospital staff, or the greatest part of it was sent home: the regimental surgeon resumed his function; he complained of no hardship; on the contrary, it was said he was pleased to be permitted to resume his duty; and it is not unnatural to suppose it, for idleness is irksome to people who have been inured in habits of industry.

The possession of the Cape became again an object of desire in the present war: an expedition was dispatched for the purpose of seizing it; and an hospital staff was appointed to accompany the expedition. The place surrendered after an action of some consequence, in which our troops sustained considerable loss: an hospital staff was on the spot, and I cannot suppose otherwise than that it lent its assistance to the wounded. It is however true that the basis of the arrangement was regimental, then, and at other times,—if not in name, at least in effect: the purveyor and the greater part of the hospital staff soon returned to England.



We may suppose that there was sickness at the Cape, for sickness is usual with persons who are transported to new climates. Some part of the troops which served at Buenos Ayres likewise arrived at the Cape after our discomfiture in South America; and it is, I believe, generally known that the sick list among such was high; yet it is also true that the whole concerns of health were here managed by the regimental staff. The hospital returns for the troops at the Cape are, I presume, preserved in the office in Berkeley Street; and as the case is recent, the success of the effect may be proved or disproved by reference to these returns: proof of the system adopted may be obtained through the testimony of the general officers who commanded at the different periods; viz. Sir James Craig, general, F. Dundas, Sir David Baird, and the honourable General Grey. What I now state offers a precise document; and to this I may add that there is at present a very small hospital in the West Indies,—I believe only one physician; consequently the regimental staff is left to do its own duty. This being the case, we cannot avoid concluding that, if Lord Castlereagh's assertion formerly noticed be correct, the regimental staff is not insufficient in number, or wanting in skill to do the duty of its office.

The circumstances which I have now mentioned will, I believe, be held to be demonstrative of the fact, that one of the staffs was superfluous, as asserted in my publication of 1805. You will thus, I presume, have the satisfaction of seeing that you have not incurred an error by transcribing it;—there exist, if I am not mistaken, other examples in the history of the army, which may serve to illustrate my position, if you deem further illustration necessary.

You will probably be confirmed in your opinion, from what I have now said, that the hospital staff far exceeded what was necessary during the late war; and it will be no difficult matter, I presume, to convince you, or any other unprejudiced and intelligent person that the other expenditures were very carelessly calculated, and very unjudiciously applied on many occasions. The money accounts of the hospital at the army depot between July 1801 and January 1802, which is the only period when the economical arrangement was conducted according to my own view, shew clearly how the matter stands. The sum of ten-pence per day covered every regular expence connected with subsistence, washing, &c. even including

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the pay and ration of the servants who attended upon the sick. If you examine the registers and the expenditures of other general hospitals in England at the time, you will be enabled to estimate the difference; and if you compare the sick returns with each other, you, or professional men at least, will at once discern what were the relative advantages and disadvantages of economy or profusion. The waste of drugs and unnecessary provision of surgical instruments during the late war, forms another point in the charge; and it is so obvious to every man's apprehension that there cannot perhaps be a dissenting voice on this head of abuse.

I have now, gentlemen, exposed the more strictly professional questions which are treated in your report; and I trust I have done it in such a manner that they will be understood by persons of ordinary comprehension. I have also taken the liberty, on some occasions, to direct you to sources, from which you may obtain such further lights as may serve to illustrate these parts in your report which may be deemed obscure or unexplained. The question is at issue; and, as truth is the point which you endeavour to investigate and ascer-

tain, I humbly suggest to you that this only can be attained by confronting evidence, and demanding demonstration of the fact from those who may have amused you with opinion. The opinions which have been exposed are often in contradiction with each other; criminations and recriminations have followed freely: these are not creditable to any set of men, and least of all to men of the medical profession: they are of no benefit to the public, for they throw but little light on the points in dispute. The case, I am ready to admit, is embarrassed; but it is an object of great national concern that it should be made plain. This can only be done by submitting it to the decision of a Board, or Commission which confronts evidence, and is at the same time competent to judge the question on all its points. Such Board it is evident must comprehend military experience, medical knowledge, and mercantile information; for without acquaintance with the organization and economy of troops, no correct opinion can be formed on the best mode of conducting the concerns of sick soldiers; without a knowledge of medical science, no just estimate can be made of the medical effect, or exhibitions of medical skill; and without information con-

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cerning the means and products of different countries, and the rates of market in those countries which may be the scene of war, no adequate and just provision can be made for wants, and no correct estimate made of the money expence. All these points are important to the investigation now under discussion, as well as to the subsequent conducting of this department. It is certainly possible to ascertain the fact of what has been, and estimating the correspondence of cause and effect with each other, it is fair to expect that a base may be thereby discovered, on which a permanent system of arrangement for the medical department of the army may be formed with advantage to the nation, viz—economy of means, and efficiency of purpose throughout. I have the honour to be,

GENTLEMEN,

Your most obedient,

And most humble Servant,

ROBERT JACKSON, M.D.

London, June 15, 1808.

# OBSERVATIONS

ON THE

EGYPTIAN OPHTHALMIA, &c.

OBSERVATIONS

ON THE

EGYPTIAN OPHTHALMIA,

AND

OPHTHALMIA PURULENTA,

AS IT HAS APPEARED IN ENGLAND.

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By WILLIAM THOMAS,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, AND ASSISTANT-  
SURGEON IN THE ELEVENTH ROYAL VETERAN BATTALION.

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OBSERVATIONS

EGYPTIAN OPHTHALMIA

OPHTHALMIA PURULENTA

AS IT HAS APPEARED IN ENGLAND

BY WILLIAM THOMAS

OF THE HOSPITAL FOR THE SICK AND WOUNDED, THE ARMY

LONDON

DEDICATION

NOTTINGHAM

TO

EDWARD THORNTON GOULD, Esq.

COLONEL;

HENRY COPE, Esq.

LIEUTENANT COLONEL;

RICHARD CLAY, and I. WHEATELY, Esqrs.

MAJORS;

AND

CAPTAINS, &c.

OF THE

NOTTINGHAM REGIMENT OF MILITIA.

GENTLEMEN,

PERMIT me to dedicate the following pages to you who were present at the period alluded to in them; and were so immediately interested in the event: some of you were unfortunately sufferers in the disease, and can experimentally speak of the treatment then adopted for it. I do

not arrogate any thing to myself for it, but feel conscious that I may fall under the imputation of presumption, in offering an opinion on a subject which has in so signal a manner attracted the notice of surgeons in general; and in venturing to deviate from the system recommended by those who are so justly esteemed the most eminent in the profession; to whose opinions I must ever bow with diffidence and respect; and in the present instance trust to them for the exertion of that candour and forbearance inseparable from great minds.

In a disease of so peculiar a nature, I judged that nothing appertaining to it would be deemed unworthy of notice; and that from the success which attended these simple measures they might, in abler hands, be directed to still further and more eminent advantages. I am influenced only by the desire of rendering myself as useful as may be, and by what I

trust you will all consider a laudable ambition, "that of appearing a strenuous labourer" in the profession, of which I have long been a member.

Accept then this, from me, as a just mark of esteem for the confidence you so generously reposed in me, whilst I had the honour of being your surgeon; and as the only tribute I can return for the personal civilities I then received from you.

With sincere wishes for your public prosperity, and for your private welfare, allow me to be considered,

Gentlemen,

with the highest respect,

your faithful,

and obedient humble servant,

WILLIAM THOMAS.



## OPHTHALMIA.

THE Ophthalmia which has of late years so dreadfully infested the army, and which has been denominated the *Egyptian Ophthalmia*, appears, from the concurring testimony of all parties, to be, in this country, a new disease. Unfortunately for us, it has become so familiar, as not to be easily mistaken or confounded with the slighter affections of the eyes.

I apprehend there are few surgeons at this time, especially of the army, who have not had opportunities of convincing themselves of the peculiar features of this formidable disease, in one or other of the different stages in which it presents itself. It has indeed been so minutely described, and so ably delineated, that

an intelligent reader may conceive a tolerable idea of it, even without the practical demonstration.

The disease was for some time distinguished as the Egyptian Ophthalmia; but it has since acquired another appellation: — the *Ophthalmia Purulenta*, and likewise the military Ophthalmia. This latter term, applying only to the particular manner in which it has afflicted the army, enters not into the definition of the disease; but the two former being, as it appears to me, descriptive of two distinct diseases, demand some consideration before they can be indiscriminately used.

From the clear and accurate description which the Greek and Arabian authors have given of the *Ophthalmia Vera*, the symptoms which accompanied it, and the effects which were subsequent to the inflammatory stages of it, we may infer, that they were very conversant with the disease; and that the country was, from the earliest period, in an especial manner liable to

it. In other countries not so subject to the Ophthalmia, when the exciting causes do not abound in so great a degree, the medical writers seem to be less acquainted with the disease, as well as the treatment of it; for they have advanced nothing more on the subject than what they had acquired from Greek and Arabian authors; from whom they appear to have copied both the description and the treatment. This country likewise afforded few instances of *Ophthalmia Vera*, and there was little opportunity of comparing it here with the statement delivered down to us by these fathers of physic; and but little inducement for investigating their practise until the English army was employed in Egypt, the original seat of the disease.

Among the various diseases of the eye which were treated of by the Greek and Arabian authors, none seem to have occupied their attention so much as the *Chemosia* or *Ophthalmia Vera*, an highly inflammatory state of the whole eye, with great pain in the head, and to which the light was particularly obnoxious. It was accompa-



nied with fever corresponding with the local inflammation of the eye, and was succeeded by morbid appearances, the consequences of high inflammation or ulceration, to which they gave the most appropriate names, significant of the state of the parts which had suffered, or the imaginary resemblance they bore to other objects. Some of these diseases which remained after the fever and inflammation were removed, yielded to topical means; but if a rupture of the cornea had taken place, or there was any considerable ulceration of that membrane, they found their utmost skill incapable of preventing the loss of the eye.

The causes which gave rise to this disease were divided into external and internal; sometimes depending upon some peculiarity in the atmosphere, at other times on local situation, when the fever would assume the type of remittents, or intermittents, according to the season, or as the constitution might be disposed to favor it.

This *Chemosis* of the Greeks, and *Ophthalmia Vera* of the Arabian writers, is what I conceive to be the *Egyptian Ophthalmia*, to which that country has been at all times subject, and which later authors, who have travelled through it, have noticed and considered as endemial to it.

The history of Egypt has at all times furnished us with ample proofs of the disposition of the natives to *Ophthalmia*, as well as of the causes which produced it. The intense heat and dryness of the air, and the clouds of dust, which, especially at particular seasons, are so obnoxious to general health, must be a perpetual source of excitement to the eyes, and of this we certainly have lost nothing in the detail from the primitive authors of that country; but it must be remarked, that it does not appear from them that the disease was ever considered as contagious, or liable to be transferred from one person to another; neither are there any cautions transmitted to us to that effect; nor are the means recommended, or

remedies proposed, in the least calculated to impress the reader with such an idea, which doubtless would not have escaped writers of such accuracy and penetration, had they ever observed the fact. Armies have before marched through the country, but tradition has not informed us that they at any time propagated the disease, or conveyed it to any other country which they afterwards visited.

This peculiarity in the disease was not noticed, or, what is most probable, did not really happen, until the English army was sent into Egypt. It can create no surprise that there, exposed to the same exciting causes with the natives, they should be attacked with the Egyptian Ophthalmia; but why, from this period, that disease should assume other peculiarities, and become capable of being transmitted from one subject to another, after their return home, and to corps who never have been exposed to the original exciting causes, must be explained from other principles.

*Specific Contagion* seems to be generally admitted as the cause of the *Ophthalmia Purulenta*, as it appeared in this country, and independent of those from which originally arose the true *Egyptian*, or *Ophthalmia Vera*. Of the specific properties of this contagion we must probably remain ignorant, as not being within the sphere of physical inquiry, or human investigation; but it may be presumed, that a disease so highly inflammatory as the Egyptian Ophthalmia, in which the secretions are great, may be changed from its simple state, by European habits, from their mode of living, by being mixed in numbers, and crowded into hospitals, after inflammation had taken place; causes which are at all times known to be favorable to propagating contagion, and probably did in this instance convert a simple inflammatory disease into a contagious one.

The mode in which the *Ophthalmia Purulenta* has been propagated and communicated through the army in this country, is a sufficient proof of the high degree of contagion it sud-



denly acquires, after it has apparently vanished, and for weeks and months lain dormant, and long after the local causes from which it arose may be supposed to have ceased to act: removal from the country, though it may suspend for a time it's influence, does not put a stop to it altogether, nor dispossess it of the power of being communicated to corps that never have been exposed to the influence of an Egyptian climate. The manner in which it is supposed to be most commonly communicated, would induce one to believe that it bears a very strong affinity with other infectious diseases transferred by local contact; but there is reason to suppose the *Ophthalmia Purulenta* is at times spread by more general means, as by the bedding and by the atmosphere of a barrack-room, where the disease has prevailed. Whether the mode by which it is conveyed may make any difference in the nature or violence of it, may be difficult, if not impossible to determine; but it is certain, that whichever way the disease is caught, that it always bears the same characteristic marks which distinguish it from other in-

flamations of the eye; yet they vary astonishingly in the degrees of inflammation, the irritation it produces, the alteration in the parts concerned, and the quantity of purulent discharge.

I have imagined, but cannot positively assert, that those who acquired the disease from being only occasionally exposed to the air of a contagious room, as in the barrack or the hospital, were slight cases of the disease, and were restored with more certainty, than those who were supposed to have received it from the bedding, from using the same towel or handkerchief, or any other more immediate contact with the virus. If this be a truth, may it not account for the differences found in the several corps through which the disease has passed?

The commencement of the *Ophthalmia Purulenta*, in this country, has been variously described; but this seems to arise from the different periods in which the disease was no-

ticed; for it has appeared to me, if early observed, to be always uniform in it's first attack, and in it's progress through the different stages; exhibiting the strongest analogy with some other local infectious diseases with which we are well acquainted; but producing appearances and alterations from the peculiar structure of the parts concerned in it. This Ophthalmia is said to be sudden in it's attack, and so rapid in it's progress as hardly to admit of time for arresting it; that it is accompanied with a copious effusion of tears, and a peculiar inflammatory state of the external membranes of the eyes, which are much altered, and present the most alarming signs of disease over the whole eye. These are most certainly characteristic symptoms of the *Ophthalmia Purulenta*; but whoever waits until these, or any of them, arise, will have waited till the disease has made great progress, and will have overlooked probably the only period in which, by proper means, it might have been subdued, and it's fatal consequences prevented.

Early investigation has been strenuously recommended, and cannot be too strongly inculcated; for the *Ophthalmia Purulenta* is insidious in it's attack, and for a short time, in the generality of cases, slow in it's progress. From the first action of the virus, until it has acquired it's full force, there is often no perceptible appearance to an ordinary observer, nor the least uneasiness to the person infected; but some time (I venture to say some days) before the appearance of the eye or coats around it become at all altered, or any symptom alarms the subject, the surgeon, on inspection, may detect a difference in the *caruncula lachrymalis* of the eye infected (for it is very rarely that they are both affected in this early stage): it will appear fuller and larger than in it's natural state; and this, as far as I have observed, will be found an invariable token of approaching disease. I have noticed it, when no other symptom could be seen: and before I was convinced of this fact, I did not attend to it as it deserved, and not until it was succeeded by others, which was invariably the case.



At other times, when this thickening of the caruncle was observed, though unaccompanied with any pain, or irritation, or any other alteration in the eye; upon drawing down the lower eye-lid, there was a single red line near the bottom. Sometimes, this singular appearance had spread wider, and now and then there was a thin fibrous substance upon it, or below it, which I have no doubt was formed by an excoriation of that part of the *tunica conjunctiva palpebræ*; and now, or immediately after, a very small speck of matter could be perceived, and the patient himself soon became sensible of irritation and uneasiness in the eye. These were followed by a distressing and continued secretion of tears, and all the symptoms proceeded with more or less rapidity to a conformation of the disease.

The difference between the Egyptian Ophthalmia, or the *Ophthalmia Vera*, as it occurs in that country, and the *Ophthalmia Purulenta* as observed here, cannot possibly be overlooked; —the first commencing with fever, and increasing

with the inflammation of the eye; the *Ophthalmia Purulenta* arising without any febrile disposition, and bearing in every respect the strongest analogy to other local infections of a specific nature, especially in parts of nearly a similar organisation. In the advanced stages of Ophthalmia, where the parts have acquired a morbid action and appearance, from great inflammation or otherwise, the two diseases may probably be confounded for a time; but if the rise of it can be traced, and proper observation made of the concomitant symptoms, the real disease may be ascertained, which will of course lead to a mode of treatment corresponding with the nature of it.

All affections of the eye of whatever description must, from the importance of that organ, be deemed momentous, and demand the most serious attention; but from what is known of inflammation, and the rapid termination of it, these of all other losses ought most chiefly to create our alarm, and rouse us to the most prompt and decisive practice. To what extent

bleeding may be carried under exigent cases of this kind has been fully determined by recent practice; and from which, in cases of *Ophthalmia Vera*, no one will offer to dissent. But it must be allowed, that the danger is estimated in all other cases by the general as well as local inflammation; and the practice of excessive bleeding has been hitherto sanctioned in these cases by the unequivocal success which has attended it.

From what I have advanced, it must be understood that the *Ophthalmia Vera* and *Ophthalmia Purulenta* are two distinct diseases; the first invariably demanding free and copious bleeding, with the strictest adherence to antiphlogistic means; in the second, we are unquestionably not led to bleed by any febrile state of the constitution, or any changes in it, which usually determine the practice; and judging from the nature of this disease, and the similarity to other local infections, together with the observations I have made upon it, I must be of opinion that bleeding in the *Ophthalmia Puru-*

*lenta* will rarely be found necessary, except to suppress symptoms, which have, from not early suppressing them, arisen to an extraordinary degree; or to correct any evident predisposition of the habit to fulness or inflammation; bleeding must then be invariably practised, and repeated until the end is attained. In the *Ophthalmia Purulenta*, I have followed this practice to the extent recommended, and witnessed it with others, and I must acknowledge that the effect was instantaneous. Where the syncope was fully effected, it did, as I have heard it represented, act like a charm on the disease; but this good was of short duration, the symptoms frequently recurring with redoubled violence. In most cases it produced only temporary advantages, and that at great expence and hazard to the constitution. Blindness too often followed the practice, even when it was declared to have had the happiest effects; and under these circumstances it appeared to me, the cessation of the disease might be attributed to the specific action of the virus having no longer



power to act, or that the parts, from morbid alteration, were no longer susceptible to it.

The regiment from which these cases were taken was the Nottingham regiment of militia, to which I was then surgeon, consisting of healthy young men chiefly enlisted from the county. When I joined the regiment, in March 1806, they were in Winchelsea barracks, and had been employed during the winter on the king's works, cutting a canal round the garrison, and forming a new road from it to the town of Rye. The men were healthy; there was no peculiar disease among them, and individually as few diseases as in any regiment I ever saw. I then learned that the regiment had in the summer preceding, whilst situated at Ramsgate, laboured under some inflammatory complaints in the eyes; but of what specific nature, or what means were used for their recovery, I am unable to detail. At this time, however, not the least vestige of Ophthalmia or any other disease of the eyes could be traced.

On the 25th of June, the regiment moved from Winchelsea to Steyning barracks in the same county. These barracks are situated in a valley, on a declivity, just at the entrance of the town. They are wooden buildings; the soil beneath is a stiff clay, but the parade is rendered hard and dry by a quantity of lime and chalk strongly incorporated for that purpose. Though this renders the parade dry, and admits the rain to run off, without lying, it gives in summer a most intolerable glare, not very favorable to the eyes; yet, though it often occasioned a temporary inconvenience to many, it did not produce one serious case of Ophthalmia during our stay there. The summer months were passed with an uninterrupted series of health throughout the whole regiment. In the autumn they were subject to very thick fogs from the surrounding hills, and much rain fell; cases of dysentery were very prevalent from October to the latter end of December, some of them very alarming, though they all terminated favorably.

In the May following, the regiment was re-

moved to Portsmouth, in as healthy a state as possible, not having a single man ill\*.

The regiment, when at Portsmouth, was separated into three divisions; three companies at Portsmouth barracks, three at Portsea barracks, and one at Southsea Castle, about a mile distant from the town, on the sea side. Both the former barracks had been occupied by the Berkshire militia, who were succeeded by the Nottingham, neither of which had any symptoms of Ophthalmia during their residence in them†.

On the 12th of July, after a residence of about six weeks at these separate barracks, two men of the light company stationed at Portsea, were,

\* On the arrival of the regiment at Portsmouth, there could not be supposed to have been any predisposition to Ophthalmia, as for more than a year cases of common Ophthalmia had very rarely occurred, and those of the most simple kind.

† Query: Have these regiments suffered from Ophthalmia since?

in the afternoon of that day, reported with bad eyes. John Loach was the first I saw. The appearance of his eyes struck me as being peculiar, insomuch, that I questioned him as to the probable cause. He could assign none, but said, that the attack was sudden on that day while he was on guard. The sensation was as if dirt or gravel had been forcibly blown into his eyes; and, though only an hour or two before his application to me, his eyes presented the following appearances:—

There was a puffiness of the eye-lids, with a bluish discoloration of them. When the lower eye-lid was drawn down, the *tunica conjunctiva* was red, thickened, and had the appearance of jelly. A copious secretion of water was continually running down his cheeks, which distressed him much; and at the bottom of the lower eye-lid, was a small fibrous substance, which was easily wiped off, the doing which did not give him much pain. He had no head-ache; his pulse indicated no indisposition;



and, excepting this affection of the eyes, he was apparently in good health.

The subject of Ophthalmia, with all its consequences, presented itself to my mind\*. I was unwilling to believe it. The suddenness of the attack, and not the smallest intimation of the disease previous to his application, induced me to hope it might be attributed to some less casual circumstance, and I was determined to act accordingly. Having carefully wiped and washed his eyes from any impurity around it, he was stripped, and ordered to wash his hands and face perfectly clean; which done, cold water from a pump was for some minutes thrown on his eyes and face. He then went to bed, and cold water was placed by him, to wash his eyes as often as they became troublesome. The next day the eye-lids had stuck together during the night. They now appeared swelled and puffed. On drawing them asunder,

\* I had at this time seen the disease at Riding-street barracks.

matter was formed on the surface of the eye; and the appearance of the *conjunctiva* and *adnata* altogether was cooler, the watery secretion was less troublesome, and he still had neither headache nor fever. As he certainly was not worse, I was encouraged to continue the same process; and with an armed probe wetted, having carefully drawn down the lower eye-lid, the internal part of the eye was thoroughly cleansed all round from the matter, which at the bottom of the eye was detained in some quantity; the doing which, inflamed as the internal surface of the eye was, gave him little or no pain; neither did he express any disagreeable sensation from the light to which he was exposed at the time. He was again taken to the pump, and the water diffused from it over his eyes, as before; after which, with the end of a feather, a small portion of the following ointment was introduced into the great canthus of the eye, and, by gently drawing the lower eye-lid, was applied fully to the bottom of it. He was then placed on his back on the bedstead, with his head

raised, that the ointment might diffuse itself over the whole eye\*.

