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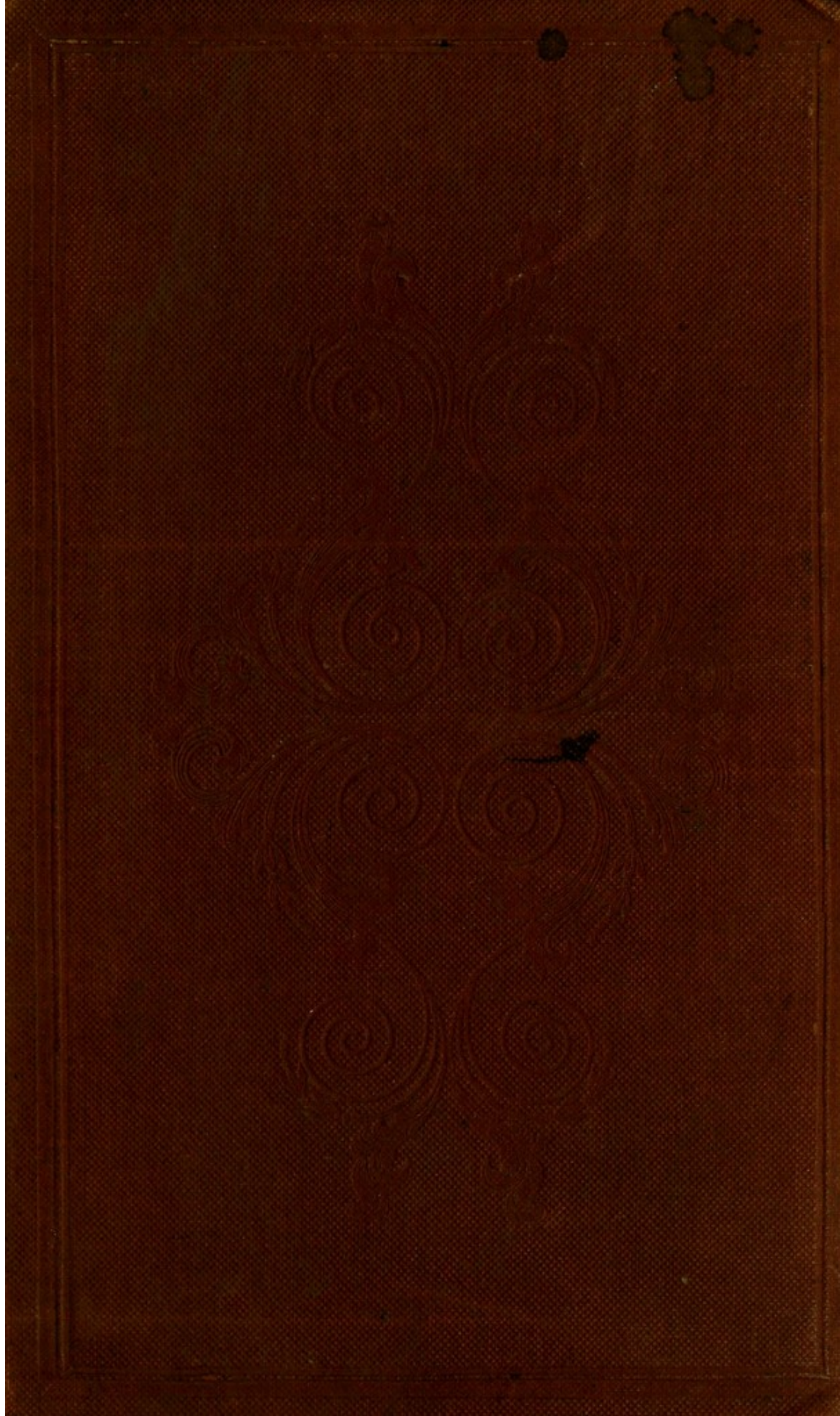
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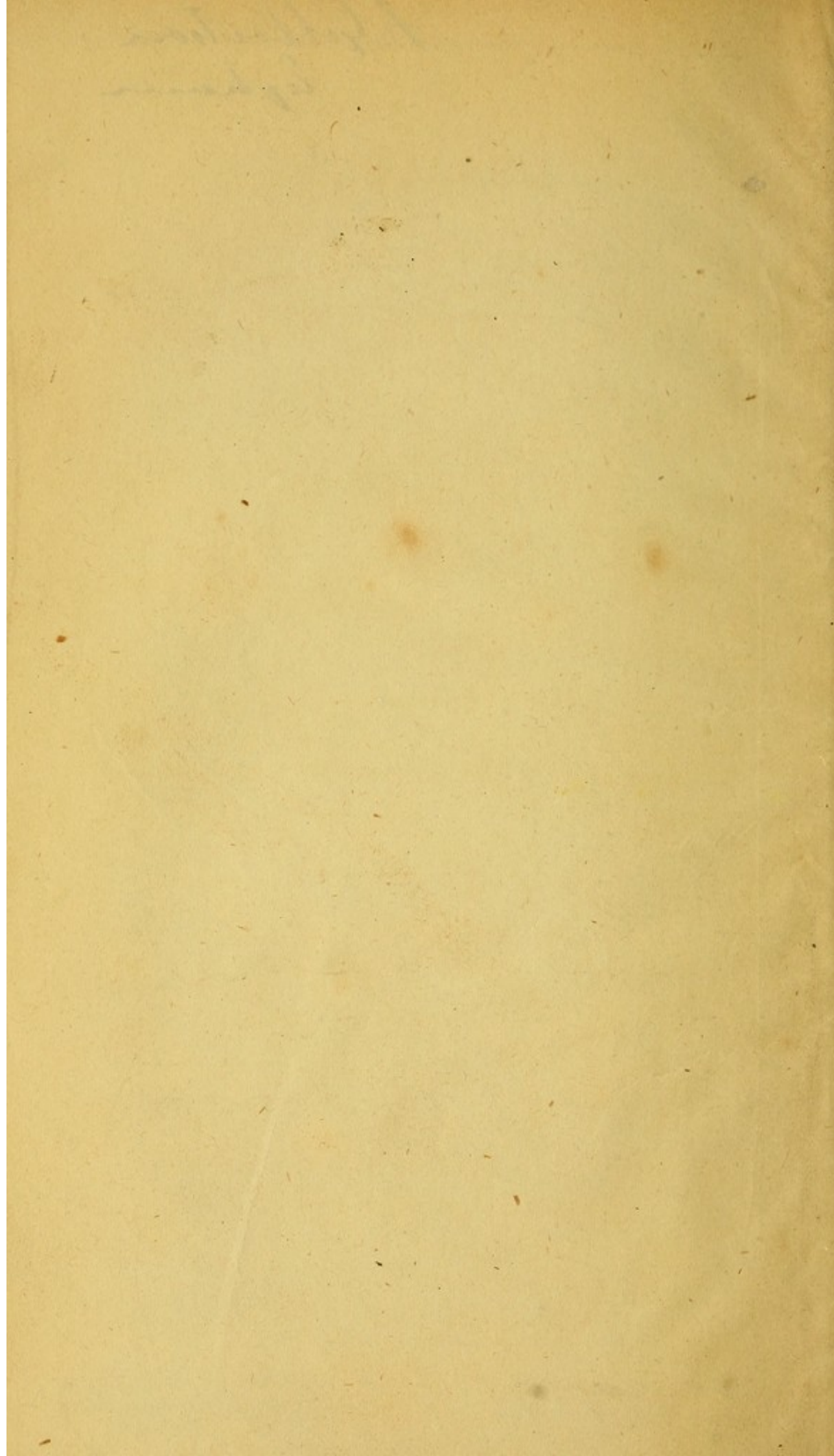
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to Gilbertson
Esq