This ointment for a few minutes gave him an acute smarting sensation; but he was encouraged to bear it, and directed on no account to touch his eyes for an hour, then to throw cold water with his hand over them, and to repeat that process as often as his eyes became uneasy.

The irritation and uneasiness from the ointment had soon ceased, and, in three hours after, he expressed some degree of alteration for the better. He had frequently had recourse to the cold water. The ointment was now again repeated as at first, and he was directed to use the water as before. In the evening, the same process was observed with respect to wiping the eyes and applying the ointment. The next day, the tumefaction of the eye-lids had greatly

\* R. Ungt. Sperm. Cœti. ʒi. Kali ppt. ʒi. m.  
Ungt. Mollé.

subsided; he could open his eyes sufficiently for me to observe, that the *conjunctiva* was less inflamed, and was likewise subsiding.

Having gained such apparent advantage by this method, it was strenuously adhered to in every particular: the ointment was repeated three or four times, and even oftener in the day\*; the eyes being previously cleaned at each application with an armed probe: in the interim cold water was profusely used. No alteration was made in this process, the eyes evidently improving from time to time until the 18th, when he was declared convalescent. The precaution was taken to keep him separate for some time, but as no disposition to relapse occurred, he was shortly after suffered to join his company.

John Bright, a young man of the same com-

\* It is worthy of remark, that the oftener the ointment was applied, and as the eyes recovered their healthy appearance, the irritation produced by it became less and less.



pany, and from the same barrack-room, was brought that evening with an affection of his eyes, which, he said, seized him in the afternoon while dressing himself for the parade. This, as he described it, was a sudden and sharp sensation, as if gravel or dust had got into his eyes; but he had no previous intimation of it until that time. His eyes appeared much affected; a copious discharge of tears ran down his cheeks, which he described as sharp and hot. The *Caruncule Lachrymales* were enlarged and inflamed; the *Conjunctiva* was red and thickened; the surface of the eye was red and blood-shot, as we see it when irritated by some extraneous body casually thrown into it; at the bottom of the eyes there was a small appearance of pus, but no tumefaction of the eye-lids. In this case, as in the first, the internal part of the eye was carefully cleaned by wiping it with an armed probe; the ablution of water was plentifully used, and the ointment applied with the same attention as described in the last case, and with equal success; for after a few days the symptoms were all remitting, and on the 18th

he was declared convalescent. He perfectly recovered without any disposition to relapse.

On the next day (the 12th of July) no less than seven of the same company were attacked with the Ophthalmia. On the 14th sixteen were admitted under various states of inflammation. On the 15th four were admitted. On the 16th one. On the 17th four. On the 19th four. On the 20th one. And on the 22d two. During the whole of this time, the disease was confined to the light company, a circumstance which could not fail of striking me very forcibly, and inducing me to assign some probable cause for this peculiarity. The weather was at this time hot and dry, and the road through which they passed to their exercising ground extremely hot and dusty; and this company in particular was in the habit of going the same quick pace in which their usual movements are made; circumstances which, though not capable of producing the disease in it's contagious state, may probably account why it was at first so confined to this company. For it was not until the 21st of the

same month that it was observed in any other, on which day it began to appear in others; every day producing fresh cases, more or less urgent, until the latter end of the succeeding month.

In several instances officers were attacked with it, but it was clearly proved they contracted it from their servants\*.

From the 11th of July to the 15th of August following, 150 were taken into the hospital under different circumstances of the disease; but

\* Captain S—, a young gentleman, was attacked with this disease, which was not attended to until it had made considerable progress. He was subjected to exactly the same treatment; and, after suffering much, was, in about a fortnight, recovered, without having recourse to any other means.—Lieutenant H—, a middle-aged gentleman, was likewise attacked with the disease. The symptoms were very alarming. The *Conjunctiva* and *Adnata* were very much thickened, presenting the highest state of inflammation. The puffiness of the eye-lids was for some days considerable, but by strict attention to the cold effusion, and frequent repetition of the ointment, he recovered in about a fortnight.

as, from the first appearance of it, frequent inspections were made, I cannot but imagine that the method adopted, though simple, prevented it from acquiring a greater influence, and was the means of suppressing it in this early state, and before the symptoms had arisen to a fatal extent\*.

It would be tedious and superfluous to detail the cases of each individual, where the appearances corresponded with the two I have so minutely given; varying only in the time and progress of the disease; and where the treatment was, in all, so simple and uniformly the same†.

\* About this time the whole regiment was encamped in the vicinity of Portsmouth, as the most effectual method of suppressing the contagion; but previous to the regiment taking the ground, the disease was so far subdued, that only one case remained, which was convalescent, and discharged in a few days after. Not a single case presented itself afterwards.

† The difference of a few cases, which took place, was so very trifling as not to alter this treatment, but they will be given in the sequel.



From this account of the *Ophthalmia Purulenta*, as it appeared in the Nottingham regiment of militia, it may, from the simplicity of the treatment, and the readiness with which it was subdued by it, be deemed a milder species of the disease, inasmuch as it yielded to such simple means, and was so quickly overcome by them. It certainly was, in general, mild; but if I may be allowed to draw a comparison from the manner in which the disease attacked this regiment, and others, where it was treated with general bleeding, &c. the similitude is striking, and yet it spread with it's accustomed violence; I presume to think that the conclusion is in favor of the measures I have ventured to publish. Many of the cases alluded to, and which will be given in the sequel, were urgent, and arose with very alarming symptoms and appearances; which, in other regiments, were found indicative of the most fatal consequences. The uniform result of the practice, now detailed, may possibly render it worthy of future attention.

In November following I was appointed as-

sistant-surgeon to the 11th royal veteran battalion, at that time stationed in the island of Guernsey. This regiment was then about 500 strong, and lately formed from the 7th battalion, and detachments of invalids and valetudinarians from other corps. They were stationed in barracks at the extremity of the island, five miles from the town. In January, 1808, a small detachment was removed into a barrack near the hospital of the 87th regiment, which contained a great number of patients with Ophthalmia. This Ophthalmia I had an opportunity of inspecting, and was convinced that the cases were exactly similar to those which I had formerly treated in the Nottingham militia, and which I had before witnessed in other regiments. Every precaution was taken that there should be no intercourse; but one or two lads of the 11th royal veterans, by some means or other, caught the disease, and were instantly admitted into that hospital. The men, however, as yet remained free from the disease. In the month of May the regiment embarked for England, and

were then stationed at Bexhill barracks in Sussex.

After being there about a fortnight, the Ophthalmia broke out, and seven cases occurred on the 13th of June. From this time a succession of them followed; but, in conformity to an order from head quarters, the Ophthalmic patients were directed to be removed to Silsea barracks. Seven of the worst cases were immediately selected, and removed to that place, the rest being deemed convalescent.

As constant inspection of the regiment now became necessary, it gave me opportunities of being confirmed in what I had before observed, relative to the rise and progress of the disease; and I was sensible of great advantage in the early detection of it, being assured it was in most cases stopped from proceeding into more violent stages; though several very severe ones occurred after admission, in which, from peculiar disposition in the habit, or some other cause,

the morbid state of the eyes showed great disposition to increase, and required the greatest attention and the strictest perseverance in the measures pursued to resist it. But the uniformity which took place, under every stage of the disease in which I saw it here, corresponded completely with what I had previously observed in the Nottingham regiment of militia, as well as in others, where I had been permitted to see it in very early stages, and in the most advanced; and where the treatment adopted was in conformity to the plan generally recommended.

Among the patients of the 11th royal veteran battalion at this time, were several who had been in Egypt, and had been attacked with the disease in that country. Some of them bore evidences of their having suffered much there, as their sight was partially destroyed in one eye, or they had totally lost it; others had perfectly recovered, without the disease having left any apparent vestige of it.

Of those who had recovered with either total or



partial privation of sight, most of them appeared to be from the thickening of the cornea, from different states of that deformity of it known by the name of *albugo*, which had various appearances. In one or two the opacity was quite round, entirely covering the pupil; but in more the sight was partially obstructed by an opaque streak, which extended across the lower part of the transparent cornea, in different directions: I saw none where the eye was sunk from the disease. All these appeared to go through the disease without any peculiarity which could be attributed to the former infection; nor can I say that I observed it was slighter among these. They all recovered in like manner with the others, with no difference in their former sight, nor in the former opacity of the cornea.

It will be needless to detail the cases in this regiment, further than what will be given in the Appendix, which will explain the different periods of time each case was under treatment, and the total number admitted.

Among these will be particularly noticed one, who was thirty-nine days in the hospital, which, being a single instance among the whole who were subjected to this treatment, or in which any deviation was made, I shall give the case for the purpose of explaining the different circumstances.

On the 13th of June, seven cases of Ophthalmia having been admitted into the hospital in the morning, it was necessary to have an inspection of the regiment, when (June 13th), Francis Kensey, aged thirty-seven, was observed to have a slight appearance of the disease at the great canthus of the left eye, with a slight discoloration of the *conjunctiva* near it; he felt no sensible uneasiness and reluctantly yielded to the necessity of going to the hospital. He was immediately subjected to the usual means, and the ointment applied as often as the case seemed to require.

On the 15th, all symptoms having disappeared, he was dismissed; but on the 3d of July he

was again taken in, having urgent symptoms of the disease in both eyes. In this instance the attack seemed to have arisen very suddenly, and to have increased very rapidly (this was likewise the only instance I can find of a second attack). The eyes were inflamed, though slightly, over the globes; the *carunculae* thickened and inflamed; matter appeared in the bottom of the eyes; and the *conjunctiva* was likewise thickened, and as it were excoriated in each eye. The same measures were immediately employed: he was strictly enjoined to observe the directions; and the ointment was renewed every three or four hours during the day.

On the 12th, his eyes were improving much, the irritation being less, and the thickening of the tunics, as well as the high color of them, subsiding. Purulent matter still collected, from one dressing to the other, in considerable quantity. The *Ungt. Kali* was continued, and effusions of cold water were used in the intervals.

On the 15th, the symptoms again increased—

continued the *Ungt. Kali*, &c.—and his diet, which had been hitherto low, was further reduced.

16th. No better.

18th. The surgeon\* having at this time joined the regiment, it was determined to bleed him largely; I accordingly took from him (by computation) about *thirty ounces*, which produced immediate syncope; the effect it had on the eyes was instantaneous—all that deep red efflorescence of the *tunica conjunctiva* and *adnata* was entirely gone; and they presented a white glassy appearance; but the thickening of the tunics remained; and the *adnata* over the globe of the eyes was rough, and as it were beset with pimples, or small tubercles.

19th. The inflammation was considerable, the eyes having resumed their florid appearance.

\* Mr. Dowse.



20th. The eyes appeared nearly as before the bleeding—His head was shaved, and covered all over with a blister.

21st. Eyes evidently better. The blister was suffered to remain until the 22d.

23d. Eyes again inflamed. He took a strong cathartic of calomel and jalap, which operated briskly.

25th. The eyes less inflamed—As he was much reduced, it was thought adviseable to allow some addition to his diet. During this period, the *Ungt. Kali* was applied occasionally, and particularly at night, for the purpose of preventing the adhesion of the lids, which was very troublesome.

26th. Eyes appeared less inflamed—the *Ungt. Kali* was again resorted to as in the first instance, together with the cold effusion.

27th. Eyes still less inflamed—*Ungt. Kali*, continued.\*

28th to 31st. Continued improving, the thickening of the *tunica conjunctiva* and *adnata* evidently lessening; the pustules or tubercles on the *adnata* disappearing; but some pain and irritation still complained of.

August 1st, 2d, 3d. During these three days, the pain and uneasiness of the eyes entirely left him.

4th. Some trifling indication of relapse—reduced his diet, and he took a dose of cathartic salts, which operated properly.—*Ungt.*, &c. continued.

5th. Better—the surface of the eyes nearly regained their natural appearance.

\* From this day, being sent on detached service, I had no opportunity of seeing him during his confinement; but Mr. Dowse, the surgeon, has favored me with the remainder of the case.

6th. Much better — application changed for the *aqua sapharina*, which was applied three times a day.

8th. Purulent discharge entirely ceased — no adhesion of the eye-lids at night.

10th. Convalescent; and from this time has continued well.

On this case I shall not pretend to comment, I have only to observe upon *the whole of the cases*, which will appear in the sequel, that of the number submitted to this treatment in the various states, not one presented itself but was recovered; and all have continued well, without any symptom of relapse.

Of the *seven cases* removed to Silsea, five, after six weeks, returned well; and two remain at this time under cure.

As nothing tends to counteract the effects of contagion more than cleanliness, considered in

the fullest sense of the word, so it becomes, in this instance, a consideration of the first importance: as a preventive, it was strongly inculcated at every inspection, and to every one selected on the appearance of apparent infection. The cleansing the hands and face was strictly attended to, and during the whole treatment; lest the discharge might be inadvertently returned to the eyes.

Effusions of cold water have been noticed as a part of the treatment on which much dependence was placed; but, if not carefully managed, this was liable to be converted into a mean of further contagion, as nothing could tend to diffuse it more than that promiscuous intercourse which unavoidably prevails in barrack-rooms, and even in hospital-wards; such as washing in the same vessel, and wiping with the same towel; so that it required the utmost precaution to prevent the disease from being disseminated in this manner. On which account, every individual was provided with a small bason. A large tub of water was placed in the ward, and



the effusions made by throwing it over the eyes as forcibly as could be accomplished; during which the patient stood over another tub, placed for that purpose, so that the place was kept dry, and the same water could not be applied a second time. Handkerchiefs and cloths of all kinds were invariably prohibited, from the impossibility of otherwise insuring amongst numbers that caution which was indispensably necessary.

The effusion of cold water was recommended as often as the eyes itched, smarted, or became troublesome from the flow of tears; instead of wiping them, as is usually done, with cloths, which, from the rude manner persons are apt to do it, never fails to irritate them, and increases the propensity for repeating it; and, besides, it might possibly have prevented the proper action of any remedy which was applied. This part of the treatment, too, independent of the intention of cleanliness, certainly proved a powerful sedative, in restraining irritation and preventing local inflammation, which was evident from the ease

that was obtained whenever it was fully resorted to, and continued a sufficient length of time.

With respect to the application or dressing the eye, every surgeon is well aware how much depends upon the method with which an application is made, and with what regard it should be to the intention proposed by it. The same application will often succeed with one, when properly managed, which with another, inattentive to the design, will totally fail. A simple ointment, applied superficially to the eye or eyelids, and with perfect indifference to the end it is to accomplish, will not eventually counteract the action of a *specific virus* lodged at the bottom, in the fold of the *tunica conjunctiva*. It must be conveyed to the seat of the disease, and applied with precision and correctness; and to this precaution I must in a great degree attribute the advantages derived in the present instance.

Previous to applying the ointment, care was always taken to wipe the eye, particularly the

bottom of the lower eye-lid, and remove any purulent matter or other extraneous substance\*. This was done with an armed probe, first dipped in water, which I always found might be accomplished without exciting any pain or disagreeable sensation, however inflamed the eye or parts around it might be. A small portion of the ointment was, with a camel's hair brush, then conveyed to the bottom of the lower eye-lid. The patient was then placed in a recumbent posture, that it might diffuse itself over the eye as much as possible. The smarting, though acute, was momentary, and in no instance was there occasion to mitigate the effect produced by this application; and, although the appearance of benefit from it could not possibly be discerned after every application, it seldom failed to produce some alleviation from the irritation and consequences of it, and gave great encouragement for the repetition of it. The renewal of

\* I have already noticed, that at the bottom of the eyes was often found a fibrous substance, from the excretion of the *tunica conjunctiva*.

the application, or the frequent repetition of it, was a matter of great moment with me, and depended upon the state of the disease. The more threatening the symptoms, the oftener the ointment was renewed—three, four, or five times in the day; but always with the same observance of washing and cleansing the eye previous to the application. The *Ungt. Kali* was generally after the form I have already given; but I have used it double that strength in a few cases, where I thought the disease seemed for a time to resist it in the milder state: the pain was more acute, and continued longer, but it was always with advantage; for the first sensation over, the eye was cooler, the trickling of the tears ceased, and a degree of ease succeeded, perceptible to the sufferer.

It frequently happened, that the application produced a great excitement in the membranes of the nose, often evinced by sneezing, and a copious discharge from it, which seemed to be of service; for, afterwards, the tears which had been so troublesome down the cheek ceased, and



a white thick pus was formed in considerable quantities in the eye, after which the disease never failed to decline.

The *Kali* selected as the antidote for this disease, the *Ophthalmia Purulenta*, is not the least acrid or stimulating. Among those usually employed in diseases of the eyes, blended with oleaginous substances, as the *Ungt. Spermaceti*, or the like, it becomes saponaceous, and proves an excellent detergent in this disease; and, from its chemical properties, is capable of more extensive action, in correcting specific virus, when applied to the eye, as well as to other secreting surfaces of similar texture and construction.

It was under these considerations, and with this view, that I first suggested to myself the use of the *Kali* in the cure of the *Ophthalmia Purulenta*. Whether it has ever been before tried I know not; I cannot find it recommended among the oldest authorities, and I am ignorant of its being used among the moderns. But in this

disease, I think, I am warranted in giving it a decided preference to all others which have been selected and tried with various success, if used after the manner I have pointed out, and with the same precautions.

The diet was in every case regulated by the state of the local disease, and the apparent disposition of the subject. In many habits advantages were doubtless procured by strict attention to this circumstance, which could not probably be attained so readily by any other means; and was often, in conformity to the injunctions laid down in the treatment of this disease, persisted in to the fullest extent, though it frequently required some resolution to withstand the entreaties of the patients, who in every other respect enjoyed apparent good health.

An inquiry into the diseases and deformities of the eye, which are the consequences of violent

Ophthalmia, would be a subject highly worthy consideration; but it would carry me beyond the limits proposed for this essay, to enter minutely into it.

The authors I have before quoted have treated of these complaints with the same accuracy and decision they have done the *Chemosis* or *Ophthalmia Vera*, and they have informed us, that whether the Ophthalmia arose from external injury, as from wounds or contusions, or from cold, or any other cause which excited fever, if not prevented by early bleeding, and the exhibition of brisk cathartics, upon which they seemed to have placed great dependence, the consequences to be apprehended were the same, as the inflammation terminated either with a partial or total privation of sight, or the absolute destruction of the eye itself.

The deformities depend upon the degrees of inflammation which took place, and the effects it produces upon the membranes and other com-

ponent parts of the eye. Opacity of the cornea, the most frequent effect of inflammation, if superficial, is the slightest which happens, and for the most part either wears off as the eye recovers it's tone and action, or dissolves under gentle stimulants applied for that purpose.

The *Hypersarcosis*\*, or turning out of the *conjunctiva*, they observe, was a frequent concomitant of inflammatory Ophthalmia: mistakes are said to have happened from the misunderstanding of this disease; and we are advised not to irritate it by sharp or corrosive applications, at least until all inflammatory disposition is done away.

\* Ceterum hic notandum venit, vulneris vel similis alterius injuriæ occasione adnatam tunicam sæpè adeo intumescere, humorumque decursu, et flatuum incursum ac permixtione, adeo turgere, ut totam pupillam contegat, forasque palpebris promineat, succrescentis præter naturam carnis instar, et colorem nativum amittat, multumque rubeat, nec claudi nec deduci oculus queat.—Vigierii Opera, lib. tert.



Treating, therefore, of corrosives to destroy it, such as *vitriolum calcinatum et allum inustum*, and others, they observe how cautiously these are to be used.

"Cautè tamen ejusmodi omnibus est utendum, semperque repercutientibus circa oculum admotis ne quid inde mali contingat. Nam non rarò tanto impetu humorum acrium in oculum ruit influxus, ut inde dirumpatur cornea tunica, ex quo oculi humorum sequitur effusio."

This disease seems to have continued long after the inflammatory states of the Ophthalmia, and required much caution in treating it.

Ulcers in the eye were regarded principally from their situation, state, and condition, often terminating in a rupture of the eye, when the ulcer was untractable; though if confined to the albugenia they were sometimes cured; but if situated in the cornea they were deemed fatal, from the

impossibility of preserving the transparency of it after the ulcer healed.

Ruptures of the cornea, whether from external violence, erosion, or internal inflammation, are, of all events, the most certainly fatal to vision. — The Antients gave their definition and prognostics from the size of the rupture, and the appearance of the protruding humours and membranes\*. When the rupture was great, and the membranes protruded, the disease proved absolutely irremediable, though some were hardy enough to propose the removal of the protuberance by ligature, others by excision. But Avicenna reprobates the practice entirely: "Quia per incisionem, humores dilabuntur, et ager visum amittit, quòd certè pejus est, quam si luscus et lumine brevis permaneat †."

\* Tres species constituuntur ratione varietatum formarum, licet inter se non nisi magis aut minus differant.

† Vigierii opera. Lib. iii.

These are some of the most frequent terminations of Ophthalmia, as they happened in earlier times; and a brief account of the opinions entertained of them; but all the appearances and deformities are but the symptomatic consequences of inflammation; and in the *Ophthalmia Purulenta*, are induced by the specific action of a stimulus in parts of a peculiar organisation. Sedatives and detergents may be necessary, when these symptoms have arisen to such alarming heights as to render any other means impracticable but palliatives:—But local destruction of this stimulus seems, from what I have observed, to be practicable, and an early process, to that effect, the only certain means of preventing those fatal consequences which result from it.

With respect to the deformities themselves, after irritation and inflammation are removed, we know, from past experience, and much better now from present practice, that the eye will bear very powerful applications, and that

many a disease of it would remain unaltered without them; but when they are used they require a lenient hand, inured to them by practice, and directed by sound judgement and experience.