ESSAYS
ON
DETERMINATION OF BLOOD
TO
THE HEAD.

BY
ROBERT HULL, M.D.;

EXTRA-LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS;
PHYSICIAN TO THE NORFOLK AND NORWICH HOSPITAL.

*Διὰ μου κεφαλᾶς ᾗσσουσ' ὀδύναι,
κατὰ δ' ἐγκέφαλον πηδᾷ σφάκελος.*

EUR. HIPPOCR.

LONDON:
CHURCHILL, PRINCES STREET, SOHO;
CHARLES MUSKETT, NORWICH.

1842.

12058 Wed.

TO
SIR HENRY HALFORD, BART.,
M. D., G. C. H.,
PRESIDENT OF THE ROYAL COLLEGE OF
PHYSICIANS.

SIR,

These short Essays, however unworthy of consociation with your distinguished name, I am prompted to dedicate to you, by an imperious sense of duty and by cordial sentiments of respect.

He, who venerates, in this era of disquietude and fretful reform, that ancient and dignified corporation, The Royal College of Physicians, is bound

to express his homage to the Chief, who has so long watched over and adorned it.

You have presided, Sir, in unsettled times, when professional parties, like the political, have exhibited the madness of the many, effected only the gain of the few.

The virulence, with which the College has been assailed, identifies its excellence, as precisely that kind of merit, which has rendered odious the noblest institutions of England.

The College has always demanded the combination of learning and moral qualities with acquisitions merely scientific.

Behold the reason, why, in these

days of physical philosophy and natural history, the College has been malignantly opposed !

The agitators, in the completeness of their anæsthesia, cannot appreciate any virtues, save what are to be acquired at lectures, exhibitions of mechanism, or the galleries of musea.

They fancy that medicine, *artium nobiliorum principem, a doctrina severiori segregari posse*; and they quarrel with the College, which judges otherwise.

They feel their inferiority to men, who are *disciplinis veteribus instructi, in libris versati, hominum eruditorum sermonibus locupletati*; and they vent splenetic obloquies.

They deny the *arctissimam inter medicinam ac literas cognationem* ; and they vilify that body, which has ever asserted it —

ὅσοι μὲν οὖν γραφάς τε τῶν παλαιτέρων
ἔχουσιν, αὐτοί τ' εἰσὶν ἐν μοίσαις ἀεὶ.

Wishing unaffectedly that you, Sir,
*doctorum hominum colloquiis et vitæ
tuæ anteactæ recordatione diu per-
fruaris,*

I have the honor to be

Your humble and devoted Servant,

ROBERT HULL.

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ESSAY INTRODUCTORY.

Nec animum planè abjicio, dum me quoque universi particulam non invitus agnosco ; nec adeo me abjectum puto, ut non possum aliquid in medium afferre, quo aut aliorum ingenia excitem, aut proprium meum ab inerti otio avertam.