# DETAILED ACCOUNT

## OPHTHALMIA CASES,

AS THEY OCCURRED IN THE  
NOTTINGHAM REGIMENT OF MILITIA;  
IN THE SUMMER OF 1806.

| Names.    | When admitted. | Difference of |              | Remarks.                                                                                                                                                                     |
|-----------|----------------|---------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                | Amendment.    | Consequence. |                                                                                                                                                                              |
| Loach     | 12 July        |               | 18           | These two cases have been referred to before.                                                                                                                                |
| Bright    | 12             |               | 18           |                                                                                                                                                                              |
| Bowler    | 13             | 15            | 18           |                                                                                                                                                                              |
| Topley    | 13             | 15            | 17           | * These four cases, when admitted, had great inflammation, and protrusion of the conjunctiva, and thickening of the adnata. The cure of the palpebra was for two days great. |
| Manners   | 13             | 15            | 17           |                                                                                                                                                                              |
| Bowshill  | 13             | 16            | 18*          |                                                                                                                                                                              |
| Ashton    | 13             | 16            | 21           |                                                                                                                                                                              |
| Nader     | 13             | 15            | 19           | The Uugt. Koli was often applied in the day; and in most cases where the eyelids were puffed, compresses wetted with a camphorated lotion were loosely laid over them.       |
| Marriot   | 13             | 16            | 21           |                                                                                                                                                                              |
| Carter    | 13             | 15            | 17           |                                                                                                                                                                              |
| Langford  | 13             | 14            | 18           |                                                                                                                                                                              |
| Berry     | 14             | 16            | 19           | * In this case the appearances were very threatening, the membranes being greatly inflamed and thickened; and as he was apparently of a very strong sanguine                 |
| Middleton | 14             | 15            | 17           |                                                                                                                                                                              |
| Holt      | 14             | 17            | 20           |                                                                                                                                                                              |
| Clift     | 14             | 15            | 17           |                                                                                                                                                                              |
| Hewet     | 14             | 17            | 21           |                                                                                                                                                                              |
| Bedlert   | 14             | 15            | 17           |                                                                                                                                                                              |
| Steen     | 14             | 16            | 19           |                                                                                                                                                                              |
| Hancock   | 14             | 18            | 22*          |                                                                                                                                                                              |
| Johnson   | 14             | 15            | 17           |                                                                                                                                                                              |
| Lowe      | 14             | 16            | 18           |                                                                                                                                                                              |
| Smith     | 14             | 16            | 17           |                                                                                                                                                                              |
| Morton    | 14             | 15            | 17           |                                                                                                                                                                              |
| Scissons  | 14             | 15            | 17           |                                                                                                                                                                              |
| Taylor    | 14             | 15            | 17           |                                                                                                                                                                              |

LIGHT COMPANY.

|                    | Names.      | When admitted. | Appearance of discharges. | Convalescent. | Remarks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------|-------------|----------------|---------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LIGHT COMPANY.     | Hutchison   | 15 July        | 16                        | 19            | guine habit, he took an aperient medicine. The process the same.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                    | Beddell     | 15             | 17                        | 22            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Webster     | 15             | 18                        | 20            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Christopher | 15             | 19                        | 24            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Holmes      | 16             | 19                        | 26            | The disease was decidedly on the decline when he was declared convalescent, irritation being no longer kept up in the eyes; and although matter was observed still, it was thickened, and seemed no longer to be accompanied with those distressing symptoms which at first increased with the formation of it, and the membranes were recovering their natural appearance. The cold effusion was at this time in general relaxed, and the <i>Ungt. Kali</i> changed for the <i>aque sulphurica</i> . The convalescents were removed into a tent appropriated for them, and detained therein until there was no apprehension of relapse, or fear of spreading the contagion. |
|                    | Kinder      | 16             | 20                        | 25            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Arnold      | 16             | 20                        | 25            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Bower       | 19             | 20                        | 22            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Burdett     | 21             | 23                        | 26            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Sylvester   | 22             | 25                        | 30            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| GRENADEER COMPANY. | Gaborne     | 20             | 23                        | 27            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Wall        | 23 July        | 25                        | 27            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Beeling     | 27             | 29                        | 30            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Smith       | 28             | 3 Aug.                    | 7*            | * The symptoms in this case were strongly marked, and very urgent at first.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                    | Handford    | 3 Aug.         | 5                         | 7             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Morris      | 3              | 4                         | 6             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Marshall    | 5              | 7                         | 10            | The tumefaction of the eye-lids was considerable, and proved a considerable impediment to the application of the <i>Ungt. Kali</i> , but by perseverance it succeeded.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                    | Ball        | 7              | 9                         | 12            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Burton      | 7              | 8                         | 9             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Bageyly     | 7              | 9                         | 11            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FIFTH COMPANY.     | Leathbetter | 8              | 11                        | 16            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Barry       | 10             | 12                        | 15            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Cross       | 10             | 12                        | 14            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Shell       | 12             | 13                        | 17            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Bowler      | 13             | 17                        | 19            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    | Allison     | 12             | 15                        | 18            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                    |             |                |                           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                  | Names.    | When admitted. | Appearance of discharges. | Convalescent. | Remarks. |
|------------------|-----------|----------------|---------------------------|---------------|----------|
| THIRD COMPANY.   | Knott     | 23 July        | 24                        | 25            |          |
|                  | Church    | 23             | 24                        | 25            |          |
|                  | Bass      | 23             | 25                        | 29            |          |
|                  | Bailey    | 23             | 25                        | 27            |          |
|                  | Beck      | 24             | 27                        | 30            | 1 Aug.   |
|                  | James     | 25             | 28                        | 30            |          |
|                  | Mott      | 26             | 27                        | 28            |          |
|                  | Burton    | 26             | 28                        | 30            |          |
|                  | Lemon     | 26             | 27                        | 30            |          |
|                  | Bentley   | 27             | 30                        | 1 Aug.        |          |
| FOURTH COMPANY.  | Foster    | 2 Aug.         | 5                         | 10            |          |
|                  | Hurst     | 4              | 6                         | 9             |          |
|                  | Davis     | 4              | 5                         | 7             |          |
|                  | J. Hurst  | 5              | 6                         | 9             |          |
|                  | Miller    | 6              | 9                         | 11            |          |
|                  | Reynolds  | 7              | 9                         | 12            |          |
|                  | Buck      | 7              | 9                         | 12            |          |
|                  | Stevenson | 7 Aug.         | 9                         | 13            |          |
|                  | Toplady   | 7              | 9                         | 11            |          |
|                  | Smith     | 8              | 10                        | 12            |          |
| FIFTH COMPANY.   | Grace     | 9              | 12                        | 16            |          |
|                  | Kenshaw   | 9              | 10                        | 12            |          |
|                  | Harris    | 8              | 11                        | 13            |          |
|                  | Horswaite | 10             | 13                        | 16            |          |
|                  | Toplis    | 11             | 14                        | 17            |          |
|                  | Pitfield  | 14             | 15                        | 17            |          |
|                  | Pymer     | 15             | 16                        | 19            |          |
|                  | Wells     | 15             | 17                        | 18            |          |
|                  | Street    | 21 July        | 23                        | 27            |          |
|                  | Trouse    | 21             | 22                        | 23            |          |
| SIXTH COMPANY.   | Ward      | 21             | 24                        | 25            |          |
|                  | J. Smith  | 21             | 23                        | 25            |          |
|                  | Gadsby    | 22             | 24                        | 27            |          |
|                  | Townsend  | 22             | 23                        | 27            |          |
|                  | Vurney    | 13             | 19                        | 23            |          |
|                  | Buttry    | 21             | 23                        | 27            |          |
|                  | Mount     | 22             | 25                        | 26            |          |
|                  | Oliver    | 22             | 23                        | 25            |          |
|                  | Rayner    | 22             | 23                        | 24            |          |
|                  | Nix       | 23             | 25                        | 27            |          |
| SEVENTH COMPANY. | Parker    | 25             | 26                        | 29            |          |
|                  | Fox       | 26             | 28                        | 30            |          |
|                  | Lomax     | 26             | 29                        | 30            |          |
|                  | Green     | 27             | 29                        | 30            |          |
|                  | Cocking   | 28             | 30                        | 4 Aug.        |          |
|                  | Reeves    | 31             | 3 Aug.                    | 7             |          |
|                  | Kemp      | 31             | 2                         | 6             |          |
|                  | Harris    | 1 Aug.         | 6                         | 12            |          |
|                  | Chiff     | 31 July        | 2 Aug.                    | 7             |          |
|                  | Hazard    | 3 Aug.         | 5                         | 9             |          |
| EIGHTH COMPANY.  | Murray    | 6              | 12                        | 17            |          |
|                  | Hayward   | 11             | 15                        | 17            |          |
|                  | Seils     | 15             | 16                        | 18            |          |

\* The cases in this company did not occur until August, when they were most of them slighter, and the disease apparently on the decline. This may be attributed to the habit of minute inspections, and early detecting the disease, before the symptoms had arose to any great degree.

\* This company being seized with the disease soon after it's commencement in the regiment, suffered proportionably more than those who were attacked later, both in number as well as violence, the disease being further advanced before it was detected.



|                  | Name.     | When admitted. | Appear-<br>ance<br>of<br>disease. | Con-<br>valescent. | Remarks.                                                                                                                                                                                             |
|------------------|-----------|----------------|-----------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIXTH COMPANY.   | Smith     | 26 July        | 28                                | 30                 | This company did not show the disease until some time after it broke out, and not before it was observed to be mitigated. There was only one severe case at the commencement, which was Wilkinson's. |
|                  | Livers    | 28             | 31                                | 4 Aug.             |                                                                                                                                                                                                      |
|                  | Wilkinson | 31             | 3 Aug.                            | 7                  |                                                                                                                                                                                                      |
|                  | Henshaw   | 3 Aug.         | 5                                 | 7                  |                                                                                                                                                                                                      |
|                  | Smith     | 5              | 6                                 | 9                  |                                                                                                                                                                                                      |
|                  | Lamb      | 7              | 9                                 | 12                 |                                                                                                                                                                                                      |
|                  | Martyn    | 14             | 16                                | 18                 |                                                                                                                                                                                                      |
|                  | Astill    | 13             | 17                                | 30                 |                                                                                                                                                                                                      |
|                  | Bettison  | 15             | 17                                | 30                 |                                                                                                                                                                                                      |
|                  | Ellison   | 15             | 16                                | 19                 |                                                                                                                                                                                                      |
| SEVENTH COMPANY. | Jackson   | 19 July        | 21                                | 25                 |                                                                                                                                                                                                      |
|                  | Young     | 19             | 22                                | 27                 |                                                                                                                                                                                                      |
|                  | Nettlehip | 21             | 23                                | 28                 |                                                                                                                                                                                                      |
|                  | Sharp     | 21             | 24                                | 28                 |                                                                                                                                                                                                      |
|                  | Baggerly  | 21             | 25                                | 27                 |                                                                                                                                                                                                      |
|                  | Spencer   | 21             | 22                                | 25                 |                                                                                                                                                                                                      |
|                  | Wallace   | 21             | 23                                | 26                 |                                                                                                                                                                                                      |
|                  | Mantle    | 24             | 25                                | 28                 |                                                                                                                                                                                                      |
|                  | Wild      | 21             | 24                                | 27                 |                                                                                                                                                                                                      |
|                  | Ball      | 21             | 23                                | 26                 |                                                                                                                                                                                                      |
|                  | White     | 21             | 22                                | 27                 |                                                                                                                                                                                                      |
|                  | Whitehead | 22             | 24                                | 29                 |                                                                                                                                                                                                      |
|                  | Smedley   | 22             | 26                                | 28                 |                                                                                                                                                                                                      |
|                  | Kerry     | 22             | 23                                | 26                 |                                                                                                                                                                                                      |
|                  | Swinton   | 22             | 23                                | 26                 |                                                                                                                                                                                                      |
|                  | Crowder   | 22             | 24                                | 27                 |                                                                                                                                                                                                      |
|                  | Mariner   | 22             | 24                                | 26                 |                                                                                                                                                                                                      |
|                  | Hayne     | 23             | 24                                | 29                 |                                                                                                                                                                                                      |
| EIGHTH COMP.     | Kral      | 23             | 25                                | 29                 | * This case was ushered on by very violent symptoms, which continued some days after admission, yielding                                                                                             |
|                  | Gimble    | 26             | 28                                | 31                 |                                                                                                                                                                                                      |
|                  | Lowe      | 1 Aug.         | 6                                 | 13                 |                                                                                                                                                                                                      |
|                  | Earnworth | 7              | 8                                 | 10                 |                                                                                                                                                                                                      |
|                  | Simmons   | 13             | 14                                | 15                 |                                                                                                                                                                                                      |
|                  | Barton    | 23 July        | 27                                | 30                 |                                                                                                                                                                                                      |
|                  | Palmer    | 27             | 29                                | 31                 |                                                                                                                                                                                                      |
|                  | Lambert   | 31             | 5 Aug.                            | 7                  |                                                                                                                                                                                                      |
|                  | Collins   | 2 Aug.         | 3                                 | 7                  |                                                                                                                                                                                                      |
|                  | Revell    | 3              | 10                                | 12*                |                                                                                                                                                                                                      |
| EIGHTH COMP.     | Hopewell  | 31 July        | 4 Aug.                            | 7                  |                                                                                                                                                                                                      |
|                  | Lee       | 3 Aug.         | 5                                 | 8                  |                                                                                                                                                                                                      |
|                  | Bannister | 3              | 5                                 | 8                  |                                                                                                                                                                                                      |
|                  | Alcock    | 9              | 10                                | 12                 |                                                                                                                                                                                                      |
|                  |           |                |                                   |                    |                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                          | Name.     | When<br>admitted. | Appearance<br>of<br>disease. | Con-<br>valescent. | Remarks.                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| EIGHTH COMPANY.                                                                                                                                                                                                                                          | Day       | 9                 | 11                           | 13                 | ing slowly to the process; but the symptoms once subdued, the convalescent state soon took place, as was observed to happen in most of the cases. |
|                                                                                                                                                                                                                                                          | Bates     | 11                | 15                           | 16                 |                                                                                                                                                   |
|                                                                                                                                                                                                                                                          | Tomlinson | 11                | 12                           | 14                 |                                                                                                                                                   |
|                                                                                                                                                                                                                                                          | Marshall  | 12                | 13                           | 14                 |                                                                                                                                                   |
| At this period the whole regiment was encamped, but no fresh cases occurred afterwards, though they, after five weeks, or thereabouts, returned to the same barracks, but not until every precaution had been taken to prevent a renewal of the disease. |           |                   |                              |                    |                                                                                                                                                   |

# DETAILED ACCOUNT

## OPHTHALMIA CASES

ELEVENTH ROYAL VETERAN BATTALION,

1803.

| Name.    | When admitted. | When considered. | Remarks.                                                  |
|----------|----------------|------------------|-----------------------------------------------------------|
| Money    | 13 June        | 15 June          |                                                           |
| Hubert   | 13             | 15               |                                                           |
| Shenney  | 13             | 15*              | * This case was re-admitted the 3d of July.               |
| Hastings | 10†            |                  | † Sent to Silsea depôt on the 4th day, and remains there. |
| Taylor   | 13             | 18               |                                                           |
| Ward     | 13             | 16               |                                                           |
| Eell     | 13‡            |                  | ‡ Sent to Silsea depôt on the 4th day, and remains there. |
| Spence   | 13             | 23               |                                                           |
| Shurmar  | 13             | 17               |                                                           |
| Stringer | 13             | 16               |                                                           |
| Flint    | 13             | 14               |                                                           |
| Turner   | 13             | 17               |                                                           |
| Plant    | 13             | 16               |                                                           |
| Thompson | 13             | 16               |                                                           |
| Haines   | 13             | 18               |                                                           |
| Heamer   | 13             | 16               |                                                           |
| Holt     | 13             | 14               |                                                           |
| Murray   | 16             | 18               |                                                           |
| Cullen   | 16§            |                  | § Sent to Silsea on the 4th day, and returned well.       |
| Watts    | 16             |                  | Sent to Silsea on the 4th day, and returned well.         |
| Bush     | 16             | 17               |                                                           |
| Harris   | 16¶            |                  | ¶ Sent to Silsea, and returned well.                      |

| Name.     | When admitted. | When considered. | Remarks.                             |
|-----------|----------------|------------------|--------------------------------------|
| Waters    | 16 June        | 19 July          | * Sent to Silsea, and returned well. |
| Troughton | 16*            | 19               |                                      |
| Brown     | 16             | 28               |                                      |
| Somes     | 20             | 23               |                                      |
| Stafford  | 21             | 27               |                                      |
| Justin    | 23             | 3 July           |                                      |
| Bretton   | 23             | 27               |                                      |
| Chenocott | 23             | 27               |                                      |
| Holland   | 25             | 4 July           |                                      |
| Jackson   | 25             | 27               |                                      |
| Naylor    | 25             | 4 July           |                                      |
| Mullins   | 26             | 4 July           |                                      |
| Displain  | 28             | 4 July           |                                      |
| Scott     | 28             | 1 July           |                                      |
| Fallows   | 29             | 1 July           |                                      |
| Lemon     | 1 July         | 3 July           | † This case further detailed, p. 83. |
| Kemsey    | 3 July         | 10 Aug.          |                                      |
| Monney    | 9 July         | 12               |                                      |
| Ellis     | 9              | 15               |                                      |
| Frith     | 9              | 10               |                                      |
| Folkes    | 9              | 11               |                                      |
| Walsh     | 9              | 19               |                                      |
| Redrobe   | 9              | 14               |                                      |
| Deffer    | 9              | 13               |                                      |
| Woodman   | 11             | 21               |                                      |
| Young     | 17             | 24               |                                      |
| Peckham   | 16             | 20               |                                      |



In this  
Jac. M. B. G.

## REMARKS

ON THE

## PURULENT OPHTHALMY,

WHICH HAS LATELY BEEN

EPIDEMICAL

IN THIS COUNTRY:

By JAMES WARE, SURGEON, F. R. S.

LONDON:

PRINTED FOR J. MAWMAN IN THE FOULTRY.

1808.

Price, Two Shillings.

*to the  
Hon. Secy*

REMARKS  
ON THE  
PURULENT OPHTHALMIA,  
OR  
SUPPURATIVE INFLAMMATION OF THE EYE,  
AS IT AFFECTS THE  
BRITISH ARMY,  
IN THIS COUNTRY.  
BY JAMES WARE, ESQ., F.R.S.  
LONDON:  
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1804.  
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TO  
SIR LUCAS PEPYS, BARONET,  
THOMAS KEATE, ESQ.  
AND  
FRANCIS KNIGHT, ESQ.

The Gentlemen who constitute the Board  
for superintending the Medical and Chirur-  
gical Department of the British Army,  
the following Remarks, on a subject highly  
interesting to the Public, and in an eminent  
degree important to his Majesty's Forces,  
are respectfully inscribed by

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WHICH HAS LATELY BEEN  
EPIDEMICAL  
IN THIS COUNTRY.

SO short a time has elapsed since I laid  
before the Public the last edition of Ob-  
servations on Diseases of the Eyes, that I  
could not have thought myself justified in  
presenting new remarks to their notice, if  
an Epidemic Ophthalmia of the most vio-  
lent kind had not lately appeared in different  
parts of the kingdom, and which in many  
instances resisted the remedies usually re-  
commended for its cure. The disorder re-

sembles very closely that which destroyed the sight of a considerable number of our soldiers, whilst employed in the year 1801 in Egypt; and from hence it has by some been denominated the Egyptian Ophthalmy. This appellation, however, does not appear to me to be a correct title, since an ophthalmy, precisely similar in its symptoms and progress, has appeared long ago in this and in other countries, and has been described by various authors, ancient as well as modern. In Egypt, also, no less than in England, many other species of the ophthalmy continually prevail, all of them being perfectly distinct one from the other, and each requiring a peculiar mode of treatment. The late epidemic may, I think, with more propriety be denominated a purulent Ophthalmy; since one of its chief symptoms, and that which distinguishes it from every other, is the profuse discharge of a purulent coloured fluid, closely resembling the pus or matter that issues from an ulcerated sur-

face. It resembles also in many respects a disorder which I have described with some minuteness,\* under the title of "the Purulent Eye of New Born Children," in which, no less than in that now under consideration, the discharge of matter is always profuse.†

In adult persons the violence of the inflammation that accompanies the discharge is extremely different. In some the appearance of the eye varies little from that which it assumes in those cases of

\* Observations relative to the Eye, vol. 1. pp. 129, 309, and some that follow.

† The epidemic which is the subject of the present remarks is very different from an ophthalmy, which at different times has been epidemical in this and in other countries, but is unconnected with a purulent discharge from the eyes. This latter disorder is seldom productive of danger to the sight; and if it be treated with antiphlogistic internal remedies, and mildly astringent applications, it generally disappears in the course of a few days.



the ophthalmy that are produced by a common cold; but in the greater number the tunica conjunctiva, that covers both the inside of the eyelid and the globe of the eye, not only becomes universally red, but quickly swells to a considerable thickness; its membranous appearance being destroyed, and its projection causing the cornea to appear depressed and sunk in the globe. The swelling of that part of the conjunctiva which lines the inside of the eyelid is sometimes so considerable that it protrudes beyond the lid to a considerable extent, and entirely conceals the eye.

In some the pain produced by the inflammation resembles that of dust between the eye and the eyelid; in others it is accompanied with a sense of heat and weight; in others there is a deep seated intense pain in the ball of the eye; and in not a few the pain in the eye is ac-

companied with a distressing pain either in the whole or some particular part of the head. The pain is not in proportion to the quantity of discharge; since, when the latter has been profuse I have, in some instances, observed that the former has been far from considerable.

Sometimes the cornea speedily becomes opaque, the opacity first appearing round the circumference of this tunic, where it unites with the tunica conjunctiva. Very soon after the opacity is perceived, if the violence of the inflammation continue, a rupture of the cornea takes place, of which the patient is made sensible by a sudden gush of the aqueous humour. According to the part of the cornea in which the rupture happens, the pupil is more or less involved, and of course the future vision is more or less injured. I have seen in this disease the whole of the cornea slough, and come away within a

few days after the commencement of the disease. This however is a very rare occurrence. It more commonly happens, when the termination is unfavourable, that the cornea is only ruptured; the ruptured part being ulcerated to a greater or less extent, and a fungous excrescence not unfrequently protruding through the ulcer. The fungous tumor is in general soft and pulpy; but sometimes a portion of the iris is pushed out, of greater or less magnitude, according to the size of the rupture. This last projecting substance is distinguished by authors by the name of *myocephalus*, from its supposed resemblance to the head of a fly. It has been said that new vessels form on the cornea during the continuance of the inflammation; but this only happens when the inflammation remains a great length of time; and in the purulent ophthalmy I think it probable that the cornea is in general ruptured before these begin to appear. As

soon as the rupture takes place, the violence of the pain, if this has been considerable, always subsides, and the discharge of purulent matter is usually diminished. The inflammation that follows this period appears to me to be different from that which preceded it, and to be now kept up, partly by the acrimonious secretion which issues from the ulcer, and partly by the unequal pressure which the protruded part continually makes against the inner surface of the eyelid.