J. Michaelius.

IF it be asked, why any new book be written on the abuse of blood-letting, after the numerous attacks, especially those recently made by Dr. Hall, this is the reply. That a treatise, having no farther commendation, will often tell, through simple novelty. To say that no fresh book needs be published, because the subject has already been exhausted, is to vilify all literature. Theology might be supposed to have been drained to its ultimate idea. Yet every recent tract is read with avidity.

The art of war has been exquisitely taught; ancient and modern strategics. Yet the narrative of any late expedition or catastrophe affords fresh excitement to the bellicose reader.

The best principles of government were elucidated *for ever*, as he thought, by Thucydides — κτήμα ἐς ἀεί — but what statesman is content with the simple perusal of Thucydides; declining the production of every ephemeral pamphleteer?

It is to be wished that the master-pieces, on different subjects, were studied primarily, if not exclusively. Then we should be less assailed with light and auxiliary modern libellules.

Affert vetustas omnibus in rebus longinquâ observatione incredibilem scientiam.

But it is vain to anticipate this, after what we certainly know. Men will have something *new*.

Nor is the pigmeian size of a work at all objectionable in this era. Great books are deemed great evils; and pamphlets and periodicals have engendered an invincible taste. “The *smallest* contributions are thankfully received.” Nor is the insignificance of an author a complete prohibition. Every man, who fancies he can do good in his day, is possessed of an arena, greater or less, wherein he may disperse his written ideas, sure that they will be read. Some will look at his sentiments

through benevolence; others from malignity; some from curiosity; a few to learn, what is or may be learnable.

Thirty years of professional observation have sufficed to convince me that the Mosaic doctrine — “The blood is the life” — is too often fatally overlooked. The natural history of the Bible is not wanted for evidence, that it came from God. Moses might have erred in physiology as he did in astronomic statement; but his views of the vitality of the blood were as correct as the most erudite modern physician can desire. It is the life in every practical sense; for it is the material out of which life is made. The most perfect human being, equal to Hercules in frame, to Apollo in intelligence, is formed entirely of the blood. His bones and his brain are both formed out of this precious liquid. And if like begets like — if this lord of the creation engenders an offspring with the bodily beauty of Absalom and the mental power of Solomon — *his* blood is the fount of all. If the generation and growth, nourishment and repair, of the human animal are effected solely with blood, it is clear that this wonderful material must be of the utmost value. That it

cannot be diminished without some decided result, or of good or of evil; and that the evil consequences range from debilitation unto death.

It would be impossible to define to the student every case, where venesection is demanded; or, if demanded, to what extent. If he start in his profession with just views of the value of the blood, this physiology will be the safest guide, in his doubts and wanderings amid the infinite variations of disorder. He will never look at the disease, nor the treatment, exclusively. But he will respect the disorder, as invading *such* a constitution, which can only bear *such* a treatment. He will prefer not to cure the malady, if to effect this, he must bleed his patient into the grave.

There is one view of the Sangradites, which cannot be taken. They cannot be accused of chiming in with the selfish prejudices of men, and of prescribing what is agreeable. To be deprived of *good* things; and to be blooded, purged, blistered beside, cannot be in harmony with human propensities.

I can fancy that a practiser might take up the Brunonian theory in a town, where the

established gentlemen maintained opposite principles. That he would secure to himself thereby ready fame, ready money. That he would vanquish his rivals. I can imagine that this advocacy of the Brunonian theory may be empirical, unprincipled. But it is not in probability that any men, who are not sincere, would insist on self-denial and starvation, to patients who love their bellies ; who are, therefore, prepared to leave their evacuant physicians, the moment a cramologist appears.

The medical profession, in all ages, has been the ludibrium of wits and wags. But their treatment has been unjust. The mass has suffered for the exceptions. It is the most humane, least mercenary, of all bodies of men ; but it includes some members, who, for turpitude, are *not* to be equalled in any other. This is the solution of the problem.

The very fact, that medicine, like Christianity, has insisted on self-denial, is a proof that its professors have been animated by a sense of duty, not of subservience. In any remarks, which may be made, on the pernicious of the Sangradic practice, no reflection is intended to be cast on the good faith of its

advocates. *They* must be honest men. My sole desire is to correct an error in science ; not an obliquity in morals.

Nor does a deprecation of rash lettings of blood involve the farther protest against dietetic caution.

A frame may receive benefit from the denial of food and the non-creation of blood, and yet be seriously damaged by the sudden extraction of that elaborate material. To any change whatever the animal can be prepared by degrees ; but his economy abhors precipitate and unprovided alterations. I do not one moment assail the non-stimulant theory, as to diet ; either for the maintenance of health, or for the removal of disorder. But, eheu ! the Sangradites perpetrate all. They evacuate and starve their victims also. They abolish *power*.

Temperance, not to say abstinence, is a most difficult lesson for the English stomach to learn. People think they have discovered in the practice of bleeding a corrective of too much sanguifaction ; and that by purgatives they can neutralize the mischief of habitual feasts. But this is true only to a certain limit. Beyond it, blood is made faster ; and,

moreover, the digestive organs are injured by the irritation of perpetual physic.

Perusing, lately, a series of letters, written by the late Dr. James Alderson, of this city, to an accomplished friend, I was much pleased to find him expressing an antisan-gradic opinion : ever and anon, throughout the series.