When both eyes are affected, the inflammation usually begins in one of them several days before it shews itself in the other, its progress being in general much slower in the eye last affected than in the first.

In some of the cases where the most dangerous symptoms were subdued without doing essential injury to the sight,



it has been found very difficult, completely to remove what may be called the relics of the disorder; by which I mean, a soreness of the edges of the eyelids, and a small degree of inflammation in the ball of the eye. It is particularly difficult to remove these, in those persons who have previously been subject to strumous affections; and the consequence of their continuance is, that either by a slight indiscretion in diet, or by exposure to an inclement atmosphere, the inflammation returns, and the whole train of its symptoms is reproduced.

It is difficult to discover in what way this disorder was first occasioned. The resemblance which it bears to that species of ophthalmy, which in many instances, has either accompanied or followed the common gonorrhœa, strongly impresses my mind with an idea, that the two disorders bear a close reference one to the other. I believe it is admitted by the most experienced surgeons,

that the gonorrhœa, in by far the greater number of instances, is perfectly distinct from the lues venerea; and that the remedies which are indispensably required for the cure of the latter, are wholly unnecessary for the cure of the former. The first cause of the gonorrhœa we do not know; but it is communicated by the application of a peculiar poison to the urethra, which inflames and excites a considerable purulent discharge from it. It is rarely productive, however, of any ulceration in the inflamed part, or any affection of the general constitution. In like manner, the purulent ophthalmy, (without inquiring at present into its first cause,) appears to me to be in general communicated by the application of a peculiar poison to the tunica conjunctiva, which inflames and produces a considerable discharge from it, but rarely occasions any ulceration in this tunic,\* or any

\* Strictures in the urethra, not unfrequently follow a gonorrhœa; and ulcers of the cornea, as well as a rupture of this tunic, not unfrequently follow a purulent

affection of the general system. Infants, as well as adults, are subject to the purulent ophthalmia; and it is a fact, well deserving notice, that some of the worst cases of this disorder that have occurred in infants, have happened in those whose mothers were subject to an acrimonious discharge from the vagina at the time the infants were born. Some of the worst cases also, that have occurred in adults, have happened in those, who either shortly before the attack of the ophthalmia, or at that very time, laboured under either a gonorrhœa, or gleet.\* I do

ophthalmia. But the former does not afford a proof of the previous existence of an ulcer in the urethra; nor does the latter, that an ulceration had previously taken place in the tunica conjunctiva.

\* Doctor Vetch observes in his account of "the Ophthalmia, which appeared in England since the return of the British army from Egypt," p. 3. that in the 2d battalion of the 52d regiment, in which the disorder occurred, with a severity then unprecedented in this country, that "excepting a great proportion of venereal cases," no particular distemper seemed to prevail; and the number of patients in the hospital were rapidly decreasing, when the first case of ophthalmia made its ap-

not mean to attribute every ophthalmia of this kind to such a cause. I am aware that it has sometimes occurred, and in the most violent degree, when no such circumstance could be suspected; but in the far greater number of adults whom I have seen affected by it, if the disorder had not been produced by the application of morbid matter from a diseased eye, I have been able to trace a connection between the Ophthalmia, and some degree of morbid affection in the urinary canal.

The ophthalmia that has been so dreadfully prevalent in some of our regiments, during the last year, has generally been attributed to a disease imported from Egypt. It is unquestionable that an ophthalmia, precisely similar to it, has prevailed in that country with a high degree of virulence, and to an immense extent, for several centuries; and a

pearance. Among these venereal cases is it not highly probable that not a few had the gonorrhœa?



great number of our soldiers, as well as those of France, experienced its malignant influence in the year 1801. The remains of the disorder were certainly brought into this country upon their return; and it is not improbable, that it was communicated by them to many others: but I still think I am justified by experience in believing, that if the smallest portion of a gonorrhœal discharge were applied to the eye, it is equally able to produce a similar disorder. I do not say, that this would universally happen. The gonorrhœa itself is not communicable in every individual case; but the exceptions are much too limited to invalidate what I believe to be a general rule, relative to its infectious nature. Other causes may contribute to aggravate, and perhaps may produce the disorder, and the purulent ophthalmy in Egypt has been attributed to a great number. The combined influence of heat and light, of a burning dust continually raised by the wind, and of the heavy dews

of the night, may powerfully contribute to excite inflammations in the eyes. But something more than these are required to induce the malignant ophthalmy now under consideration; since the same causes operate with equal violence in many other countries besides Egypt, and yet do not produce these effects: and in this country the disorder prevailed, during the last summer, to as great a degree, and upon as great a number of persons, within the small district of less than a mile, as it ever did, in the most sickly times, in any part of Egypt; and yet, beyond this space, on either side, scarcely a person was affected with it. Something more than atmospheric action seems, therefore, required to account for its spread and influence; and the most natural explanation appears to me to be, that this particular disorder is only communicable by absolute contact; that is, by the application of some part of the discharge which issues, either from the tunica conjunctiva of an affected eye, or from

some other membrane that secretes a similar poison, to the tunica conjunctiva of the eye of another person. That such a mode of communication did prevail in several of the regiments, in which the disorder raged with the utmost malignity in the last year, is, I believe, admitted both by the surgeons who belonged to these regiments, and by the medical inspectors, who were appointed to inquire into it. I can aver, that the same effect has been produced by a similar cause in schools and in nurseries; in both of which, from inattention to a rule which I believe of much importance, though too little regarded, of hindering the hand basins and towels, which have been used by persons who have this disorder, from being employed by others, before they have been thoroughly cleansed, the ophthalmia has been communicated to nearly twenty in one school,\* and to the nurse, and several of

\* In the school to which I more particularly refer, the disorder, though truly purulent, did not prevail with

the children in more than one family. I cannot therefore too strongly urge the advice which I took the liberty to give to the public in August 1806, through the medium of a periodical publication, most peremptorily to prohibit the indiscriminate use of these articles, both in schools and nurseries, in hospitals, ships, and barracks.

The purulent ophthalmia above described, though similar to that which is produced by a gonorrhœa, is widely different from the venereal ophthalmia; that is, from an ophthalmia accompanied or preceded by other evident symptoms of the lues venerea. In cases of this latter description there is generally a great exacerbation of pain during the night, and the internal parts of the eye are particularly affected. The pupil is usually contracted,

the same degree of violence that it did in the army, and none of the children had their sight essentially injured by it.



and loses the power of altering its size in different degrees of light. The iris assumes a greenish colour, and pustules not unfrequently form upon it. But in cases of the purulent ophthalmy, on the contrary, the inflammation solely affects the tunica conjunctiva and cornea; and the internal parts of the eye do not seem to have their structure at all altered, until the cornea becomes ulcerated, and the aqueous humour is discharged.

The purulent ophthalmy is also very different from an erisipelatous inflammation, to which the eyes of some are particularly subject. In this latter inflammation there is in general a tumefaction of the eyelids, and a considerable watery discharge from the eyes; the discharge being not unfrequently mixed with a small proportion of matter; but this matter is very different, both in quantity and appearance, from that which is produced by the puru-

lent Ophthalmy; and in the erisipelas it seems to be secreted by the ciliary glands rather than by the inflamed tunica conjunctiva. In the erisipelatous Ophthalmy, again, the eyes are more impatient of the light than they are in that which is purulent, and the inflammation extends over a greater part of the face, not unfrequently affecting at the same time different other parts of the body.

Having finished the observations which I purposed to make on the symptoms of the purulent Ophthalmy, and on the sources from which it usually proceeds, I now pass on to offer a few remarks on the method of cure. Here I think it necessary to premise one or two observations on the treatment of the disorder when it appears in Infants. In them, notwithstanding the quantity of thick matter discharged from the eyes is often profuse, it rarely happens that either the inflammation or tu-

meffaction of the tunica conjunctiva is considerable;\* and if the accumulated matter be frequently washed away by means of an astringent lotion, injected between the lids from a blunt pointed syringe, its quantity is easily suppressed, and in a short time the infant becomes able to open the eyes, and bear the light. The lotion which I have found most effectual for this purpose is that which was first proposed by Bates, in his *Pharmacopœia*, under the name of the *Aqua Camphorata*. It is much too strong however to be used on these occasions, if made exactly according to Bates's prescription; and I usually recommend it in the following form, which

\* The exceptions to this observation are rare. In a few instances, however, both the upper and lower lids of the infant become swelled and everted; in which state they have been said, not unaptly, to resemble an inverted intestinum rectum; and they require not only to be scarified, but to be kept in their natural position by the continued application of the finger.

is only one fourth as strong as he directed.

R Cupri Vitriolati,  
Boli Armeni, aa gr. viij.  
Camphoræ, gr. ij.  
Misce et affunde.  
Aquæ Bullientis ꝑviiij.

Cum lotio sit frigida effundatur limpidus liquor, et sæpissimè injiciatur paululum inter oculum et palpebras.

On account of the great rapidity with which in most cases the matter is secreted, I beg leave to urge the necessity of injecting this lotion once at least in every hour; and I dwell particularly on the mode of injecting it by means of a syringe, because the medicated liquor cannot, in any other way, be sent between the swelled conjunctiva that lines the eyelids, and that part of it which covers the globe



of the eye, with sufficient force to remove the collected matter.

The bowels of the infant should be often gently opened; a small blister should be applied either behind each ear, or between the shoulders; and small doses of calomel are to be given once or twice in the day, if, as sometimes happens, there be any suspicious eruptions on the skin.

In this way of treating the disorder the amendment in infants is in general rapid and striking. And though it cannot be denied that it sometimes appears in so slight a degree, that it may be treated safely in a different manner, or perhaps be wholly left to itself, yet the improvement which I have repeatedly experienced to take place as soon as this mode has been adopted, and the destructive effects, to which I have been often a witness, when a different treatment has been pur-

sued, unitedly urge me to recommend it, in the strongest manner, as that upon which the best dependance can be placed; and to the use of which, there is strong reason to believe, many who have had this alarming disorder are now indebted for the preservation of their sight.

But it is not necessary to say more at this time on the treatment of the purulent Ophthalmy of Infants. The reader who is desirous of further information on this part of the subject is referred to the remarks I have made upon it in the last edition of "*Chirurgical Observations relative to the Eye.*"

I rather wish to dwell now on the treatment of the purulent Ophthalmy of Adults. The numerous instances in which this disorder has terminated in blindness in our own country within the last two years,

chiefly in the army, but sometimes in private practice, most powerfully call for an exposition of every hint that affords a prospect of being rendered effectual to hinder so melancholy an event.\*

The principal difference between the purulent Ophthalmy of infants, and the purulent Ophthalmy of adults consists in the different states of the tunica conjunctiva. In the former, notwithstanding the quantity of matter confined within the lids is often profuse, the inflammation of the conjunctiva is rarely considerable; and when injury is done to the cornea it seems to proceed, as has been above observed, ra-

\* Dr. Vetch informs us that "in the 2d battalion of the 52d regiment, which consisted of somewhat more than seven hundred men, 636 cases of Ophthalmia were admitted into the hospital between August 1805, when the disease commenced, and the same month in 1806. Of this number fifty were dismissed with the loss of both eyes, and forty with that of one." Page 69.

ther from the confinement of acrimonious matter upon this tunic, than from the violent and morbid action of the inflamed vessels;—but in the latter, though the discharge of purulent matter may not be so great as it is in infants, yet, when this is least, the discharge is always accompanied with a violent inflammation, and generally with a tumefaction, of the conjunctiva, by which its membranous appearance is destroyed, and the cornea is made to appear depressed and sunk in the globe of the eye. In this alarming state of the disorder, local evacuations, such as those produced by leeches on the temples, or by a scarification of the eyelids, however effectual these may prove in the milder states of the Ophthalmy, and however useful they may here be as collateral aids, have been found utterly unable, by themselves, to arrest the progress of the inflammation. In the army, where the disorder has been more prevalent than in any



other class of the people, it has been found indispensably necessary to draw off a large quantity of blood from the general system; and the more early and more suddenly the evacuation has been made, the more effectual the remedy has been found. This could not be accomplished in any way so speedily or so certainly as by venesection in the arm. The quantity taken away was seldom less than sixteen ounces, and it has been extended with advantage to thirty, forty, and even sixty ounces. When so large a quantity is drawn off, it should be recollected that the object in doing it is not merely to diminish the action of the inflamed vessels, or, as it has been called, the disposition to the disease, but the power of the constitution to carry it on. The Public are indebted for the first recommendation of this bold practice to two interesting papers on the subject, one published in the *Edinburgh Medical and Surgical Journal* of January 1807, by Mr.

Peach, surgeon of the 2d battalion of the 52d regiment, and the other, in a separate tract, about the same time, by Doctor Vetch, assistant surgeon of the 54th regiment.

The dependance of these gentlemen was almost entirely placed on large and sudden evacuations of blood; and the extent to which the practice was carried in the 52d regiment, must astonish and alarm those who have not been witnesses to the extreme danger of the disorder, and the immediately happy effects, which, we are informed, resulted from this bold treatment. It is necessary, however, to make an allowance for the difference that is to be expected between a disorder in a military hospital, and one, similar to it, in private practice. And indeed, though I have seen the Ophthalmy attended with all the other symptoms that have been so accurately described by these gentle-

men, I have seldom known it to be accompanied with the excruciating pain which they mention. I have rarely, therefore, carried the system of depletion to the extent to which it was pursued by them; but when it has been employed in a more moderate way, I have seen it afford most essential relief, and have always placed considerable dependance upon it.

Persons who have had their strength diminished by previous illness, have not unfrequently been attacked with this species of the Ophthalmia; and it is a fact, that these, no less than stronger persons, have sometimes derived great advantage from the loss of eight or ten ounces of blood from a vein in the arm; but in such persons it has rarely been advisable to repeat the operation, and, when it has been necessary to remove blood afterwards, I have rather chosen to take it in the neighbourhood of the eye, either by opening the vein

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that passes on the side of the nose, (from which, if it be of its usual size, five or six ounces of blood may be drawn,) or, by applying five or six leeches on the hollow part of the temple, and encouraging the bleeding from the orifices which the leeches make, by the application of warm water. Sometimes, in place of either of these operations, it is advisable to take blood from the inside of the lower eyelid, by scarifying that part of the conjunctiva which lines it, with the point of a lancet. This last operation is easy to be performed; and, if it be done well, it gives very little pain, and will not be followed by any irritation of the eye. The lancet which is used should be in the best order, and should be carried along the inside of the lower lid, parallel to its edge, and not far distant from it. The advantage of scarifying the lid near its edge, in preference to performing the operation either on the ball of the eye, or further back on the lid, is derived

from the fact that the blood is taken from the inside of the lower eyelid, and not from the ball of the eye, and the operation is performed in the best order, and the result is very good in many cases of this kind of ophthalmia and it is a fact that these persons have sometimes derived great advantage from the loss of eight or ten ounces of blood from a vein in the arm but in such persons it has rarely been advisable to repeat the operation and when it has been necessary to remove blood afterwards I have rather chosen to take it in the neighbourhood of the eye either by opening the vein



from the superior tension which the tunica conjunctiva has in this part, in consequence of the cartilage that lies behind it; and if the operation be performed here, and, as is above recommended, with a sharp lancet, thirty or forty drops, and sometimes a larger quantity, of blood may be taken away, with almost immediate advantage. I beg leave, however, to offer a caution against a mode of scarifying, which has sometimes been adopted in these cases, by pricking the eyelid, ten, twenty, or thirty times in quick succession; a mode which, besides the pain that it occasions, is liable to increase the irritation, and, to say the least, is certainly unnecessary. The lancet need never be applied more than twice, and rarely more than once; and perhaps it will give less pain, if the incision be made by drawing the edge of the instrument along the inflamed membrane, from the point towards the handle, instead of using the direct point for this purpose. The issue of

the blood from the orifices, may be assisted by gently everting the lid with the end of the finger; and it is more useful to take off the finger occasionally, and then to apply it again, and thus renew the eversion, than to continue the finger steadily on the lid. Some apply warm water, as is done after the application of leeches, in order to promote the bleeding, but it does not appear to me to be of much use for this purpose.\*

\* When the tunica conjunctiva is much thickened, as well as inflamed, it might occur to the reader, that the tumefied portion might be removed by excision, with a probable chance of averting the danger that threatened the cornea; but I much fear, if such an operation were performed, or even if large incisions were made into the tumefied part, whilst the active inflammation continued, it would rather tend to hasten than retard the opacity and suppuration of this tunic.<sup>2</sup> After the violence of the inflammation, however, is subdued, if one or more of the blood vessels of the tunica conjunctiva then remain enlarged, and are continued over the cornea, feeding, as it might seem, a speck on this tunic, the removal of a portion of the conjunctiva, near the circumference of the cornea, so as to include a part of the enlarged vessels, may prove a useful operation; and it has sometimes caused the vessels speedily to collapse and the speck to disappear. In

*— repeated after the operation and the 6th it has increased all the time*

After the evacuation of blood, whether it be made generally or locally, it is often beneficial to apply a large blister, either on the head or back. Anodynes should be given of more or less strength, according to the degree of the pain; purgative medicines should occasionally be administered; and an antiphlogistic regimen be strictly enforced, in the way both of medicines and diet.

All the above directions appear to be

those affections of the eye, also, in which the surface of the cornea becomes universally dewy and opaque, without any considerable inflammation either preceding or accompanying this change in its structure, the diseased action has repeatedly been stopped, the opaque particles cast off, and the surface under them has resumed its transparency, in consequence of removing about one sixteenth part of an inch of the conjunctiva all round the cornea by means of a curved scissors. The fourteenth, fifteenth, and sixteenth cases, related in my *Observations on the Eye*, are intended to illustrate this particular disease. But I beg leave to repeat the remark before made, that such an operation ought not on any account to be performed so long as there is any active inflammation in the tunica conjunctiva.

highly important, and to require close consideration in every case of the purulent Ophthalmy. They coincide in a great measure with the advice that has been given in the tracts, published by Mr. Peach and Doctor Vetch. In what I am going to add, however, the experience that I have had, obliges me to differ from the opinions advanced by these gentlemen.

Mr. Peach says, "I have with advantage dropped the undiluted aq. lytharg. acetat. into the eye:—though at first it occasioned great pain, in some instances it proved of service;—but in general I have come to the conclusion, that dropping substances into the eye is not serviceable." He adds, shortly afterwards, "since we desisted from dropping tinct. opii into the eyes, we have had fewer cases of inversion of the eyelids."\*

\* Edinb. Med. and Surg. Journal for January, 1807.



In reply to these remarks of Mr. Peach, I beg leave to observe, that it does not follow that all applications to the eye must be improper, because the aqua lythargyri acetati, or the tinctura opii, failed to afford relief. The former of these, when undiluted, appears to me to be much too strong to be applied to the eye at any time; and the tinctura opii also may not improbably be found too powerful, during the highly active state of the inflamed vessels in this disorder. It may also be recollected, that when I recommended the application of the tinctura thebaica, in inflammations of the eye, I particularly requested that the tinctura opii might not be substituted in its place; and in cases where the inflammation was violent, I added a caution against the use even of the tinctura thebaica itself, until evacuations and other proper means had diminished the excessive irritation.\*

\* Chirurg. Observations relative to the Eye, vol. 1. page 53.

Doctor Vetch, in his Observations on the Ophthalmia, does not object to the use of external applications, in the way in which this was done by Mr. Peach; but he speaks of them in so general a manner, that it appears to me very doubtful which of those that are mentioned he preferred, and whether he placed much dependance on any of them.

He says, "while by such means, (that is  
"by large and sudden evacuations of blood)  
"we lessen the violence of the internal  
"disease, and effectually prevent its termination in the rupture of the cornea, by  
"the use of local applications we are to  
"endeavour to diminish the external symptoms. Linen dipt in some cooling lotion  
"should be kept constantly applied over  
"the eyes. Such applications, as experience  
"seems to have accommodated to the different stages of the disease, should be  
"carefully dropt into the eye. In the first

D

" stage the aqua sapphirina will, I think, be  
 " found the most serviceable. When the  
 " swelling of the palpebræ has taken place,  
 " the aq. lithargyri will be found useful  
 " both in lessening the formation of the  
 " matter, and in cleansing it from the eye,  
 " which is always a grateful operation to the  
 " patient, and consequently of much im-  
 " portance in the cure. The injection of  
 " tepid water with a syringe, for the same  
 " reason, is always beneficial, and while the  
 " patient is subject to the recurrence of the  
 " pain, I should be inclined to prefer it to  
 " any other application. To lessen the swel-  
 " ling of the palpebræ, compresses dipt in  
 " the aqua litharg. may be externally applied,  
 " and secured by a pretty firm pressure, which  
 " seemed often of the greatest benefit.  
 " When the swelling and other symptoms  
 " of the second stage have disappeared, a  
 " treatment very similar to what is adopted  
 " in the first stage becomes necessary. The  
 " local applications may be rendered how-

" ever more astringent. The aqua lithargyri,  
 " and Bates's camphorated water, solutions  
 " of alum, or muriate of mercury, may be  
 " used with advantage.\*

In this quotation, which contains the whole that Doctor Vetch has said on the subject of external applications, the observations are so general, that a practitioner must find it very difficult to determine which of those that are mentioned he ought to prefer. To remove this difficulty is one of the chief objects of the present publication; and for this purpose I beg leave to select Bates's aqua camphorata, as an application which appears to me to be pre-eminently useful, and which, with the cautions I am going to mention, may, I think, safely take place of all the others.

In the nineteenth page, I have recommended a lotion, which is exactly similar

\* An account of the Ophthalmia, as it appeared in England since the return of the British army from Egypt, by John Vetch, M. D. published 1807, page 111.



to a mixture of one part of this aqua camphorata with three parts of common water, to be frequently injected between the eye and the eyelid in the purulent eyes of Infants; and in this proportion, and this way of using it, I can strongly recommend the same application in the purulent eyes of Adults. When it is considered, that in both a profuse secretion of purulent coloured mucus constitutes the essential character of the disease, it must, I think, be evident that in both the application of a moderately astringent lotion will be proper to restrain such secretion; and this which is here mentioned is the best that I know for the purpose. When it is further considered, that the morbid mucus is confined between the swelled conjunctiva that lines the eyelids, and that part of it which covers the globe of the eye, it must be also evident that, in order to bring the matter effectually away, the lotion must be propelled over the eye with some degree of force: and this cannot be better effected than by the

use of a small blunt pointed syringe, by means of which the medicated liquor may be carried over the whole surface of the eye, and the retained matter be each time entirely cleared away. When, again, the rapidity is also considered with which this morbid matter is formed, it must, I think, be admitted that, in order to keep the eye clear, it is necessary to repeat the injection at very short intervals of time. I have often applied it twice, and rarely less, in bad cases, than once in an hour; sometimes continuing it with nearly equal frequency during the night as during the day: and when, in the progress of the disorder, the violence of the inflammation has abated, and the quantity of discharge is decreased, the strength of the lotion may be diminished, and a longer period be permitted to intervene between the times of applying it.

In the highly inflammatory state of the eyes which sometimes accompanies the discharge in adults, and which is much

greater in them than it usually is in infants, I have occasionally thought it right at first to use the lotion in a more diluted state than that which is above-mentioned. For instance, I have added only four or five grains, instead of eight, of the cuprum vitriolatum to eight ounces of water; and I would never advise, while the inflammation is considerable, to make it stronger than in the proportion of eight grains of cuprum vitriolatum to eight ounces of water; since from an over eagerness to expedite the cure by strengthening the application, the action of the inflamed vessels is liable to be increased; and, when it has been made very strong, the whole cornea has sometimes seemed to be hurried by it into a state of suppuration.

I have usually advised to apply the lotion cold; and in infants, particularly, the success that has attended its use in this way has been almost universally so satisfactory, and indeed so striking, that I

cannot refrain from urging its cold application in the strongest manner. The greater degree, however, both of general fever and local inflammation, which takes place when the disorder attacks adults, renders it sometimes necessary to apply the lotion warm. And if the pain of the eye, and tumefaction of the conjunctiva be considerable, it may be advisable not only to make the lotion of the weakest standard that I have mentioned, but to leave longer intervals between the times of employing it; and occasionally to interpose the injection of merely tepid water in the way recommended by Dr. Vetch. Under these circumstances the frequent application, also, of hot water, or of a hot decoction of poppy heads, by means either of a flannel or of a large sponge, or by holding the eye over a cup filled with these liquors, has afforded considerable ease, and has seemed to diminish the morbid action of the inflamed vessels.



But in addition to the advice that has now been offered, I beg leave to direct the reader's attention to another remedy, which appears to be of material importance, and from the use of which very considerable benefit has sometimes been derived. This remedy is strongly indicated by the manner in which the disorder terminates when it pursues its course in the most malignant manner. In such cases, the cornea is ruptured, and the aqueous humour discharged; and as soon as this happens the patient becomes easy, and the purulent discharge diminishes; the disorder then assuming, as has above been observed, a new shape, and becoming troublesome in consequence rather of the discharge from the ulcer, or of the unequal pressure of the ulcerated surface against the inside of the eyelids, than of the violent action of inflamed vessels. The inference which may, I think, be deduced from this fact is, that the efforts of art should be made to imitate those of nature; and that

as soon as a rupture of the cornea seems inevitable, a wound should be made in this tunic sufficiently large to discharge the aqueous humour, and in such a part, that the transmission of light through the pupil may not afterwards be interrupted by the scar which the incision may leave. An operation of this kind was first proposed by Mr. James Wardrop, in an ingenious paper published in the Medical and Chirurgical Journal in January 1807. He recommended it particularly in cases where the cornea is opaque and the eyeball tense; and his immediate view in performing it was to restore the transparency of the cornea by evacuating the aqueous humour. Mr. Wardrop mentions four cases in which he performed the operation with success. No one of these was of that particular kind to which I chiefly advert in the present remarks; but if the operation prove effectual in the cases for which Mr. Wardrop recommends it, how much more

likely must it be to afford relief in those, where the cornea is not only tense and opaque, from the extreme violence of the inflammation, but where there is also the strongest reason to apprehend it is on the point of being ruptured, and becoming ulcerated? It by no means appears necessary, however, to have recourse to it in every case even of the purulent Ophthalmia. General evacuations, joined with those that are local, together with the accurate application of mildly astringent lotions, and a strictly antiphlogistic regimen, will, in slighter cases of this disorder, prove fully sufficient to stop the progress of the inflammation; but if, after these have been employed, the symptoms still continue, and especially, if the cornea begin to lose its transparency, and a white rim appear round its circumference, somewhat similar to the arcus senilis of old persons, it then becomes of the highest importance to have recourse to it. Mr.

Wardrop recommends to make the incision with a small knife of the kind that is used to divide the cornea in the operation of extracting the cataract. This instrument is perfectly proper for the purpose; but the puncture may be made with great safety by a careful person with a common lancet; or, which perhaps is preferable to either of the two, with a sharp pointed couching needle, having a blade somewhat wider than this instrument usually has, and a groove in its middle continued all the way from the handle to the point.\* The only direction necessary to be observed in performing the operation is to introduce the point of the instru-

\* An instrument of this kind appears to be well adapted for puncturing the eye, in those cases of gutta serena accompanied with inflammation, in which there is reason to apprehend that a fluid is accumulated between the choroid coat and retina. Such a case is related in "Chirurgical Observations relative to the Eye," vol. 1. page 510.



ment about the tenth part of an inch anterior to the connection of the cornea with the sclerotica, and to push it gently forward, parallel to the plane of the iris, until the aqueous humour make its escape. If the grooved couching needle be employed, its evacuation necessarily takes place, as soon as the groove penetrates into the anterior chamber; but if a cataract-knife, or a lancet, be used, and these possess the shape of a wedge (which in the former instrument is peculiarly desirable) it may be necessary to turn the blade a little on its axis after it has been introduced, in order to give the aqueous humour an opportunity of escaping; and when this has been accomplished, the instrument should immediately be withdrawn, to avoid wounding the iris.

I have said, in the sixteenth page, that the purulent Ophthalmy bears some resemblance

to a common erysipelalous inflammation of the eye. It is necessary, however, to distinguish these disorders, one from the other, since they seem to require a different mode of treatment. Both disorders are equally served in the beginning by the use of evacuants; but though the erysipelalous Ophthalmy is particularly relieved by medicines that promote perspiration, these do not produce the same beneficial effects when administered in that which is purulent. The access of fresh air to the eye, on the contrary, in cases of the latter description, is peculiarly grateful; and some of the worst cases that have come under my notice have occurred in persons who have attended me at my own house, who, notwithstanding their daily attendance, have been cured with as little, and sometimes with less, difficulty, than others, apparently at first not more malignantly affected, who have been kept in the strictest state of confinement in their own houses or chambers.

It is not meant by this remark to encourage an unnecessary exposure to draughts of air; or sudden changes from a hot to a cold atmosphere; but I am more and more inclined to believe that confinement to a bed, or even to a chamber, in this disorder, is not necessary, and that in some respects it is liable to prove injurious, hindering the accurate application of suitable remedies, and precluding, as has just been mentioned, the due access of fresh air to the eye.

Among the cases of Ophthalmy, annexed to the last edition of the *Observations* I published on Disorders of the Eye, the eighteenth and nineteenth very nearly resemble the worst of those which in the last year were epidemical. I shall not trouble the reader with a repetition of them here; nor shall I recite any of those slighter cases which are almost daily coming under my notice, in which a treatment similar to that recommended in the preceding pages has been found speedily effectual for the cure. I shall

only take the liberty at this time to relate two; and these with a view, not merely to point out the advantage of injecting the diluted aqua camphorata in the cases of Adults as well as of those of Infants, but also to exemplify the safety and probable good effects of puncturing the cornea, and discharging the aqueous humour, when the inflammation has risen to its greatest height, and the cornea is in the most imminent danger of being ruptured. I had intended to insert also the case of a female child, twenty months old, who had a true purulent Ophthalmy, of the most alarming kind, in each eye, which followed a discharge from the vagina, very nearly resembling the fluor albus of grown persons. But though in this instance the injection of the diluted aqua camphorata appeared to afford very essential service, the gums were also lanced, and two of the dentes canini, and one of the incisores, came through in consequence of it. It may therefore be doubted,



whether the removal of the irritation which the operation effected might not have contributed as much to the amendment that followed, as the local remedies that were applied to the eyes.

## CASE I.

Mrs. ———, thirty-two years of age, was attacked on the 22d of February, 1807, with an inflammation of the right eye, which became more and more troublesome until the 27th, when she consulted a surgeon. At that time not only the tunica conjunctiva was much inflamed and tumefied, but there was a considerable accumulation of matter between the eye and the eyelid, which though often wiped away was rapidly renewed. She had been long subject to the fluor albus, and there were reasons for supposing that the acrimony of the discharge had been increased a short time before the eye became inflamed. Sixteen ounces of blood

were taken from a vein in the arm, and the eye was almost continually washed, by means of a soft sponge, either with cold water, or with a mixture of aqua ammoniæ acetatæ, and elder flower water. A purgative draught was also given. On the 28th the inflammation was rather increased. She had a constant sensation of dust in the eye, and the discharge of purulent matter became more profuse than before. The blood that had been taken away was cupped and sisy. The lower lid was now scarified. Ten ounces more of blood were taken from the arm: a large blister was applied on the head; and the diluted aqua camphorata vitriolica was applied to her eyes instead of the diluted aqua ammoniæ acetatæ. On the 1st of March, the inflammation and discharge continuing as profuse as before, I was consulted. At this time the cornea was almost hid by the tumefied conjunctiva; and, when the matter was washed off, the rim of the former appeared opaque, and the opacity

extended forward on the side next the nose, so as to hide a part of the pupil. In this alarming state of the disorder I determined to make a puncture through the side of the cornea, in order to discharge the aqueous humour, and with a hope to prevent a rupture of this tunic from taking place opposite to the pupil. The operation was performed with one of the instruments that is employed to divide the cornea in the operation of extracting the cataract. It was introduced, as in that operation, on the side of the tunic next the temple, and when its point had passed about the eighth part of an inch into the anterior chamber, parallel to the iris, on making a slight turn of the instrument, the aqueous humour came through the opening; upon which it was immediately retracted. The operation did not give pain, nor did it make any immediate alteration in the appearance of the eye. The diluted aqua vitriolica camphorata was applied to the eye in the same way as before. Ten

ounces more of blood were taken from the arm, and the purgative medicine repeated. On the 2d she had not experienced additional pain in consequence of the operation, and the inflammation seemed somewhat diminished. The aperture which had been made in the cornea was plainly visible, and the cornea appeared more flaccid; but the opacity was still considerable, and it covered almost the whole of the pupil. On the 4th I was surprised to find that the purulent discharge had almost entirely ceased, and the swelling of the conjunctiva was much diminished; but the opacity of the cornea continued, and a portion of this tunic round the new aperture seemed disposed to slough. The superior part of the cornea, however, remained transparent, and a small portion of the pupil was visible through it. On the 6th, the inflammation was further diminished, and the discharge from the eye so thin and clear, that it could scarcely be called purulent. On the 9th, the aperture still



remained open, and the opacity of the lower part of the cornea was nearly as before. On the 15th, there was scarcely any inflammation or discharge from the eye; but in the part where the aperture had been made, a transparent vesicle was formed, through which the outer and inferior part of the pupil could be plainly seen; the upper rim of the pupil being also perceptible above the opacity. The patient was able to distinguish my fingers distinctly with this eye. In the state now described, the eye remained a fortnight; at the end of which the vesicle that covered the aperture in the inferior part of the cornea gave way, and a large portion of the aqueous humour was again discharged. After this the aperture closed, in consequence of which the inferior part of the pupil was no longer perceptible, and the sight became much more indistinct than before. Large objects, however, were still distinguished through the superior part of the pupil; and by persevering in the appli-

cation sometimes of the pulvis sacchari albi, sometimes of the aqua sapphirina, and sometimes of the tinctura thebaica, the eye became strong; and, if the other eye had not been perfect, the sight with the affected eye alone would have been sufficient to afford great assistance in the ordinary employments of life.

## CASE II.

Mr. —, about nineteen years of age, was attacked with a gonorrhœa in July last, and the discharge from the urethra continued for three weeks, notwithstanding the use of various remedies ordered for him by his surgeon. On the 7th of August, he first perceived a weakness in the right eye, and on the following day it became inflamed, and watered considerably. On the 10th, both the eyelids swelled, and the discharge became profuse and purulent. On the 12th, I first saw him, and at this time the swelling of the lids was so considerable that he was

unable to open them, his head as well as eyes being continually in great pain. Fourteen ounces of blood were immediately taken from his arm, and the purulent matter that lodged upon the eyes was washed away by injecting on it, by means of a syringe, a mixture of one part of Bates's aqua camphorata, and three parts of common cold water. A purgative medicine was administered; the injection was repeated once every hour; and in the evening three leeches were applied on each temple. If the pain had continued it was intended to foment the eyes with a hot decoction of poppy heads; but in this respect he received so much relief from the evacuations and injection, that the use of the fomentation did not become necessary. On the 14th the swelling of the lids was somewhat abated, and the purulent discharge was not quite so profuse. I now scarified the edges of both the lower lids, and took from each

at least half an ounce of black blood, which became grumous as soon as it issued from the orifices. The cold injection was continued every hour as before. On the 15th the swelling of the left eye and the discharge from it were evidently diminished; but those of the right eye continued. On examining the eyes, the tunica conjunctiva of the left, though inflamed, appeared very little thickened; but that of the right was much swelled; the whole cornea appeared cloudy, and on its superior part was an ulceration which I feared would penetrate into the anterior chamber of the aqueous humour, and, involving a portion of the iris, endanger the future usefulness of the eye. In order to obviate this, I made a puncture through the cornea, on the side next the temple, and discharged a considerable portion of the aqueous humour. The puncture was made, as in the case last described, with one of the knives that is usually employed to di-



vide the cornea in the operation of extracting the cataract, and it gave so little pain that it was scarcely felt by the patient. The uneasiness of this eye both before the operation, and for several days afterwards, was greater than that of the other eye, but it could not now be called acute. During the day on which the operation was performed, the lotion was applied only to the outside of the right eye; but on the following day it was injected between the lids of this eye as well as the other, so as entirely to wash away the retained matter; and the injection was repeated as frequently as before the operation. On the 17th the lids of both eyes were less swollen, and the discharge less profuse. The conjunctiva that surrounded the cornea was less prominent, and the ulceration on its surface, though still apparent, was not increased. On the 19th a considerable hæmorrhage took place from the nose. Three leeches were again ap-

plied to each temple; the purgative medicine was repeated, and also the lotion in the same way as before; but this last was injected only once in three or four hours. The pain was now inconsiderable; and the swelling and discharge gradually diminished after this time. The left cornea was uninjured; and the right speedily recovered its transparency. The ulceration was soon filled up, and the speck which it occasioned, being fortunately above the pupil, did not interrupt vision. Sept. 7th he went into the country in order to recruit his strength, and shortly afterwards returned to his usual avocation, in perfect health, and with the full use of both his eyes.

THE END.

## ERRATA.

- P. 17, L. 1, for *Erisipelas*, read *Erysipelas*.  
 — 24, — 21, for *papers*, read *dissertations*.  
 — 31, — 8, between *differ* and *from*, add *somewhat*,





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IN A LETTER TO  
JAMES M'GREGOR, M. D.  
*Deputy Inspector of Army Hospitals.*

By HENRY REID,  
Surgeon, First Battalion 89th Regiment, and Member  
of the Physico-Chirurgical Society, Dublin.

PORTSEA:

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—♦♦♦—  
1806.

TO JAMES MCGREGOR, M. D.

*Southsea Place,*

PORTSMOUTH.

SIR,

I HAVE endeavoured to comply with your desire in laying before you this essay on the disease of the eyes—a complaint which has pervaded several regiments of the British army with very considerable and alarming progress; but, from the unpleasantness of my situation,\* I fear this statement will not be attended with that accuracy, order, and precision, with which I would have felt the greatest pleasure in submitting it for your perusal and observations.

The 89th Regiment arrived in Ireland, from Egypt, on the 9th of February, 1802, at which

\* That of being obliged to live in the same casemate with three other officers whose unavoidable noise and hours of irregularity were far from being favourable to me, whilst employed in writing this letter.



time we had a great number violently affected with Ophthalmia; but before the month of May we had discharged such men as had sustained any injury of the sight; and I find, upon advertg to my books on this occasion, we had two, three, and four cases of that disease, during some of the months, in the years 1802, 1803, 1804, and 1805; and in the remaining months, in the above years, we had no such disease in the regiment.

We received orders to embark, at Cork, for the West Indies, in July, 1805; when we happened to have two patients affected with the disease, who were received into the general Hospital there. The regiment continued a fortnight on board ship, and was then disembarked; during which time we had not a single instance of the smallest appearance of the disease. It embarked again on the 29th of October, remained on board ship until the month of January, when we were disembarked in Germany; from which place we returned to England in February, 1806. Now, at this

very period I shall beg leave to remark a circumstance deserving some attention:—From the month of July, 1805, when the regiment was embarked for the West Indies, in the Cove of Cork, until its arrival in England from Germany, in February, 1806, we had not the slightest appearance, nor most distant suspicion, of the complaint in the regiment.

The first quarters the regiment occupied were in Margate, in which place, James Moran, at that time a prisoner of war by shipwreck, was the first person affected with ophthalmia. We had two cases besides—one of them belonged to the same company with him—and I have made a most particular and minute enquiry, if Moran or his companions, during their stay in Holland, had been situated where there were any people who complained of a similar disease—or if a part of the 5th regiment, with whom they came over, had any symptoms of the complaint—or if they heard of its prevailing in any town in England, through which they passed in proceeding to

their head-quarters—or if they had been in company with the soldiers of any other regiment on their route who probably might have the disease—and they positively asserted they had not.

I must remark, that these persons got entirely well before the removal of the regiment to the next quarters, which were at Ospringe, and consequently we brought no man to that place labouring under the disease.

The 95th, or Rifle Regiment, occupied the same barracks with the 89th; but I am not sure whether or not they had the complaint among them previous to our arrival; but let that circumstance be as it may, I can positively assert that the first attacks of it appeared among them in Ospringe.

Now, at this period, between the 5th and 20th of April, there were eight new cases in the regiment—in May, only four—in June, seventeen—in July, sixteen—and in the month of August, the enormous increase of seventy; which circumstance I can easily account for,

if my delicacy would permit the explanation. On the 3rd or 4th of August, the 54th regiment arrived in Ospringe, and were quartered in the same barracks with our regiment; which corps had the disease among them at Chelmsford, their last quarters, and absolutely arrived with a good many affected with it. I would be glad to know, could the 89th regiment originally render a corps diseased under the above circumstances, which I am credibly informed was ingeniously insinuated; nay, but what is more, flatly reported that we gave it to them. I would have avoided coupling the state of health of any other regiment with my own in this letter, but I feel myself particularly called on to state the fact.

After the above period the complaint began to increase in the 54th regiment, as it did also in the 89th and 95th; but the 89th were by no means affected equal to the other two regiments.

I have thus far proceeded in laying before you a general out-line of the commencement of



the ophthalmia with our regiment; and as that complaint is attended with great danger to such as may have the misfortune to labour under it, it therefore demands not only much solicitude and attention from the medical men intrusted with its treatment, but also to guard against its making any progress among the healthy, which circumstance demands the most energetic assistance from commanding officers and others—otherwise the best medical efforts will prove fruitless.

I shall now commence stating some general and marked observations on the appearances of the complaint. When a man is first affected there is a simple inflammation of the eye: this inflammation may, or may not, be attended with one of its characteristic symptoms, which is a most unpleasant sensation, as if gravel, sand, or some other extraneous matter was insinuated between the eyelids: this, I believe, may be occasioned merely by the turgidity of the vessels. There may also be or not a great involuntary action of the eye-lids in the

incipient stage; such as, that the patient cannot look at you without repeatedly winking: but this is an action that is sure to occur in some stage of the disease, in consequence of the inflammation increasing in violence, the puncta lachrymalia become impervious, and the vast quantity of lachrymal secretion that takes place in consequence of being denied the natural channel to the nose, runs in great quantities down the cheeks, and as the patient expresses it, "scalding-hot." The rays of light become intolerable, the frontal and temporal muscles become engaged and are affected with a most unpleasant, dull kind of pain; which symptom I have experienced most severely in my own person. Under those circumstances, loss of appetite and fever take place; which last affection keeps pace with the violence of the local inflammation, which, if moderated during the day, it abates; but towards night the patient complains of the sensibility of the eyes returning, when the febrile symptoms also set in, and the night is spent in restlessness, inquietude.

tude, and pain. If rest be procured by artificial means those affections are suspended, but they visit him in the morning. When the active inflammation is in some degree diminished the tears are less in quantity, the eye-lids become closed, particularly in the latter stages, and some times inverted. The secreting surfaces discharge a humour of thick consistence, somewhat resembling cream in colour, the general state of health is much broken down, which evinces the great inflammatory diathesis that accompanies this disease.

There is one very alarming appearance that sometimes takes place in the incipient stage, or shortly after, which is a most violent tumefaction of the superior eye-lid, and has now and then a discoloration or blue aspect. Great fever and shooting pain of the eyes and temples accompany this very different form of the disease. The eye remains entirely closed, great secretions take place, and, from being locked up, their acrimony increases, which, if not particularly attended to and dislodged from

time to time, will ulcerate the surface of the cornea and give exit to the humours. I am strongly led to believe that this great tumefaction takes place in consequence of the large lachrymal gland, which is lodged in the superior and external angle of the orbit, being enlarged by inflammation; and that, from the obstruction given to its secretory powers, this great tumefaction of the superior eye-lid is induced. The blood-vessels, with an additional formation of others, become much enlarged, particularly in the angles of the eyes, and so connected as to form a thick mass. Those cases commencing with the most formidable and alarming appearances have terminated more favourably than medical attendants may be induced to expect: but such cases cannot too strongly engage their most particular attention; and I beg leave to remark, they are the only cases I, by any means, either recommend or use the lancet in, and then only on this congeries of vessels, which affords considerable relief to the patient.