This sagacious physician has left no published literature to perpetuate his memory. But his provincial fame was uncommonly great ; and founded on amazing practicality and benefit.

The name of Alderson has been many years, in this empire, connected with a character of eminent intellect ; and the gentleman, who supported its reputation in this city, in the profession of physic, was the father of Mrs. Opie.

OPIFERQUE PER ORBEM

DICOR.

Dr. James Alderson, although no disseminator of his peculiar opinions to the crowd, nor through the press, was admirably instructive of his personal friends and of the few.

He might say, with Hippolytus —

ἐγὼ δ' ἄκομψος, εἰς ὄχλον δουναι λόγον,
'ες ἡλικας δὲ κ'ωλίγους σοφώτερος.

No man, more than Dr. Alderson, despised the superficial artifices of modern captivation. No man less desired a petty fame. He was no lecturer to boy philosophers, whose nose-borne spectacles indicate their erudition by their blindness. He never estimated a notoriety to be acquired by glib loquacity to the mass —

———— οἱ γὰρ ἐν σοφοῖς
φαῦλοι παρ' ὄχλῳ μουσικώτεροι λέγειν.

This physician's cautious views as to loss of blood may be learnt from such extracts as follow.

“The life of ——— is not worth a purchase of two years. The faculty by *depleting*, in order to lessen inflammation, have so weakened the exhalant, or absorbent system, as to occasion water in the thorax.”

“—— ——— has lost, I hear, a boy from inflammation of the bowels. *A determination of blood to the head*, a chronic affection of the liver, and an inflammatory diathesis, is the

stuff which is now rung in my ears; and requires bleeding, cupping, leeching, mercurialising. The depletory system is now carried to as pernicious a length, as the repletory was, while Brown's theory prevailed. A person, last week, was blooded twice for inflammation of the bowels. He was to be blooded a third time, when I prescribed thirty grains of jalap, eight of gamboge, four of calomel. The patient next day was well, having passed a vast load of excrementitious lumps."

"*Puerperal fever* is often confounded with after pains. A surgeon was going to bleed a delicate lady for *the fever after delivery*. The uneasiness appeared to me common; she took a few drops of laudanum, and became well.

"A. D. had been blooded three times very largely, in one of these supposed fevers, and would have been bled a fourth, if I had not stopped it. She got well; but, being scrofulous, was, by this depletion, thrown into a phthisis, and died a few months after."

"The business is settled, and I am sorry I was not called in. The family dreaded a

difference of opinion, for my sentiments are well known on the *Puerperal Fever*. I am sorry for her loss. She was not a subject for Herculean practice. The practice has been lately very much reprobated by a doctor from Nottingham, whose name I have forgotten."

"Mrs. — once had a cough and spat blood. This day se'nnight she was in health. The next she complained of pain in the neck. The surgeon pronounced it rheumatic. The day following the pain came to the chest: and then the surgeon, nominating it pleurisy, bled her twice very copiously. On Wednesday she fell in labor, of a child, that lived one day.

"As the pain came again, on Thursday she was blooded *twice*, leeches once. On the Saturday she became delirious and remains so, to a very great degree. It is now the custom to leave nothing to the vis medicatrix, but to put the whole burden on *art*."

In the following Essay on *Rheumatic Headache* the metastases are slightly noticed; and, as the subject of venesection in *acute rheumatism* is likely to become a bone of contention, it may be venial to quote the authority of an observer, like Dr. James Alderson: and

this based on a practice exceeding half a century.

“There seems to have been a *translation* from the limbs to the *lungs*, occasioning dyspnoea, palpitation, and a rapid pulse. Whether excessive depletion was the cause of this metastasis, I cannot determine. I remember several instances of the metastasis I have mentioned.

“One man had been largely depleted by a surgeon. All at once, his *limbs* became free; his *lungs* oppressed; and his heart beat so loud as to be heard. The man lived four days.

“Dec. 1, 1823.”

Whether Dr. Alderson, in early years, was thus sparing of blood, I know not. I dare say he was. But the general biography of the physician is like that of the patriot. As he grows older, he grows soberer: less liberal, less sanguinis profusus, more conservative.

My friend was bold enough to think for himself. He was not averse from medical literature; he rather devoured it; but he did not surrender his own judgment to the latest

writer on any subject. His native power was not enfeebled nor misdirected by his love of books. He was not the *doctus insipiens*, who was fusilladed by the satire of Audoenus—

Plurima degustat stomachus, nil concoquit æger,
Sic tu scis, fateor, multa ; nihilque sapis.

Over-deference to authorship, as if this constituted authority, has produced much evil in medicine. I have known a man of great native apprehension and capacity turn out an inefficient, nay, destructive practitioner, through too little faith in his own prowess—too much in his author's. Guided by any body rather than his own intellectual perception.

For the juvenile student, perhaps, it would be wrong to inculcate independence of the lecture or the book. But actual disease, with its phenomena infinitely varied by modifying circumstances, can alone be met triumphantly in practical life by individual antagonism—*cominus*. This overlooked, *fashions* in physic arise ; to drop, like those in costume, speedily and capriciously. Yet one would have thought, old as is the world, that fashion

would be the last guide for practisers in medicine.