I am now to consider whether or not this disease be infectious and contagious. Though I may not be able decidedly to prove that it is, yet my opinion thereon may be of the greatest assistance, not only to medical but military officers; as it may induce them, on their future observations, to put in practice such precautionary measures, as will arrest the progress of a disease, which, in the course of very little time, defeats the schemes laid down for the operation of an army—a partial instance of which I have already witnessed.\* I must acknowledge I have it not in my power to adduce a single instance where it has been produced by an actual evidence of the matter applied; but, notwithstanding, I am strongly led to believe, that, in consequence of the constant and im-

\* I cannot reprehend with too much severity the conduct of Adjutants and even Sergeant-majors, in some regiments, in intermeddling with the medical department, and making such arrangements, with regard to the sick, as they in their *great wisdom* think fit, to the very great injury of the service, and disappointment of the best devised plans of the medical officers.

mediate habits and communications, the soldiery are obliged to live in, the bed clothes, linen, and more particularly the forage caps, which they often take or accommodate each other with, when they are either too indolent to seek their own or cannot find them, are circumstances alone fully sufficient to communicate it by infection; not to mention the handling of many other articles which must be previously touched by some person infected; at which time they may unthinkingly rub the eyes with their hands, to which small portions of the matter may adhere from the articles handled, or the secreted fluid, by which I mean the tears, may very probably be applied to such articles; which fluid, for ought I know, may have in it more of the infective principle than the thick matter. I have invariably observed, of the numbers affected, that they were the most slovenly and dirty in their persons, and upon an average, for one selected on inspections for the disease from the front rank, there have been ten from the rear—which rank, I believe, in

every regiment, is not always composed of the cleanest and best soldiers; therefore, as far as I have been able to collect from my observations and from other corresponding circumstances, I can have no doubt but that it is highly infectious.\*

I come now to a more difficult task; which is to advance some observations in support of its contagious powers, which must be less plausible, in a practical point of view, than the former; as we are supplied with fewer demonstrative helps in developing the springs of its action.

First, I have to observe, it is during the most active and inflammatory stage that it is most communicative—and by contagion, I mean,

\* Since these pages were fairly transcribed, I have been afforded the opportunity of supporting my theoretical assertions, with regard to infections by practical proofs. Mr. Marshall, my Assistant, applied some matter to his eye, which produced considerable smarting pain and fulness, for the space of an hour; but the disease did not establish itself. He communicated the infection to three other men—two of whom had the regular disease: which circumstances, I should think, will completely establish my theory.

when it appears to be caught by approach; but now I must acknowledge myself ignorant of the laws that assist its communication, nor can it be followed with a sufficient and satisfactory explication, if conveyed through the medium of the air—for so subtle and mysterious is its communication, when we are denied any evident circumstances of its being produced by the tactus or intervention of clothes, or other substances, in this instance, that we are compelled to infer, that its communication must be through the medium of the air—at the same time, I think it may very probably be favoured or assisted by a strong sympathetic disposition; for I have frequently remarked, and have heard the same observed by others, that people, without any complaint of the eyes, on coming into the chamber of such as were affected, the eyes of the former become immediately disagreeably affected, by looking on the diseased. Upon retiring from the chamber, this disagreeable sensation discontinues. Now, Query, Is this sympathy? If granted; then, if those



people, under this sympathetic action, remained in the same chamber, and exposed to the same atmosphere, might not that action of the eyes continue until the active inflammation be established, and consequently become the same disease?

What I have advanced on this head is merely hypothetical, and may appear in a great degree fallacious; yet, though we cannot explain sufficiently practical the mode of its communication, I think it fair to advance such conjectures as may appear probable—at the same time, not permitting our fancy to mislead our reason—and I must close this paragraph with saying, that, as far as it came within my comprehension to consider the subject, I am almost led to confess that the disease of the eyes, with which the soldiery have been affected so very suddenly and generally, is, in my humble opinion, contagious.

### TREATMENT.

THERE have been many applications resorted to by practitioners for the cure and alleviation of this complaint; the virtues of some of which have been greatly extolled by them: but I am sorry to say, they have, in a great number of instances, been as blind as their patients—and the patients, on the other hand, from an anxiety to get well, expressed a sense of relief from every new-tried application; but as far as I have been able to collect, by observation on others, and from having laboured under the disease myself in a climate by many degrees less friendly to it, I have been ever since the warm advocate for the mildest and most soothing local applications; and I am happy to state I have every inducement not to alter my opinion of the merits of their advantages, having the pleasing reflection, that not a single instance has occurred where a fellow-creature has suffered the privation of that

most inestimable blessing, vision, or even the the smallest specks formed on the cornea, while I continued to have them under my management since my return from Egypt, in 1802, and it has fallen to my lot to have numbers under my care in that disease, particularly since our arrival in England.—Whereas I am credibly informed some regiments have been very unfortunate. A few cases I have witnessed myself of a most distressing nature, where vision has been totally destroyed, occasioned by ulcerations of the cornea, or by its thickening or opacity, attended with a diseased state of the conjunctiva.

It is an object of the greatest importance to have the patient as soon as possible under your care ; for which purpose I and my assistants have been in the constant habit of frequently inspecting the ranks, as the attention of non-commissioned officers, on a point of so much importance, as the health of a corps, cannot be relied on. In consequence of having them so soon under my care, I have, in a great measure,

shortened the period of the disease, by dropping into the eye, from a quill, the tincture of opium alone ; by which I have, in many instances, put a termination to the disease on the third day. But I shall treat more of the effects of opium in its proper place, as the general application of it cannot, by any means, be depended on. However, in the very commencement, it may be tried, and I have seen good effects from it without resorting to any other collateral helps. Though it may be tried generally in the incipient stages, the other methods for arresting the progress of the disease should, by no means be neglected, but put in practice as speedily as possible.

I commence with bleeding, to the quantity of seventeen or eighteen ounces, and towards the evening I open the bowels briskly with salts, which I would recommend in preference to any other cathartic, as this medicine must often be administered during the prevalence of the disease : for I have frequently observed that calomel combined with other



purgative medicines more suddenly wear down the patient, and often do more than you intend. I bleed the second and third day in general, but afterwards only as the circumstance of the case require; at the same time, still preserving a regularity of the bowels. The diet should be low; and if much irritation of the eye exists, fomentations of warm water should be constantly applied. If great and involuntary action of the eye-lids takes place, I would not introduce the tincture of opium, as many have done, nor any other stimulating liquid; but apply immediately a large hot poultice, which should be pretty often changed. After these applications the patient invariably expresses great relief. It has often struck me, and I am strongly led to believe it, that the great pain and irritation is not confined alone to the inflammation of the minute blood vessels, but to the whole of the small glands with which the conjunctiva is connected, for the case I have related, in the symptoms, of the great tumefaction of the superior eye-lid, in some degree,

corroborates my opinion. It is a matter of great importance, in the first stage of the ophthalmia, not to deplete too much nor too frequently, by either bleeding or purging, as this practice often proves injurious; for the cilia, in many instances, become inverted, and the disease continues a long time stationary: and, even when you procure the elevation of the lids, if the sight be not destroyed, no stimulant you can apply will rouse the old and habitual inflamed vessels to take on them a new and absorbent action till the general health be, in some degree, recovered.

I continue to apply frequently the bread and milk poultice during the day, and between the applications I have the secreted matter washed away with warm water. When I wish to procure rest, which the patient often stands in need of, I give the opium combined with antimonial powder, or the tinctura opii cum vino antimoniale, as it renders the skin cool and moist; whereas the the opium alone, parches it, increases excite-

ment, and very often, without producing the smallest abatement of pain. With respect to the application of opium to the eyes, I make a solution of the gum opii in simple water, which I strain, and drop into the eyes occasionally, when there is a considerable degree of inflammation existing. As soon as the active stage of the inflammation is suppressed, I use a weak solution of the sulphas zinci, which is introduced into the eye by a quill, and have experienced happy effects from it. If the inflammation continues obstinate, I wait till it has ran its regular course and then commence using the solutio sulphatis zinci in the manner above described. If it should not put on a disposition to get well by this gentle mode of treatment, but show an inclination to assume a chronic form, I introduce a weak solution of the hyarargyrus muriatus, the strength of which I increase or diminish according to the effects or action it may produce on the eye, at the same time commence with the use of the bark.

I beg leave to remark, that the moment any of the acute cases begin to put on a convalescent aspect, I remove them from the ward in which they laboured under the first stages of the disease, to another; when they have remained sufficiently long in that I remove them to the third, or a still more convalescent ward. Should any relapses appear to take place in the mean time among any of them, I immediately return such to the first, or acute ward again.

I select all the chronic cases, or such as seem to be much affected or liable to a relapse, and put them into a separate ward, give them a full regimen and administer the bark; as I am directed more from the general appearances of the health with respect to the diet than from any appearances the eyes may have in the majority of cases.

I cannot too strongly urge the necessity that appears to me for attending most particularly to the removal and classification of the cases in the manner I have stated, when even the smallest



appearance of convalescence begins to take place; as I have had the pleasure to observe the most favourable approaches towards the full establishment of a cure result from that practice; and do therefore recommend it most strenuously to be attended to, as well as to preserve the the wards allotted for the first stages as thin as possible. Having always observed when crowded that the air has become very unfriendly to the whole of the cases, many of which often put on an appearance of getting worse, and such as shewed the smallest disposition to recovery, the amendment was very slow and could not be accomplished without a removal, which strongly argues for it on the most trifling disposition to convalescence. I cannot too strongly impress the great necessity there is not only for the strictest personal cleanliness, but also of every other article in the wards, by frequently washing and scouring them with warm water, &c. as well as white-washing the walls occasionally. The state of the atmosphere in the acute wards, as above hinted at, precludes

any necessity, on my part, for the recommendation of fumigation, the repetition of which will be attended with the most sensible advantages.

I shall now take the liberty of contrasting the foregoing mode of practice with the following, the bad effects of which practice is obvious. I have seen instances where the eyes have been constantly bathed with a solution of cerussa acetata, and cloths kept constantly wet with it, and applied to them; but I have never known any advantages result from the well-meaning intentions of the prescribers; on the contrary, in my opinion, the greatest injury is the consequence—for the superior eye-lid becomes hardened, and sometimes inverted—which is naturally the case when strong saturnine solutions are applied: and, in consequence of this hardened state of the eye-lid preventing its elevation, the eye must remain closed during the whole stage of the disease, and the matter pent up must become more acrimonious, through the medium of its natural process, and from the exposition

of it to the cornea and conjunctiva; both of which it must ulcerate, give exit to the humours, and the natural event is the destruction of vision. If this calamity do not take place, the opacity of the cornea will; which is equally destructive to sight; and the only consolation left for our feelings, is, that the deformity does not occur in so great a degree.

In the swoln or puffy affection that I have mentioned in the symptoms, the poultice should be often applied; frequent and gentle injections of warm water should be thrown in between the lids, with a syringe, in order to wash away the abundance of secreted matter. The fever should be moderated in the mode I have stated; and the large mass of vessels which forms in the angles of the eye and approach the cornea lucida, should be scarified. After which operation the eye must be constantly fomented with warm water, to promote the bleeding as it greatly relieves the patient. This scarification most likely prevents those vessels from enlarging to such a degree that they otherwise might very probably cover the whole surface of the cornea.

The great advantages that are derived from the emollient poultices, even in the old and contracted cases, are, that they soften the state of the palpebræ, release great quantities of matter, which is rendered more mild and harmless, and enable the patient to open his eyes in a dark chamber, though closed for a long time before. In such cases also I would strenuously recommend the tepid bath, having seen the happiest effects from it in a variety of instances.

I shall now proceed to state what has fallen under my observations from the use of blisters, setons, shaving the head, opening the temporal arteries, bark, and calomel.

I have applied blisters behind the ears and on the temples separately; I have also applied them on the temples, so as to extend pretty high up, approach the eye-brow, project behind the ears, and come down the side of the face as far as the tip of the ear; I have applied them to the ligamentum nuchæ; have shaved the entire head, and applied them



from the vertex capitis down on the neck : but, instead of relief being produced by them, whether in the incipient, middle or chronic stage, I have uniformly remarked the consequences have been, a greater degree of irritability of the system, and a considerable increase of inflammation of the eyes ; so that I can positively assert I have not observed any good effects result from them, either at the time of their operation, or at any subsequent period ; so that, in the treatment of this disease, I have entirely laid aside the application of them, as they not only kept up local, but general irritability to which the system was too much previously disposed.

The heads of a great number have been shaved and kept washed with cold water. The eyes of some have appeared to have derived a little strength by this partial ablution ; but it did not continue to encrease, as the eyes returned to the same state they were in previous to the practice of it, as soon as the novelty or shock of it became habitual to the system.

I have also tried the cold bath with a great number of the convalescents, in the summer months, whose eyes, after the second or third immersion, have appeared, in some degree, strengthened ; but afterwards, a secondary inflammation came on, which particularly affected those of a scrophulous disposition, who, on the slightest exposure to cold air, experienced a renewal of the complaint.

The use of setons I have tried in about eighty cases of different descriptions, with as little success as the blisters, and have uniformly found that they have acted as the source of irritation ; and, on that account, have discarded them altogether.

The temporal arteries I have often opened, but no decrease of the local inflammation has accrued from this operation.

A partial salivation I have sometimes produced, which appeared to give a diversion to the disease : but this was not permanent. The only advantage calomel seems to possess, is, when given as an alterative when the tarsis

or glandulæ ciliares are affected by the violence of the diseases; and as local application, I would recommend a weak ointment of the hydrargyrus nitratus ruber.

I have given the bark, in large, and in small quantities, to patients of a scrophulous habit, and otherwise; but never until they took on them the chronic form, or were much reduced in their general state of health. It gives general tone to the fibres, and assists in rallying the feeble and remaining powers of the constitution; therefore submit it to the judgment of the practitioner, when, and in what cases, he may think it most proper to be administered.

From what I have offered to your notice in these pages, I shall, in a summary manner, collect such circumstances as appear to me the leading objects that I would recommend to be attended to: first, to get the patient as soon as possible under your care; to bleed and physic with judgment in the first stages; to pay the strictest attention to cleanliness; and a quick removal to the convalescent wards; when the

slightest appearance of a disposition to recovery evinces itself; to attend most minutely to a classification of the cases, to prevent, if possible, the disease from running into a chronic stage; to moderate the fever when it occurs; and, when the general health is much impaired, to assist the feeble and remaining powers in recovering themselves.

*"Vive, vale. Si quid novisti rectius istis,*

*"Candidus imperti: si non, his utere mecum."*

What I have laid before you, Sir, in the foregoing pages, I fear may fall far short of your expectations, and have very little to recommend it, in many respects, independent of the stile in which it is written; but the only apology I can offer in submitting it to your perusal is the great success which has attended the mode of practice I have pursued.

I shall now beg leave to submit, for your information, a statement of the number admitted and discharged, since our arrival in England, who, with the exception of those left at Ospringe, were treated according to the



plan here laid down, not one of whom has sustained the smallest injury of the sight.

In March, the number admitted were 3

April . . . . . 8

May . . . . . 4

June . . . . . 17

July . . . . . 16

August . . . . . 70

September . . . . . 104

October . . . . . 114

November . . . . . 70

December, up to the 24th . . 89

Total admitted . . 495

Discharged cured . . 410

Remaining in hospital . 85\*

Of the number of cases of the ophthalmia, left at Ospringe, when we marched to Ramsgate for embarkation, forty-eight are still there; and the following is a correct Report of their state, dated December 23d.

\* This statement includes those remaining at Ospringe.

13 Free of that disease,

1 Blind,

1 Blind, with slight hopes of recovery,

1 Blind of one eye,

32 Still labouring under the disease.

Permit me, Sir, before I conclude, (and I trust I shall be excused for paying this my little tribute of respect) to express to you the high sense of obligation I consider myself under for the many useful, judicious, and practical observations you have communicated to me on your frequent visits, and always with that degree of politeness and candour, of which I hope I shall ever feel fully sensible.

I hope I may be indulged with the liberty of recommending to your notice Mess. M'Kechie and Marshall, my Assistants, with whose professional attentions I have every reason to feel highly pleased, which I hope you will not fail in taking the earliest opportunity of communicating to the Army Medical Board; for, in justice to those gentlemen, I think them, in every respect, highly worthy of the imitation of the junior medical officers of the army.

Wishing you every professional success,  
allow me, Sir, to subscribe myself, with the  
highest sentiments of respect and esteem,

Your most obedient

and

Most humble

Servant,

HENRY REID.

Fort Cumberland, Portsmouth,

December 26, 1806.

PRINTED BY J. HURLEY, FORTSEA.

# IDENTITIES ASCERTAINED;

OR,

AN ILLUSTRATION

OF

MR. WARE'S OPINION

RESPECTING

THE SAMENESS OF INFECTION IN

VENEREAL GONORRHŒA,

AND

THE OPHTHALMIA OF EGYPT:

WITH

AN EXAMINATION OF AFFINITY

BETWEEN

ANTIENT LEPROSY AND LUES.

LONDON:

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## PREFACE.

THE subjects that are discussed in the following tract must be acknowledged to be interesting to every individual. Egyptian Ophthalmia was a disease, from the terrors of which no person could feel secure. If the principles that are maintained be correct, it is a disease, from which few, above the common class of society, can have any thing to apprehend.

The inquiry respecting Leprosy and Lues may not be very important in the present day, when the admission of identity cannot confer any improvement on the practical management, than which, nothing in medicine has been brought nearer to per-



fection: yet every thing that is curious must be intitled to attention. The antiquarian, at least, will feel an interest in such an investigation.

In commenting on the relations, or distinctions, of these several complaints, the question of sameness or separation, in the infections of gonorrhœa and lues unavoidably arises. Considering the frequency of those diseases, it is a matter of astonishment, that the contention, in which the first authorities have been divided, should have continued for such a length of time—a contention by no means unimportant in circumstances with which it may often be implicated. Cases frequently occur, in which, for the satisfaction of individuals, and the exposition of the sources of venereal injury, it may be very essential to identify or distinguish the species of poison. The dispute must be for ever at

rest, if the sameness of contagion in gonorrhœa and Egyptian ophthalmia be admitted. The latter infection is never productive of primary venereal ulcers—it cannot therefore be the infection of lues.

The author does not lay claim to much originality. He has endeavoured to illustrate and explain, by combination of principles which had been separately supported by others, opinions that were not easily comprehended without such connection. He thinks, however, he has brought forward a new idea in the circumstance, on which is grounded his elucidation of the distinction that had been conceived between leprosy and lues. He has not asserted any new facts that should require the responsibility of a name; but has sustained, by admitted positions, and probable conjectures, a chain of argument, for which he requests an indulgent perusal.

He is aware that his effort is a mere sketch, which the avocations of a laborious profession cannot permit him to extend.

## IDENTITIES ASCERTAINED,

&c. &c. &c.

IN this age of society, the occurrence of a new disease in any country, is a phenomenon, which may be classed among the rarest. Whenever it is supposed to happen, the attention of medical men will be earnestly directed towards it. Were the disease even of little importance, particular curiosity would be attracted by it; and almost equal interest will be excited concerning any disease, which, although not new in the world, has, by accident, been transplanted to a country, where it was supposed to be unknown. But when a suspected addition to the infirmities of human



nature is added to the overloaded catalogue, under a form most terrific, in respect both to the risk of its being contracted, and the horrible malignity of its symptoms, the spirit of anxious enquiry, and serious investigation, will be roused in an extraordinary degree. Such a disease is that disorder of the eyes, which has been prevalent in this country for some years, and is now distinguished by the names of Egyptian or Purulent Ophthalmia. It is ascribed to the communication that was established with Egypt, in our successful efforts to expel the French from that territory. It is very different from common inflammation of the eyes, and accords, in its symptoms, progress, and termination, with the disorder that had been long considered endemic in Egypt, and to the ruinous ravages of which, every traveller in that extraordinary country has borne testimony.

The ophthalmia of Egypt has often been attributed to the arid state of the atmosphere, where softening rains are seldom known; and to the abrasion of the external tunic of the eye, by the piercing particles of subtile sand, forcibly impelled upon the organ by scorching winds. But a more intimate acquaintance with its appearances, and with the circumstances under which it is most apt to be conveyed, were convincing to the observant practitioners of our army, that the disease did not originate from local peculiarities of air, but was propagated by contagion. It was a disease, which might easily be avoided in Egypt, under every exposure to atmosphere alone—it is a disease, which unfortunately continued to display itself among our victorious troops, after their return to a different climate, and has extended its ravages, by infection, to whole regiments in Great Britain—a disease, that from the

military has been transmitted to private life, and is regarded with universal apprehension.

The attention of several men of capacity and observation, has been directed to this complaint, and valuable tracts have been written upon it. Dr. Vetch and Mr. Ware in particular, have done much towards investigating its nature, and recommending means for mitigating its symptoms. The former, in his account of "The Ophthalmia which has appeared in England since the return of the Army from Egypt," furnishes a specimen of clear and unaffected description, nice discrimination, and judicious management. The latter, in his treatise on "Purulent Ophthalmia," has given to the world another specimen of that professional ingenuity, and sound judgment, with which it was well acquainted. Dr. Vetch is of opinion that the disease pro-

ceeds, in every instance, from the contact of infectious matter—Mr. Ware is convinced, that infectious matter is the general cause of it. They are agreed in thinking, that it is a disease, which, in all instances, yields a matter infectious to the eyes of other people. Dr. Vetch takes notice of the similarity, in some respects, between the disease and that disorder in the urethra, which is produced by the matter of virulent gonorrhœa—Mr. Ware carries the connection to a greater length, and has endeavoured to establish the complete identity of the two infections: he has given body to a suspicion, which must be regarded with great respect, from deference to the high authority by which it is promulgated; but ought, at the same time, to be weighed with jealous distrust, from reflection on the important conclusions in theory and practice to which it would lead, and the imputation on the



moral conduct of many individuals, that would result from it. The question is entitled to most cautious consideration.

It may be laid down as a fixed position, that if the disease is capable of being communicated by infection, it is incapable of originating in any individual without infection. Of local contagious diseases, there are none which can arise, where the specific poison has not been applied. If it be ascertained, that this ophthalmia can be diffused by contagious matter around an entire corps, while another regiment under similar circumstances of situation, with respect to air, water, provisions, and soil, shall remain perfectly free from it; it surely will not be denied, that the disease is a disease of contagion only, and unsusceptible of being produced by other means. The fact appears to be clearly ascertained by gentlemen, whose line of prac-

tice afforded them the greatest opportunities of being conversant with it. As well then might it be suspected that the small pox, the chicken or the vaccine pox, the measles, the scarlet fever, the lues, or the itch, should originate without the application of their particular poisons. It may be doubted, whether any disease whatever that is contagious, can arise from any other cause than the specific contagion. There might be a dispute about some conditions of general fever, of which the contagion has been supposed to be generated under certain circumstances; but the argument would not be relevant to the present purpose. Respecting these diseases, that display themselves by irruptions and other local affections, no doubt can be entertained. If then the ophthalmia of Egypt be a disease of infection, and that infection the same as the matter of virulent gonorrhoea, how does it happen that the disorder

does not display itself more commonly in conjunction with gonorrhœa? And in what manner shall it be accounted for in cases, where there has been no manifest exposure to the matter of ophthalmia, and where a suspicion of gonorrhœa could not enter into the mind?