It is much to be suspected that the great good effected through modern and morbid anatomy has been alloyed with great evil. Surgeons practise less for symptoms than for a supposed state of vascularity, which they augur in the cases before them, from what they have seen in the dead bodies of others. Hence pain is treated as inflammatory, no auxiliary to the lancet used. Take such a

Case

as this. *Brumalis*, an active, hard-working tradesman, spare, is seized with pain in the right side. Seemingly in the peritoneal cover of the liver or in the lining of the midriff; perhaps in both. A consultation is demanded for the case: and it is carried that this pain shall be attacked with the lancet. Four successive blood-lettings, copious, are practised: and the pain is cured. But what is the farther result of such evacuations, large, quickly repeated, in this attenuated person? A state of nervous mobility was induced, so that he never resumed his trade. He regained muscular strength, but *never* nervous sedateness.

He never regained sleep : not if he walked incessantly, until he dropped from exhaustion ; and he came in two or three years, an insane peripatetic, to his grave.

————— τροχηλάτου
μανίας τέλος πόνων τε ———.

If this man's disease had been treated with a few doses of calomel and opium, I have little doubt that his life, and his mind, would have been both secured.

Then, again, the vis medicatrix is forgotten, in cases of wounds. Yet in nothing is power required more than for breaches of continuity. The agglutinating cement is elaborated from the blood ; yet the blood, even to this day, is spilt with a generosity worthy of the ancient sacrifices. An illustration is afforded in the

Case of Laridus. He was a tall, big, fat man. He was cut deep across the middle of his adipose belly by an assassin. It was a horrible chasm to look into ; with its perpendicular walls of fat ; but there existed no evidence that the abdominal cavity was laid open. But the surgeon, a most accomplished practitioner, blooded him again and again

and again, over fearful lest peritonitic symptoms *should* arise. He died. The cavity of the abdomen was entire. But it was found that that deep chasm was as the assassin made it. *No* lymph had been thrown out to consolidate the surfaces, which, instead, were sloughy and universally discolored. He died, the victim of the friendly, not the hostile weapon.

ἄκων γὰρ ὤλεσάς νιν. ἀνθρώποισι δὲ,
θεῶν διδόντων, εἰκὸς ἑξαμαρτάνειν.

Touching the use of the lancet in *capital* disorders, I am not pretending to deprecate it, when needful, nor to direct it in the numberless varieties of disease. I only wish to impress upon the student; and all are students, who are even practising physic; that in medical, as well as judicial, conditions, the doubt should tell in favor of the pannel. So sacred is blood, do not spill upon conjecture. What is the history of our art in the matter of traumatic apoplexies?—produced by fractured crania or depressed bone? Death!—death! But never without previous bleedings!

A poor fellow is brought into a hospital

stupid, haggard, *demanding* commiseration through his mere wretchedness of look. He has received a blow on his scull. "His brain is concussed!" Yes. But every other part is concussed. "Do, pray, let him rest! Do not bleed him! Do not leech him!" But repose is not the order of the day; and, as something must be *done*, the patient is teased with leeches, blisters, mercury: chatterboxes inquiring how he feels; nurses asking him what he wants.

Then comes reaction; attempts at victory by the *vis medicatrix*! But reaction is dreaded, as much as the blow; and forthwith the lancet is employed to subdue *all* excitement — whether bodily or mental — whether heat of skin or garrulity of tongue. And it is used again and again, until the patient expires. Then comes the post-mortem inspection; when it is found that the scull, somewhere or other, is split; that the membranes are yellow with lymph; serum effused; yet not over-much blood in the vessels. Then comes the consolation, that, "with such a state of parts, no recovery was possible." How do I know this? All I know is, that without blood, no reparation of mischief can

take place; that, with free blood-letting, meningitis *has* occurred. Surely, such a sufferer could not have been worse, if he had been let alone. Meddled with *thus*, can he have so fair a chance? Doubtless the brain is a most delicate organ; and lesions and inflammations must be combated with unusual activity. But the brain, like all other structures, is under the regime of the vis medicatrix. It struggles long against mischief, if you leave it power. Look at a

Case

mentioned by Dr. Johnson in the 58th number of his panto-didactic Journal. After more than a year of cerebral disorder and fits, a legal gentleman died apoplectic.

The ventricles were found distended by water, evidently of long standing. The brain remarkably congested. Particularly about the crura in a state of ramollissement. The cerebellum almost in a state of liquefaction.

With such a brain, this individual was able to use his intellect, with scarcely diminution, two or three days before death!

Look at the following

Case. *Sopita*, aged 46, the mother of eleven children, suffered, about two years since, considerable losses from the hæmorrhoidal veins; and from vascular tumors of the rectum. I counselled the removal of *these* with the ligature, which was effected. An approaching parturition forbad delay. The hæmorrhage returned not; her childbirth was natural; but her strength was regained imperfectly.

She now returned to the management of her own surgeon, that most excellent practitioner and man, Mr. Henchman Crowfoot, of Beccles, whose narration carries on the case. In a few months she began to complain of occasional pains, in the head and back of the neck, which seemed to observe some periodicity, accompanied by sickness. Catamenia very profuse. Countenance pallid. Loss of flesh and strength. *The intellectual functions were perfect; no vertigo; no senses impaired.* The action of the heart was sometimes irregular and violent, the pulse feeble.

The Treatment was gentle. Leeches, mild aperients; diet mild but nutritious. A weak

infusion of columbo. The liver could be felt extending to the pelvis. Frequent bilious vomitings.

Saturday Eve, June 11. Sickness.

Sunday. Sat up. Had been unusually free from headache for the last month. Then felt some slight degree. A restless night.

Monday. She was well enough to sit up in bed, wash, and dress her hair. But about eleven o'clock she suddenly threw herself nearly out of bed, became insensible, and expired within two hours.

Post mortem the abdominal viscera were found healthy, the liver free from disease; the right lobe elongated quite to the pelvis, the other lobes rudimental. The left ventricle of the heart was greatly hypertrophied, valves normal.

All the organs unusually bloodless. The brain *generally* very firm, no congestion. But on slicing the left hemisphere, a clot of blood, two ounces in weight, was found in a portion of brain, which had undergone softening, the hæmorrhage having arisen apparently more from the morbid state of vessels than from *determination of blood to the head*. There can be little doubt but the deterioration of health

and the frequent sickness were occasioned by the cerebral irritation; but it is remarkable that the functions of the brain should have been so little disturbed by so serious a disease of the organ.

Thus truly remarks Mr. Crowfoot. I may venture to add that this ill-starred lady's case teaches that vertigo is not an essential concomitant with apoplexy. There is apoplexy without giddiness, as there is giddiness often without apoplectic tendency. That emptiness of vessels does not always preserve from *capital* mischief. That the head and neck-aches, the chief indices of the seat of her disease, existed in a bloodless frame. That had she been treated heroically, her destiny would sooner have been complete. That what little power she had, her brain, or rather *anima corporis*, made the most of. Less would have been almost none. That softening is an unintelligible form of inflammation, which, we are taught, solidifies, agglutinates, is scirrhopoëtic, not a mollifier. That in such a case as this, if *the* mischief could be known during life, the Brunonian would be a better practice than the Sangradic. The best, that medium, which Mr. Crowfoot observed. Had

her stomach retained tonics, which, save calumba, it would not; and nourishment, which her vomitings undid, this poor lady would have enjoyed a fairer chance.

But, if any objector should deny these corollaries, let him, at any rate, allow, that the disorders of the brain, like its functions, are still a mystery. Capricious; most varying in their symptoms. Sometimes contradictory! And that he, who thinks the lancet an universal remedy, would prove as homicidal as Martial's practitioner.

Nuper erat medicus, nunc est vespillo Diaulus :
Quod vespillo facit, fecerat et medicus.

Contrast a disorder treated leniently, though successlessly—the best made of a bad subject—with the following

Case,

wherein the symptoms resulted almost solely from the lancet.

Magirus had been ill three months with “determination to the head.” He had some undefinable sensation which occurred in his head, not pain, not giddiness; in fact, a mere imaginary somewhat. But, being a young

rural lob, only twenty-two years old, he was unwitting : and repaired to the surgeon. This gentleman, not suspecting the falsifications of the frightened mind, assumed cerebral mischief ; bled him thrice and copiously ; placed in his nucha a seton ; and made up the supplement of evacuation with purgant medicines. But *Magirus* became worse ; weak, doleful, *confused*. So he repaired to another surgeon, who was confirmed in the opinion of cerebral mischief, from the great mistiness of the man's ideas and expressions. He, therefore, bled him twice, blistered him—thrice was he blistered—and gave him a grain of calomel every six hours. Matters worse, this last gentleman brought him to me. I perceived instantly by the healthy physiognomy—which cannot deceive—the perfection of the five senses ; the absence of all corporeal ailment, save the debility resulting from evacuants and low diet, that the patient was laboring under a simple fright.

I communicated my view to the surgeon, who, being a scientific man and, of course, humble, instantly recognized the truth of the diagnosis ; and that the *assumption* of determined blood had led every body wrong.

If there be a solitary word, which could comprehend one's ideas of an effective practitioner, that word is—*discrimination*. Without it, the most voluminous acquirements cannot *tell*. And this can be realized in the intelligent surgeon only by independent observation and unfettered personal theory—by the Bœotian practiser, *never*.

The difficulty of diagnosis is increased, when any symptom, which is reckoned one of “determination,” occurs in a subject whose age, frame, generous habits of diet, are supposed favorable to apoplexy. Thus in the following

Case.

Betellus was treated by his surgeon with free venesection. He is a stoutish septuagenarian, who had always lived generously, and had latterly suffered under *vertigo*. But the lancet did not relieve him; and headache supervened. Three weeks afterwards, the cupping glasses were applied to his nape, and blood farther drawn. But the giddiness and headache increased; and leeches were applied. Matters getting no better, fearing to walk unsupported, vertiginous wavings

constant, he consulted me. At this period the pulse was *very* weak and intermittent; and I saw that, however appropriate bleeding and low diet might once have been, the symptoms now resulted from the an hæmious state and mental apprehension.

I prescribed to him a cessation from all depletions; no medicine; a few glasses of old port daily. As he had been long restricted to water, he thought my allowance of stimulus very liberal. But he called on me the following day; walking *nobly*, but without *supporters*; to report the absence of *all* vertigo, ever since his visit and his yesterday's dinner. So he has continued.