Mr. Ware is of opinion, that in numerous instances of patients who have come under his care for purulent ophthalmia, he has been able to trace the existence of corresponding disease in the urethra, or vagina; and he has ascribed the infection of the eyes in such cases, to the accidental conveyance of matter from the other parts, by the finger, or other means. But if the communication of the disease, by such conveyance, could in any instance take place, it would inevitably be taking place so very often, that the ophthalmia could not have been considered as a new disease. It

must have been frequent at all periods since the gonorrhœa was known. From the effect in regiments, where the communication of ophthalmic matter is made, by washing in the same water, reposing on the same pillow, or using the same towel, the eyes appear to be as readily susceptible of that infection, as the urethra, or vagina are of the infection of gonorrhœa. If then the matters be the same, and contamination from the eyes could take place, as Mr. Ware has suspected, by conveyance from the other parts, there is no person having gonorrhœa could be secure from the translation of the disease, during the many weeks, and often months, of gonorrhœa continuing in a virulent condition, yielding a very profuse discharge. Who, even for a night could be secure against putting an infected finger to the eye? With the greatest attention to cleanliness, the communication would be very frequent, even



among the better orders of society: but when the filth and carelessness of the lower descriptions of people, and especially of that unfortunate class of females who live in the habits of low prostitution, are considered, it will appear impossible, that a single instance could pass over among such orders of individuals, without the diseases in the urinary canal and the eye becoming conjoined. Before a disease of such extraordinary length as gonorrhoea could extend itself, the ophthalmic affection must be contracted by all. In like manner every ophthalmia would extend itself to the urethra, and the two diseases would invariably go together. The Egyptian disease could not have been considered as one, with which we were unacquainted in this country.

There is, however, much similarity between these diseases, Dr. Vetch, without

intimating any suspicion of the infection being the same, has commented on their resemblance. Both are attended, from the beginning, with a discharge of purulent matter. They commence by small degrees, and increase in a few days to a violence of symptoms, which are of the same description in each, and only differ from difference in the parts affected. An excessive condition of local inflammation is equally manifest, in the inner surface of the urethra, and on that coat that lines the eyelid, and externally covers the eye. Both diseases run on to a period of long duration, and when they have so much abated as almost to have disappeared, are alike capable of being renewed by accident or indiscretion, so as to regain their former malignity. In both, infection towards other people appears to remain, when the symptoms have so much subsided as to be no longer an inconvenience to the indivi-

dual affected. Mr. Ware maintains their general identity to the full extent, and was chiefly led to that opinion, by the similarity between the Egyptian disease and the ophthalmia of infants, contracted at the time of birth, when the mother had been unsound. All these are strong grounds of presumption, and amount almost to complete evidence. Yet how are we to acquiesce in the identity, unless some principle is laid down, which shall be sufficient to explain the reason of the diseases appearing so seldom together in one subject?

Such a principle there is, to which the world has not paid sufficient attention. It was ascertained and established some years ago by Mr. Jesse Foot, a gentleman of great professional acuteness, in whose wide variety of works, there are many parts from which a multitude of his readers will dissent; but in all, there are testimonies

of learning, penetration, depth of mind, and practical knowledge, to which every man must accede. It is a principle of extensive influence, which will obviate every difficulty, and contribute to illustrate the means of propagation in both affections.

The principle to which allusion is now made, was disclosed by Mr. Foot, in a short publication, under the title of his *newly discovered Fact*, some years ago; and consisted in this position, that the matters of gonorrhœa or chancre are not capable of producing any effect on any other part of the body *of that individual from whom they are derived*. The animal body cannot contract, in a new situation, these poisons, from matter yielded by itself. When there are profuse discharges from virulent gonorrhœa or corroding chancres, the application of matter must be made, in almost every instance, to various parts of the



body, and even to surfaces as susceptible of being acted upon, as these of the *puenda* of either sex. The *tunica conjunctiva* of the eyes is equally susceptible—the lips are susceptible—the nipples of a woman are susceptible—the anus is susceptible. But these diseases are never communicated to these parts from any persons own body. A chancre in the glans penis is never communicated to the præpuce, where there is a perpetual point of contact. It was supposed that contiguity of situation rendered parts unsusceptible. This was endeavouring to account, in a very superficial way, for what could not be comprehended: for it had never been presumed, that every part of the identical body was equally unsusceptible as parts in the neighbourhood. It was a limited assent to that principle, which is general over the body—an acknowledgment extorted from observation of matter being in constant application to the neigh-

bouring parts, without any effect being produced upon them. The inability, however, of receiving impression from the poison, does not depend on contiguity or remoteness, but is universal over the surface. When this is admitted, there will be no difficulty in conceiving the matters of gonorrhœa and of purulent ophthalmia to be the same, although they are so seldom known to have occurred together in the same subject.

Let the poison of purulent ophthalmia and of virulent gonorrhœa be considered the same, and that every secreting surface of the body is capable of being affected by the matter of these different forms of disease, from the body of another person. The customary seat of that matter in Europe, has been the secreting surfaces that appertain to the organs of generation in men and women, and from its inability

to affect other parts of the same body, it has been confined to these organs. The communication of infection has been by the intercourse of these organs in the act of copulation; as even among the most filthy and depraved, the risk of contamination to the eyes of one individual from the matter of another person's gonorrhœa, could not be very frequent. The contagion would come at last to be regarded as having relation to the urinary canal, and incapable of sustaining itself in any other part. Such has been the case with respect to gonorrhœa.

But let it also be supposed, that in another country this infection has, from its origin, had general footing, not in the urinary canal, but in the *conjunctiva* of the eyes as its customary seat. In that case, the communication of infection would take place, not by the intercourse of the sexes,

as happens to gonorrhœal matter, but from a promiscuous use of towels or handkerchiefs, from washing in the same water, or laying the head upon the same bolster—from these, and similar habits, which are very common among the lower classes in every country, but among soldiers in particular. Such a disease once implanted in the eyes of a dirty multitude, would be as likely to be propagated in that situation, as in the genitals of another people: and such appears to be the condition of ophthalmia in Egypt.

It is as easy to conceive the poison of gonorrhœa attached to the eyes, as to the urinary organs. It is as much connected with the eyes in Egypt, as with the urethra or vagina in Europe. From communication with the military, who had contracted the disorder in Egypt, it has got a certain degree of footing in the eyes in this coun-



try. It has gained possession of ground, from which it will not be easily expelled. Yet as its nature is now understood, and, unlike to common gonorrhœa, it cannot be kept concealed, but is always in view displaying a *caveto* in front; much may be done towards the accomplishment of that desirable object.

While Mr. Ware has acknowledged his decided opinion, that purulent ophthalmia, in general, proceeds from actual application of a particular poison, which he believes to be the same as the poison of gonorrhœa, he does not mean to attribute every ophthalmia of that description to such a cause. He is aware, "that it has sometimes occurred, and in the most violent degree, where no such circumstance could be suspected: but in the far greater number of adults whom he has seen affected by it, if the disorder had not been

produced by the application of morbid matter from a diseased eye, he has been able to trace a connection between the ophthalmia and some degree of morbid affection in the urinary canal."

Surely a man of Mr. Ware's customary accuracy and general information cannot seriously maintain, that a disease which proceeds from the poison of virulent gonorrhœa, should ever be discovered to have arisen, either in the urinary canal or in the eyes, from any other cause, than the positive application of the specific contagion. The idea would be inconsistent with every conclusion, that has at any time been drawn from the most attentive investigation of morbid infections. The admission may be intended as a salvo to the unphilosophic delicacy of silly fashionables, who might not relish the imputation of having a clap in the eye—an imputation

that might be still less acceptable, from being connected with a suspicion of something amiss in the lower regions.

There would indeed, to weak minds, be something awkward in asking advice under such circumstances. The patient, with trembling apprehension, might say, "I hope, Mr. Oculist, my complaint is not an ophthalmy?" The oculist, with becoming candour, would reply, "Indeed, madam, it is of that kind." "Dear sir, you alarm me very much." "I cannot help it, madam,—humanity to your ladyship requires me to speak out. Your disorder is a true ophthalmy, which must have had its source in another quarter—Take the advice of a surgeon." "I have no other complaint." "You must be mistaken, madam. Disorders may be latent and scarcely perceptible, but there is no effect without a cause—Take the advice of

a surgeon." From this unpleasant dilemma, both patients and oculists are secure, if the principle that has been maintained be correct, of the eye being unsusceptible of infection from another part of the same body—The patient would be rescued from the suspicion of a foul and filthy concomitant disease, most commonly the result of immoral conduct.

It will probably be advanced, that cases of purulent ophthalmy have occurred to men in extensive practice, where there was not a possibility of tracing connection with any source from which the disease had been derived by infection; and that in such cases the disorder must have proceeded from some other cause.

It is to be remembered that the disease is almost a new one in this country, and that its characteristic distinctions are only



beginning to be ascertained. Different inflammations in the eyes have considerable resemblance to each other, and a purulent discharge may take place in many instances of common irritation. Inflammatory discharges from the urethra, which the nicest discrimination can scarcely distinguish from virulent gonorrhœa, are not uncommon. There is a natural horror of a new disease, especially when its symptoms are of a terrific kind, which is apt, before its specific distinctions are clearly made out, to draw under the class of that disease, every thing that approaches to the nature of it. Much has been said about this complaint, where it had no existence; and common inflammation of the eyes has often been confounded with it. To mistake a less serious ailment, for a consuming pestilence, of which every body is afraid, is an error on the safe side. Within the last year there has been an epidemic inflamma-

tion of the eyes, which in many cases was of great severity, and often treated as a slighter degree of the Egyptian ophthalmia—every thing has been ophthalmia. Men will be more cautious in applying that denomination, when it is generally understood that the disease can proceed from infection only—and infection of such a kind. If it could in any case have arisen from common causes of irritation, it must have been as often produced by such causes before the expedition to Egypt, as subsequently to that period, and could not have been regarded as a new disease.

The disease is, in fact, not absolutely a new one even in this country. Long before our intercourse with Egypt, a disease, which was happily a very rare one, had been described under the title of the gonorrhœa of the eye. That disorder was never considered a disease of common irri-

tation, but connected with gonorrhœa, and is now known to have been the same as purulent ophthalmia. It was equally violent in its symptoms, and destructive in its consequences. It was frequently supposed to proceed, not from the positive application of gonorrhœal matter to the eye, but from a rare sympathy called *metastasis*, or translation of action from the urethra to the eye. This wild hypothesis probably proceeded from the rareness of the complaint, which few practitioners had any opportunity of seeing. It might naturally be concluded, that if it had happened from contact of matter from the urethra, the cause would be occurring so often, that the instances must be very numerous. It could not have been the disease of one in a thousand only that had gonorrhœa; but the odds would have been much against the chance of any individual, under that complaint, escaping it.

The supporters of that hypothesis were not aware, that the matter, to take effect, must be derived from the gonorrhœa of another individual: and the application of infection from the urethra of one to the eyes of another, was an accident that could not often be committed. Sometimes, however, in the intercourse between man and woman it might happen, and from that cause, before Egyptian ophthalmia was imported, proceeded a disease which was a terrible infliction on its unfortunate victims. It was not a disease that had been translated from the urethra, but a disease proceeding from gonorrhœal matter, of which the application had been made by accident to the eye, at the same time as to the urinary canal; and sometimes it might occur when that canal had escaped. Every contact does not make impression. The pre-existence of the disease under such circumstances, supplies a strong corroboration.



ration of the identities which are now maintained.

In Egypt the contagion of purulent ophthalmia has long had possession of the eyes, which probably were its original seat, from which it had been transplanted to the urinary canal. It appears to have existed in the eyes before it was known in the urinary canal, therefore the first may be fairly considered as its primary residence. When it came to be distinguished in its new situation, under the name of gonorrhœa, it was very generally considered to proceed from the same kind of infection as that which causes *lues venerea*, and both were comprehended under the denomination of the venereal disease. Every body knows that the primary symptom of lues, in most cases, is a corroding ulcer, called chancre; and that in every instance, there is an absorption of virus which contami-

nates the system, and produces what has been called a confirmed pox. Now it may be asked—If purulent ophthalmia be the same kind of affection as gonorrhœa, and the contagion of gonorrhœa the same as that of lues, whence comes it, that the matter of ophthalmia never operates to produce chancres about the eye, or any other affection that would be followed by a contamination of the general system? Before this most important question is answered, it will be proper to consider, whether or not gonorrhœa and lues are in reality different conditions of the same disease.

These diseases had for a length of time been uniformly considered the same. They are equally loathsome and offensive—contracted by the same means, and sometimes blended in the same subject. Yet in many respects they are so essentially different, that doubts of the identity began at last

to arise among men of observation, which, in spite of prejudice and preconceived opinion, have continued to gain ground, till in the present day, the prevalence of sentiment is against the sameness of the infections. It is not intended to enumerate the arguments on either side, but merely to bring forward such obvious grounds of difference as furnish testimony that cannot be controverted, and carry conviction to the mind.

It will be universally admitted that they appear very different diseases in their symptoms, progress, and termination. If they originated in the same manner, and were different forms of the same disease, they might be expected to run frequently into each other, and to require for their cure the operation of the same remedy. But, on the contrary, gonorrhœa is in no instance followed by general contamination,

—while chancre would be so followed in every instance. The system has, within itself, in all cases, a power of extinguishing gonorrhœa—while chancre, left to itself, would for ever be in a state of increase. Gonorrhœa is not known but as a local disease, which expires after a natural progress without any remedy having been employed—while the other, from a primary local affection poisons the whole habit, and leads to inevitable destruction, unless the specific remedy be applied.

These distinctions, so strongly marked, have been endeavoured to be accounted for by the difference of the parts affected: but that must seem a very incompetent reason to an enquiring mind. There is nothing in our knowledge of the operation of morbid poisons that can warrant the conclusion. The discrimination between the action of the matter on a secreting



surface, and on the skin of other parts, is very unsatisfactory. No man will doubt that the matter of a virulent chancre from the *frænum* of one man, applied to the surface of a sound ulcer on any part of the body of another man, would convert that ulcer into a venereal sore—yet an ulcer is a secreting surface—every part of the surface of the skin is in a greater or less degree a secreting surface—the lining of the præpuce is surely a secreting surface. If the argument had gone to the probability of particular surfaces, where, from the want of evaporation, and from a more profuse secretion than on the general surface, perpetual moisture is kept up, having frequently the means of throwing off an infectious matter, so as to prevent it from acting on the animal fibre, such a quality might have been admitted. But that the action, when it cannot be prevented by the natural defence of such sur-

faces, should be so different in every respect from venereal action in every other part, is not to be conceived. The greater irritability of parts where cuticle is wanting, and which on that account come nearer to the condition of an actual sore, might be expected to increase the susceptibility of inveterate virulence.

If the two diseases were capable of proceeding from the same matter, it is impossible that they should not more frequently happen together. But the coincidence of gonorrhœa and chancre is very rare. It does not occur, from the same act of intercourse, in one of twenty cases; and when occurring, may be supposed to proceed from the individual, by whom the diseases were communicated, having been infected with both. It is well known how easily infection is conveyed; and that a sound person has very little chance of

escaping, in the performance of the venereal act with another that is unsound, whether the affection be gonorrhœa or chancre. How then should it happen, that a poison of such activity, if it were the same in both, but capable of producing different impressions on different parts, should give testimony of its virulence, in the great multitude of cases, by one affection only, when on all occasions it must be equally applied to surfaces that are susceptible of the other kind of affection? No previous disease can here be adduced to account for the unsusceptibility of contiguous parts. An acrid venom springing from another body, and applied in the same moment to both descriptions of surface, could not fail to become the source of both affections in almost every instance, if both could originate in the same contagion.

It is also to be recollected that the diseases did not originally become known at the same time. There is no mention of gonorrhœa for many years after numerous volumes had been written on lues. Is it possible that a form of the disease, at least in equal degree likely to be noticed, from the extreme acrimony of its nature and even greater frequency of occurrence, should have remained unattended to for fifty or sixty years, during a condition of universal consternation respecting a new disease of which it formed a part? Or can any body be so credulous as to think that the specific poison, although the same, did not shew itself in gonorrhœa for half a century after lues had become common? Is it to be believed, either that gonorrhœa did not occur during such a length of time, or that if it did occur, a disorder so loathsome, so tedious, so painful, and so infectious, should have



remained, during that period, unheeded and undescribed? Easy of faith indeed must be any man who can answer these questions in the affirmative.

But the sticklers for the identity of the matters of infection have contended, that instances have come within their own knowledge, of gonorrhœa or chancre contracted from the other affection in the opposite sex. This is a kind of argument to which it is difficult to reply, for if you do not accede to it, you charge the employer of it with an untruth. Yet it is an argument to be much suspected in medical discussion. It is a screen to which disputants are apt to fly when they are hard pushed. The parties maintaining it, are so convinced of the fact they are labouring to support, that they are not conscious of any intended fraud. They have permitted themselves to be deceived, and become active in deceiving others. In like

manner, it too often happens, that medical case-makers frame their reports to some particular theory they have adopted, and are seldom aware of the perversions of truth to which they frequently give circulation. With respect to the subject under discussion, that examination, on which alone an assertion should be founded, cannot easily be made in a manner that would be completely satisfactory. It must be correct with regard both to a man and woman. Towards the latter at least, it is attended with an indelicacy against which the mind revolts, and which will generally occasion it to be performed in a superficial manner. The most correct examination of which the parts are capable, may not always be sufficient to ascertain the truth: After having obtained what might be deemed the best information, you have but the assurance of the parties themselves, of their having had connection

only with each other. The mystery that envelopes these transactions has raised much difficulty to the inquiry. A woman may have the opposite disease, or neither, and a man may have received his malady from matter she had recently contracted by a previous connection. Among even the most prostituted class, there is a systematic disinclination to avow the naked truth.

To sum up the difficulties respecting this kind of proof, it may be stated, that those most conversant with the practical examination of venereal cases, have disagreed in their opinions respecting the sameness of the matters. There has been examination against examination, and assertion against assertion. Each party has been equally positive.

Mr. Hunter adopted the idea of the in-

fections being the same, and has supported his opinion with that ingenuity and originality of argument peculiar to himself. He has drawn his conclusions, chiefly, from the manner in which the venereal disease had been communicated to the inhabitants of the islands in the South Sea; and the basis of his reasoning is rested upon an idea, that gonorrhœa must have been the form of disease first introduced at Otaheite by Bougainville, because chancre would have destroyed the penis itself, in the interval of passage between the last land the circumnavigator had quitted, and his arrival in the island—an interval of five months. But he has not recollected that there might be women on board, through whom a successive propagation of the infection might have taken place in the voyage—nor has he taken into account the probability of the virus being conveyed, during a much greater interval



of time, by means of a bubo. "It is mentioned," he observes, "in Cook's Voyages, that the people of Otaheite who had the disease, went into the country and got cured; but when it turned into a pox, it was then incurable. This shews that the disease which they had must have been a gonorrhœa, for we know that it is only a gonorrhœa that can be cured by simple means; and further, if it had been a chancre, and they had been acquainted with the means of curing it, they could also have cured the lues venerea." The deduction seems plausible, but what was considered a cure, might be only the superficial healing of a primary ulcer, which might have been effected in the woods by some caustic application—perhaps by the juices of astringent and corrosive fruits. There is no testimony that a pox did not ensue, when the poor wretch might be considered to have got a cure in the

first instance. Mr. Hunter acknowledges that no mention is made by Cook of gonorrhœa, while chancre was regarded to be the only primary affection in the island. Here was the strongest grounds of presumption for the infections of these diseases being different; because, as happened three centuries before in Europe, the one had been diffused while the other was unknown. Yet, for the reasons that have been quoted, the illustrious physiologist was determined to think, that gonorrhœa must have been the original affection, from which the cases of chancre had been derived. It has been said, that before his death he had wavered in his opinion with respect to the sameness of these diseases. That is a point to which no man could give evidence with so much certainty, as his very accurate relative—the faithful repository of his principles, and not less eminent successor to his practice.

There is really no substantial argument, for the infections of gonorrhœa and lues being the same, but the opinion, that has been controverted, of the same kind of matter being supposed capable of producing either; and that opinion was derived, from sameness in situation, and sameness in the mode of communication, rendering discrimination very difficult. If then the contagions are admitted to be different, it makes not against the identity of the infection of purulent ophthalmy and gonorrhœa, that the former is never displayed under the shape of chancres about the eye that would lead to a venereal contamination of the system. The matter of gonorrhœa cannot occasion chancres. There are frequently ulcerations attending ophthalmy, but of a harmless kind, like the excoriations that often accompany gonorrhœa itself.

But while gonorrhœa and lues are ascertained to be not merely different *genera* of the same *species*, but different diseases proceeding from different kinds of contagion, it may be thought not improbable, that the latter, in like manner as the former, may have had existence under another denomination and shape, before it was distinguished by the present name. Many have been inclined to think that leprosy had been the same disease. The subject has been earnestly discussed by numerous writers; but the idea of sameness has been rejected by the most profound in their researches, on grounds that appeared convincing. Leprosy had never been a disease of the generative organs in particular, or communicated by the act of copulation alone. The infection was seldom even suspected to have been transmitted by that act, which has been almost the entire means of circulation to the other. It is



well known that the venereal disease was first discovered as a contagion of the urinary parts, and speedily diffused over Europe, about the end of the fifteenth century. The writers of that period, and during the sixteenth century, were well acquainted with leprosy, but never suspected lues to be the same. The novelty of the symptoms of the latter, and the rapidity with which it was extended, excited in every country an unparalleled sensation, and caused the disorder to be regarded as an imported pestilence of the most malignant kind. The recent discovery of the new continent, from which some of the first adventurers had arrived, gave plausibility to this conjecture. It is probable, however, that the supposed differences between these diseases may be reconciled, by reference to the different conditions of that other disease, concerning which, so much has already been said. It will not be dif-

ficult to conceive, that the primary symptoms of lues, like the disease of gonorrhœal matter when confined to the eye under another name, may have had a previous existence in some other part of the human body, under the denomination of leprosy; and that after the manner of ophthalmia, which became gonorrhœa at a later period; these primary symptoms were communicated to the parts of generation at that time, which has been considered the *æra* of lues in Europe.

The leprosy was acknowledged to be infectious in the highest degree. By what means of communication was that infection transmitted from one individual to another?

There is reason to think, that the transmission was chiefly made by the communication of lips, that takes place in the or-

dinary habits of life, between people living together. The primary, and most hideous symptoms, were about the face, where dreadful ravages were committed. The most apprehended danger of contracting the disease, was from the salutation of kissing, and the gratifications of the table. There was an extreme horror of eating out of the same dish, or drinking out of the same cup with a leprous person. The most strict regulations were enjoined for preventing these common intercourses of society, between lepers and other people: the most rigid ordinances, under severe penalties, were enacted to that intent. The lips are admitted to be not less susceptible of venereal chancre, than the parts where it now occurs. There is much analogy between their surface, and that of the *glans penis*, or *labia pudendi*. If the primary affections of lues were to get pos-

sessed of the lips, the communication of contagion would take place by the same means as in leprosy—by the contact of lips in the approximation of lovers or friends—by the unwary application to the face of foul linen, or of domestic utensils that had been infected by a venereal mouth. In this situation, the primary disease may have pre-existed for ages before it was transferred to the organs of generation. That it did so exist, after the manner of gonorrhoeal matter in the eye, there are, the most cogent reasons for presuming; and that the disease, under that condition, was actual leprosy.

The leprosy was a disease that has been supposed to have ceased. It has been considered as having disappeared within a century after the breaking out of the venereal disease.



Can it be supposed probable, that a disease so universally diffused, and so easily communicated, should ever come to a termination? Does any man seriously think that the small pox can ever cease? Unless the universality of vaccine inoculation should not leave it ground to rest upon. Can the measles ever cease? Can gonorrhœa or lues venerea ever cease? In the annals of time, is there a single instance of any other disease, such as leprosy, so generally spread, so long recorded, and so readily contracted, having ever ceased? If by art and assiduity, with improved success, in the management of the complaint, the only means by which any contagion can be eradicated, the extinction of its infection could have been accomplished in any one country, it is not within the compass of credibility, that, on that account, a disease of such description should have disappeared in every other country—

the thing is not to be imagined. But it is easy to conceive, that the leprosy may have sunk into the venereal disease; while the translation of primary symptoms from the face to the organs of generation, has caused the identification to be lost.

The laborious Astruc has contended, with his customary industry, against the venereal disease and leprosy being the same; and his arguments have been adopted by almost all who have maintained that side of the question. They have all admitted, that in many recorded symptoms of leprosy, there was much resemblance to secondary venereal symptoms; but the primary tests of venereal infection about the parts of generation and the groin, have not been enumerated among the loathsome concomitants of the leprous disease. To maintain, that affections so distressing and calamitous, could

not have passed unnoticed, was a most forcible argument. But those who employed it were not aware, that the seat of primary affection, at that time, was another part of the body—they were not aware that gonorrhœa, which is one of the symptoms, on the absence of which, in leprosy, they lay much stress, is no part of venereal lues.

It had not entered into the mind of authors, who have taken that side of the question, that the venereal disease could exist in its primary state, independent of the venereal organs. Yet there is no difficulty in supposing, that primary affections may have had footing about the lips or nostrils, so as to be as much confined to the face, as they are in the present day to the genitals. From the principle that has been established, of one part of a body being unsuceptible of infection from

another part of the same body, a chancre on the præpuce, or the *labia pudendi*, would at that time be as rare, as the same occurrence at present upon the lips, the nose, or any other part remote from the parts of generation. The accident, however, might sometimes happen, by communication from other individuals, in the multiplied intercourses of society; as it now happens, that chancres occasionally occur in various parts of the body. But when the occurrence took place as a rare incident, it would be confined to the individual to whom it happened, unless that person was in habits of intercourse with variety of the other sex. Even under the supposition of such habits, the terror of a new and uncomprehended disease, which must be rapidly increasing from the want of any known remedy, would be such a baulk to sensual gratification, as to counteract every excitement of desire, and would operate



with much greater effect on the mind, than in modern times, when the complaint is so well understood as often to be too lightly considered; and not always to be made an obstacle to the practices of lust and prostitution, by which the dissemination of it is continued. The speedy alleviation too of its symptoms, by the operation of the infallible specific that is now employed, renews the capability of venereal intercourse, before infection is extinguished: while in former ages, the augmenting horror of a most painfully acrimonious and corroding ulcer, would speedily destroy, not only the inclination, but the power of connection; and the miserable object would be consigned to the same wretched doom as the detested leper.

Such would be the general consequence, of the rare accident of infection being communicated to the private parts, in

these days. The case would be considered as an unusual form of leprosy, and such cases have actually been described. In some fatal hour, however, as subsequently happened with respect to the ophthalmic disease, the contagion had been contracted in the obscene organs, by some depraved individual, whom it could not restrain from promiscuous venery. It happened within the precincts of a camp, than which no situation could be more lamentably appropriate for the disease being given round. From the siege of Naples, where soldiers had been assembled from all parts of Europe, it speedily extended itself all over the old continent. Since then, it has attached itself to the parts of generation as its proper theatre. There it has held its foul dominion, till the existence and circulation of it have been supposed inseparably connected with the act of copulation.

It may be said, that if the diseases had been the same, the fact could not have escaped the observation of those conversant with leprosy, at the time when the venereal infection was first discovered. Let it be recollected, that the translation of primary affection to parts that had not been used to participate in the leprous malady, might well give the idea of a perfectly new disease. A train of symptoms, irreconcilable to all former experience, and a channel of communication, so different from that by which the contagion of leprosy had been diffused, might have impressed a conviction of novelty in more enlightened times.

Mr. William Becket, a surgeon in London, at an early period of the last century, without any knowledge of the distinction that is now made, respecting the different seats of primary symptoms, as constituting

the essential difference between the two kinds of affection, contended, with singular ingenuity and force, for the sameness of leprosy and the venereal disease. His dissertations may be found in the Philosophical Transactions of the time when he lived, and want nothing but an acquaintance with that distinction to be incontrovertible arguments. The grand reply to all the reasoning he has furnished, and all the authorities he has adduced, may be comprehended, as has been already stated, in genital affection not having been described, as the primary sign, and invariable concomitant of leprosy. There rested the sum total of every difficulty that could not be surmounted. But difficulty from that cause can no longer be said to exist. There is double testimony of diseases having changed their situation. What shall be deemed true with respect to the contagion



of ophthalmia, cannot be deemed improbable in regard to the infection of lues.

Mr. Becket establishes a point of great importance to the present consideration—viz. that mercury was employed for the cure of leprosy. It had been asserted by authors in his day, that mercury was not a remedy for that disease, which, therefore, could not be the venereal disease. With just discrimination he observes, that mercury would not always cure the disease, which at that time *was called* leprosy—a disease not infectious, nor carrying much injury along with it—but a disorder of particular habits merely, in which there was an aggravated condition of that scaly state of the skin, which has commonly been termed scorbutic. For disease of this kind, mercury is not a certain specific, and therefore leprosy, of which this was considered to

be a remnant, could not be the venereal disease. Such was the conclusion. It is truly astonishing that an ailment, which does not travel from the individual on whom it is found, and to him is little worse than an inconvenience, should have been confounded with a complaint so contagious and destructive as antient leprosy—yet the same confusion has continued to the present hour!

Mr. Becket has remarked that his contemporary, the learned Pitcairn—the ancestor of a name, which, by succession, stands among the most distinguished in medical pre-eminence at this time—had distinctly ascertained, that mercury was the principal remedy for leprosy. It is probable, that from the custom of employing it in that complaint, originated the introduction of it in the cure of what was considered the new disease, even within

the first year after its supposed appearance. The first applications of it were external, from which it may be presumed, it had been used in leprous ulcers as a local remedy. There is reason, however, for concluding, that leprosy was not often effectually cured by mercury. The administration of that extraordinary medicine was not sufficiently understood for the perfection of any cure. The age of leprosy was a dark and ignorant period, when literature and science had made very little progress, and the art of medicine was in rude condition.

Leprosy too was a very rare disease, comparatively with what venereal affection has been since that time. The primary affections were not, as in the other disease, obscured from the eyes of man. It did not distribute its baneful venom in the dark, converting the symbol of joy to

a rod of affliction—the source of delight to a fountain of misery. The leper could not conceal his malady, nor mingle in the functions of life, without his condition being suspected. He carried about his face, mangled by hideous ulcers, a warning against communication. For these reasons the disease was not very common even when it was most prevalent: and if it had been more common, perhaps it would not have been better described or understood at that time, when every thing in medical statement was vague, obscure, and unintelligible. Those affected by it were chiefly of the lower orders, who being from necessity much crowded together, were most exposed to infection. Their insignificance and poverty would not much rouse the exertions of professional men to discover means of relief; as those exertions in every age will bear some proportion to the expected recom-



pence. But when, by the accidental transfer of the primary symptoms to the venereal organs, the disease appeared a new pestilence hovering over the community, and drawing within its vortex the highest classes of society, ingenuity was at the stretch to find out new remedies, or to render more effectual the administration of the old ones; and, by degrees, the extraordinary operation of mercury became better known. This happened too just in the dawn of literature, a period particularly favourable to research and improvement.

From the time that the treatment of venereal symptoms became properly comprehended, it might be expected that the primary affections of leprosy would be on the decline. From the greater frequency of the venereal disease, which would often occur in the same habit, the secondary

symptoms, being the same, would be put down to venereal account; while the first order of symptoms about the face, that had been characteristic of leprosy, would be in regular diminution under the influence of a never-failing specific, till the very name would be lost. Under such circumstances it cannot be considered matter of surprize, that a disease which no man could conceal, and which every man was vigilant in avoiding, should in process of time disappear under the coercion of such a remedy. It must sink into the other clandestine shape, of which the perpetual propagation is secured, by its secret residence and private means of infection. The consequence was unavoidable.

It may perhaps be said, that although the venereal disease does not often shew itself by primary affections on the lips,

venereal ulcers of a secondary kind are very common in the throat, from which infection might be communicated, so as still to give frequent specimens of leprosy about the lips, if the diseases were the same.

Mr. Hunter, who very much surpassed all competition in his clear distinctions and discriminations of venereal symptoms, was decidedly of opinion that the matter of secondary ulcers carries no infection. Authorities of respectability have been of a different opinion, and have supposed that the common fluids of a venereal habit were capable of communicating infection. They appear to have permitted fiction and fear to predominate over observation and judgment. All experience is in opposition to their conceit. There is nothing more common than for a man and woman to be cohabiting for many weeks, with a con-

firmed lues, even spreading ulcers about the throat, on *one* side, while the *other* party remains without a vestige of contamination. Cases are not rare, of children sustaining no injury from nurses in the secondary state of the venereal disease—In fact, if a venereal sore throat could contaminate, chancres must be almost as common about the lips as on the private organs. Either there is no power of contamination in secondary affections, or it is so feeble as scarcely ever to take effect. The objection therefore cannot be of weight.

In recent times, the primary affections of the venereal disease were in possession of the mouth in some parts of the world, and the communication of infection the same as in leprosy of old. An ingenious pamphlet was published about thirty years ago, respecting such a condition of the dis-



ease in Paul's Head Bay, on the Northern coast of America. The name of the author does not now recur to the mind. A disease under similar shape, has been long known in Scotland among people of the lowest condition, under the denomination of *Sibbens*. Mr. Benjamin Bell has made particular mention of it in his treatise on the venereal disease. There is not a doubt that these diseases were, in both instances, the true venereal malady, with all that acrimony of contagion which distinguishes a primary venereal ulcer wherever it may be found. They were genuine leprosy, of which the circulation did not take place by venereal intercourse, but from other opportunities of contact in the common concerns of life; and if the aid of mercury was not cultivated, would have proceeded to as dreadful extremity as leprosy in any age. They have been considered a different kind of the venereal disease.

The only difference is in the primary symptoms, which alone can convey infection, being in a different situation. Upon the surface of a spoon, or the edge of a drinking cup, their matter would communicate the most malignant venom to the lips or *fauces* of another person, while perfectly innocent to every other part of the surface of the body by which it was produced.

But in recurring to the very important principle of the unsusceptibility of the body to infection from itself, it is necessary to take notice of an argument that may be advanced on the other side. Chancres have been mentioned as leading to a contamination of the system, and the source of that contamination is the absorption of matter from the ulcer. Here then is the system inwardly and univer-

sally affected by contagion locally springing from the same body.

The objection appears plausible, but is founded on error, which has been detected by Mr. Foot. In confirmed lues the system is infected, not by matter which the chancre produces, but by absorption of the original matter, which was left upon the surface and produced the chancre. The first act of that matter is to produce ulceration in the very mouth of the absorbent vessel by which it is taken up; and that ulceration is chancre. The matter does not pause within the absorbent, but is conveyed into the circulation with such rapidity, that if a chancre were to be destroyed within an hour after the smallest perceptible irritation has commenced, it is probable, that a confirmed pox would nevertheless take place in every instance. The same matter, in passing through the

groin, sometimes stimulates the lymphatic glands to the production of a bubo. Chancre and bubo are merely the first consequences of the application and transmission of foreign poison—not the prime sources of the infection that terminates in general lues. They are the beginnings of that ruinous ferment, which it raises over the whole habit.

Not unfrequently it happens, that absorption takes place unattended by either chancre or bubo, and secondary symptoms, on the skin or in the throat, afford the first testimony of the habit being contaminated—a confirmed lues is discovered without any alarm having been sounded by primary affection. More commonly still, there is venereal bubo without chancre. In such instances the contamination could only proceed from the original matter, that had been applied during the



venereal act. The conclusion then is unavoidable, that it proceeds from the same in every instance.

In the order and progress of the secondary symptoms of lues, there is something that sustains, in singular degree, the idea of the whole having been derived from the first impression of the original matter that was absorbed. It is well known that these symptoms come forward in different stages, after very different periods of time; and that one set may be cured by a superficial course of mercury, while more remote affections, that had not become perceptible, shall afterwards be displayed. In such cases there is no recurrence of the first order of symptoms—the ulcers in the throat, or the blotches on the skin. Once completely extinguished, they are seen no more. Mr. Hunter has ably commented upon the

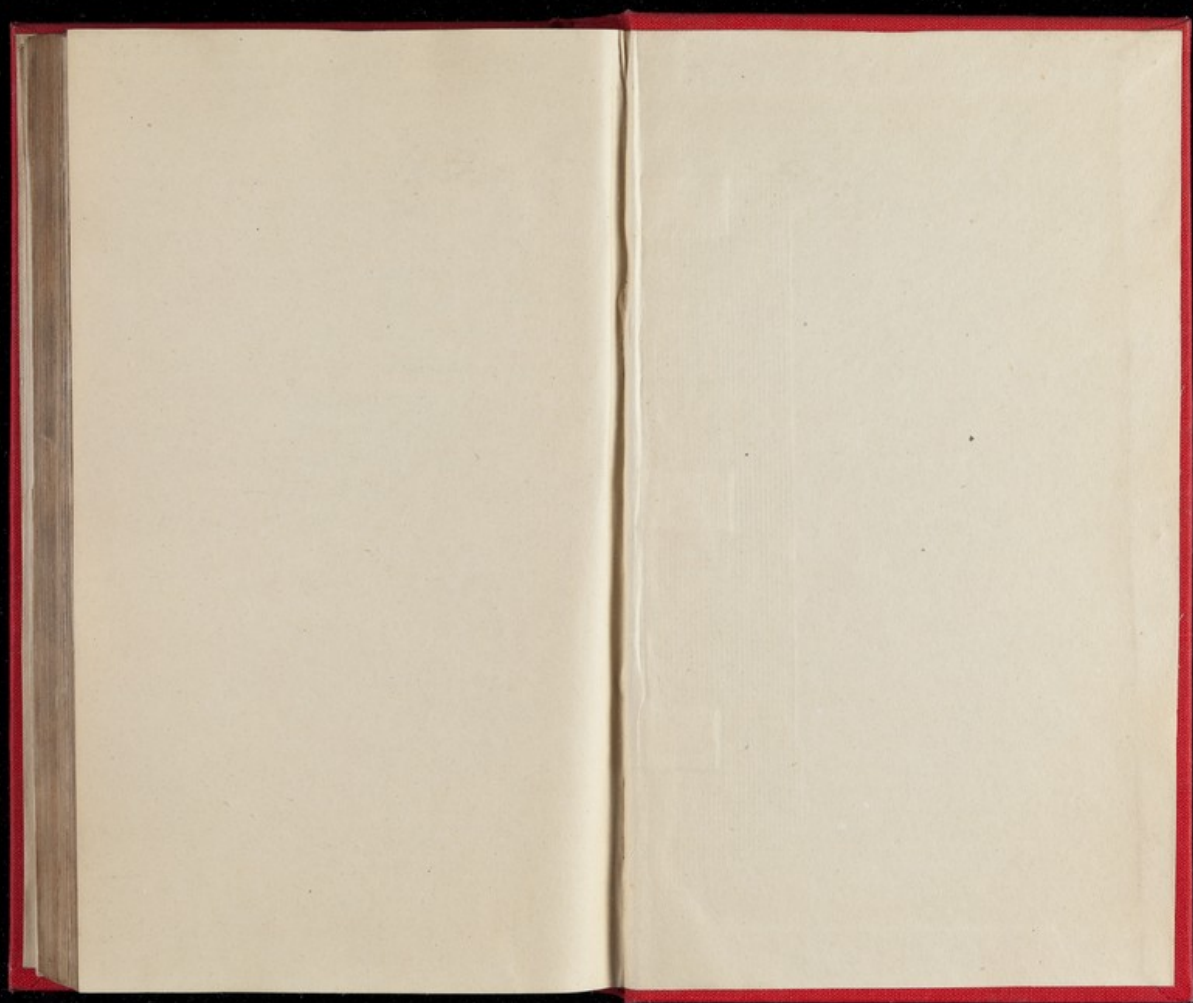
fact, and draws from it a conclusion “That most parts, if not all, that are affected in the lues venerea, are affected with the venereal irritation at the same time.” If the system could be infected by its own contagion, it might be expected that every symptom would be renewed after an interval, while there remained a contaminated spot: but that is not the case. While the throat continues clean, and the skin retains its polish, the organ of hearing shall fall into the foulest condition of caries, and the nose shall be lost.

But it may be said, there has been too much recurrence to the same principle—too frequent repetition of the same turn of expression. It is a position, which was necessary to be clearly comprehended, for illustrating the whole argument. Without a knowledge of it, it could not be

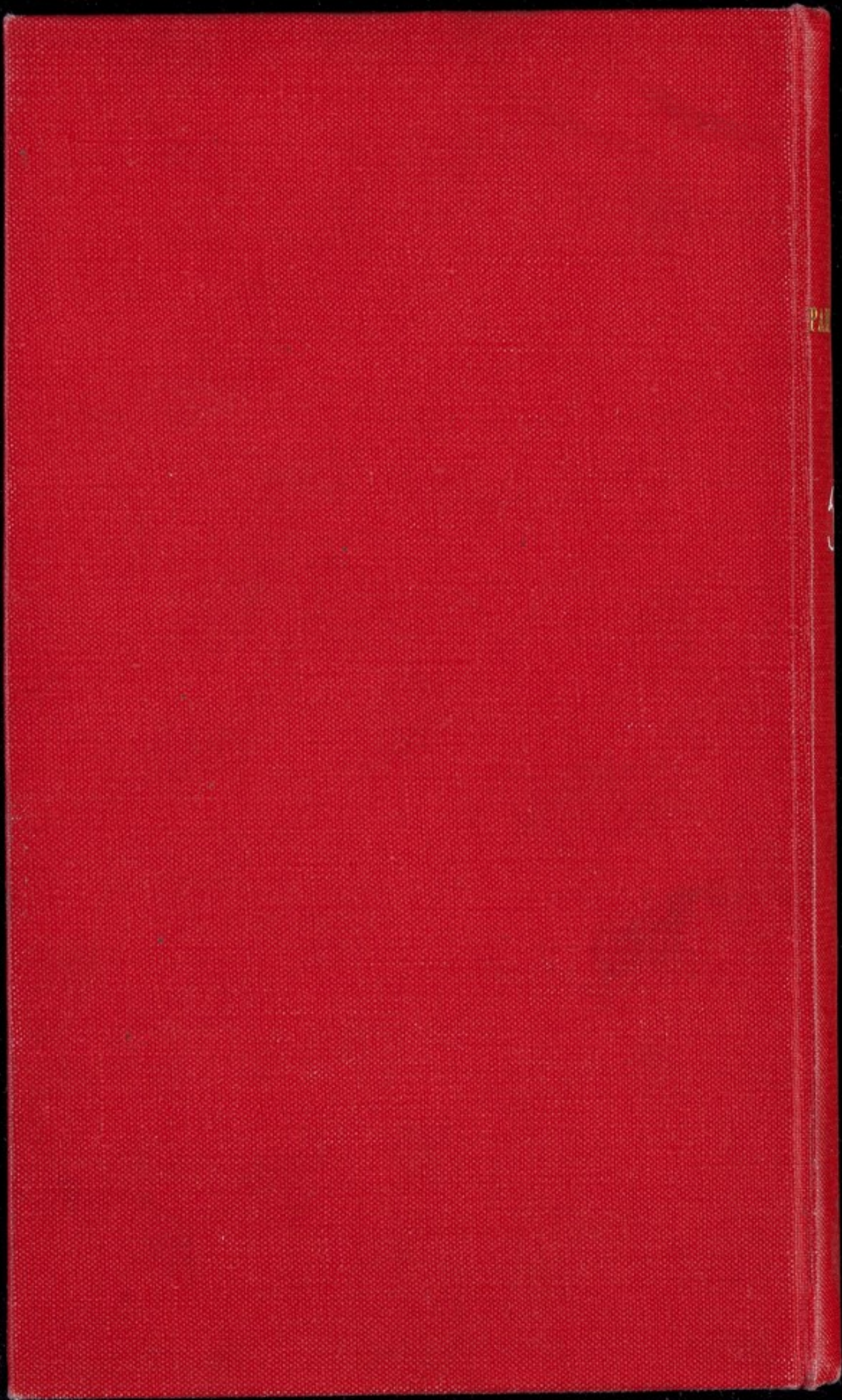
conceived, that two such diseases, as Gonorrhœa and the Venereal Lues, had long existed under other names and shapes, without being communicated to the organs where they are now displayed. With a complete admission of it, the difficulty is now at an end. To demonstrate that they did exist in that manner has been the object of the present discussion. With what portion of success the attempt has been conducted, the intelligent and candid reader must decide.

THE END.











PAMPHLETS

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