Now, what would have been the result, had farther blood-spilling been practised? So weak the pulse; so "beaten," to use the vulgar but expressive language of the gymnastic ring, the nervous power!—what but deterioration, perhaps death?

I have narrated the history of a gentleman, who may have been anticipated, as a probable complainant of "determination." Then take the

Case

of *Irina*, an elderly lady, sixty years old, spare, water-drinking, temperate in all things. She sent for her surgeon, complaining of giddiness, headache, “a rush along the back of the neck *to* the head.” This was quite sufficient to prove in his mind a cerebral mischief; and cupping, leeching, venesection, blisters, purgantia, starvation, were relentlessly applied. At first she was bled once a month; then once a fortnight; then three times a week; *the symptoms proceeding in an awful, appropriate ratio*. Deeming her fate inevitable, reduced to an inability to stand alone, she longed for the sea-coast, and took leave of her despondent husband, who thought the separation final, and that at hand was the period, when he should exclaim—

τὸ κατὰ γᾶς θέλω, τὸ κατὰ γᾶς κνέφας
μετοικεῖν σκότῳ θανῶν ὁ τλάμων,
τῆς σῆς στερηθεὶς φιλτάτης ὁμιλίας.

But at Yarmouth she fell into the hands of a surgeon, whose masculine intellect instantly detected her real condition. Regardless of her tinnitus, vertigo, headaches, “rushes,”

he deprecated *all* depletions, enjoined a generous diet; and within a fortnight, her husband found her walking on the beach two miles from her dwelling.

Less grave symptoms than those of the last patient, if mistaken for “*determination of blood*,” may create much inconvenience, dismay, and needless expense.

Case. *Vadilla* is a young gentlewoman of great beauty, who was terrified with a black fly-like speck, which she perceived in one eye—a subjective symptom. Somehow or other she fancied this the result of *determined blood*; and her surgeon, not repudiating the idea, prescribed a vegetable diet, water, laxatives. Then she became so weak, that a continental tour was undertaken to recruit her powers. But *cælum non muscam*—her tormentor accompanied and returned with her.

I told her that these flies, *when the vision, otherwise, is perfect*, like her own, mean nothing alarming. That, if they are occasionally seen by the full-blooded and apoplectic, when they may proceed from retarded blood

and general fulness of cerebral vessels, they also are often witnessed in the delicate, the lymphatic, the abstinent. That in these, the gravest view to be taken is local capillary obstruction, which demands a fillip through attention to the abdominal secretions or excitement of the nervous system. That, in such constitutions as hers, although they do *not* portend blindness, they must be borne and despised, since they seldom depart in toto, aggravated or diminished by causes affecting the frame. This announcement, with permission to eschew physic and live like any other lady, gave her more delight than any scenery she had witnessed on the Rhine.

Morbid sensibility of the retina, as an index of *determination*, may be treated with sanguine depletions, more than uselessly.

Case. *Rubella* had some intolerance of light, which her surgeon attributed to retinitis, and prescribed local blood-letting, blisters, purgatives, light diet. She was confined to her bed and a dark chamber; and labored under the most grievous trepidation and gloom. Is such a case retinitis? No. It had endured many weeks, and, in the bearable

degree of light, she could see perfectly. The photophobia had been increased, moreover, by *too much* exclusion of light. The cause of her disease was not connected with any marked deviation from the functions of the frame; but she was young, susceptible, easily terrified. Convinced that her eyes displayed no organic, no vascular mischief, I prescribed a more generous diet; exercise in the air, after sunset; nervines; change of place. I saw her some weeks after, when my advice had been *partially* followed, proportionally better. And I am certain that, if she went on to complete obedience, her nervous, functional, *undeterminate* disorder, yielded to the corroborant method.

It is evident that, if intolerance of light, a symptom only of nervous excitation, be mistaken for vascular derangement, the *methodus medendi* will be injurious. *Gentle* laxation with carbonated ammonia, in infusion of rhubarb, is very useful in these cases.

The habit of carrying a lancet in his waistcoat pocket, which every surgeon maintains,

has led to most mischievous results, in cases of accident, before the *shock* has subsided. Every proof is given of suspended power, and yet, the heart feeble, the surface cold; the brain non-perceptive, the nerves non-conducting; forth comes the lancet to solicit what few drops of blood will flow from, perhaps, a delicate woman. Can we wonder to behold her speedily expire?

ῥανίσιν αἱματορῥυτοῖς θανοῦσαν.

Is it possible that a surgeon would let blood, careless of the consequences, merely to secure his pitiful fee? *Is it possible?* I have been told of such a philanthropist.

A respect for the blood is not likely to be created in the minds of our young gentlemen, who visit France to complete their education. It happens that the blood-spilling doctrines prevail in the French schools of physic as well as of policy; and against these, wherever in vogue, the ordinary batteries of argumentation must be erected. But in France, more than in any country on earth, it is of importance that the medical doctrines should be innoxious. She is all enthusiasm in science; dead in morale, religious morale. The

French value truth, but it is scientific truth ; they love glory, but it is temporary glory. There is scarce a man, woman, nor child in Gaul, but he would willingly be blooded to death, to verify any physiologic assertion, *for the glory of France*. But his readiness to bleed freely and fatally, is founded on his non-valuation of death. There is no sense of the *awful* in that lively country ; not *that* awful, which is consociated with the future and the eternal.

The bravery of the French has been vastly lauded. No man can dispute the brilliant bravery of that warlike people. But it is allowable to analyse in morals as well as in chymistry ; and, assuredly, he *must* be the bravest man, who, an immortalist in creed, encounters freely the same chance of slaughter as the hero, who believes that death is an eternal sleep.

If I calumniate as sceptical this, after all, most wonderful nation, I rejoice. I hope I err. But from all I have read of the past, and heard of the present, I draw this conclusion, that the art of preserving life cannot be *perfectly* taught in a land, whose inhabitants are irreligiously regardless of death.

And is it not thus demonstrated in their hospitals? The most correct, precise, *true* exposition to the pupils, of the movements going on in the interior, to be soon verified after death! But not the English energy—the wish, desire, prayer—to save from the terrible tomb! This sentiment, in its intensity, can be alone felt by those, whose creed is not that of the unbeliever, but—

ἕτερον, ἕτερον αἰ—

ᾧνα καὶ μοῖραν οἰκήσομεν.

Why English parents continue to suffer emigrations, to Paris, by their therapeutic sons, I cannot tell. “Anatomical facilities” was the original cry! Nobody denies them. Facilities enough! They verify my position, that life, there, is valueless by comparison. The Morgue is a *peculiar* illustration. But sufficient experience has now been gained to prove, that the young men, who return from Paris, are *not* better anatomists than the students who are stationary and content with London. So far as I have seen, the Parisian finish is illustrated in an unintelligible costume and misplaced whiskers; but *not* in superior science, acquisition, virtue.

“Cheaper anatomy!” Of the many great operators, who now adorn the hospitals and private practice of London, *not one* learnt his dissections in Paris.

But, were the scientific advantages great as reported; still I should deprecate the Parisian sojourn for the English student. Since, at all events, sobriety; the tender; the pure; the religious is not likely to be learnt in the French capital. Nor could the English father, with any consistency, give this parting counsel to his son —

ἔγωγέ σ', ὦ παῖ, πρῶτα μὲν τὰ τῶν θεῶν
σκοπεῖν κελεύω, μὴ σφαλῆς ἀτιμάσας.
σφαλεῖ γὰρ ἐν τούτῳ μόνῳ, τ' ἄλλ' εὖ φρονῶν.

The wear and tear of the intellect produces, in the literary student, symptoms of determination, when no physical cause can be traced in the digestive or eccoprotic organs. Take in illustration this

Case.

Gerillus is a most worthy clergyman, who imagines that he subserves his holy cause by

extemporaneous discourses. Thus he preaches thrice, without book, on a Sunday; making those sudden calls for specie, which no bank can be prepared to answer. Then he adds preceptorial duties to his clerical and prepares pupils for the university. He is in good health, so far as appetite, muscular power, open bowels can indicate. But he has intense *vertigo*. In the middle of the night, still occupant of his study, he was seized with giddiness and fell senseless. The family, alarmed by the sound, sent for me. It was suggested that he be blooded; for it was deemed an apoplectic fit; but his senses were restored; his pulse very weak; and his *Thucydides open on the table*. I saw enough to convince me, that his case was simply over-excitation of brain; and, instead of the lancet, prescribed a bumper of sherry and his bed. He slept more soundly than usual, and awoke firm and unvertiginous.

Of course, in such a case, repose, recreation, travel are desirable—I told him to go whither he pleased. He might have gone to the magician Priessnitz; but, like a true Englishman, he preferred a shorter migration and a native wand—he repaired to L——n.

It would be as impolitic as vain to deter the credulous from popular physicians, fashionable places and outrageous processes. The Esculapius of such a territory is sure to be curative of most invalids, even if he be Esculapius only in name.

The majority of patients suffer under disorders, the result of luxurious habits; and the journey to a therapeutic temple; and the variety of faces; and the hope inspired; and the *obedience* paid to the divinity of the place, which their family physician cannot enforce, conspire a cure. Hence the priest must be an autocrat. He must order walking, if *περιπάτησις* be his "secret"—*order* it, and he will be obeyed; by the capon-lined alderman, the lack-a-daysical maid, the student, the gossip, the abdominal duchess.

If bathing be his fort in physic, let him rigidly, and without compunction, wash his dupes in every variety of ablution. The passive obedience, the non-resistance of men, women, children, are proved by the Austrian magus.

To me it has always appeared that the ridicule, thrown on popular physicians, in fashionable places; whether regulars or bri-

gands; is not so very just. It is certain that they have that indication of greatness which is implied in "ruling mankind." Then, like other great personages, they must keep their subjects aloof from intimacy.

He, who knows his clients are simpletons and credulous, could have no great pleasure in consociation. But he *must* not consociate. The charm would be dissolved. They would find him an ordinary, perhaps less than ordinary, man. He must be the mysterious wizard; not the easy, confident companion nor compotator.

Whether life is worth having on such terms is a question the conjurer must answer to himself. Whether the accumulation of riches, and the erection of a Gilead-house, recompense him for the solitary grandeur of a Timon, with no equals among the laity, no *friends* in the profession, the empiricoid physician must determine. But these are the indispensable requisites.

Having alluded to the student's cerebral irritation, it may be asked, whether that terrible whirlwind, which seizes the brain of the *active* intellectual, is not the result of determined blood?

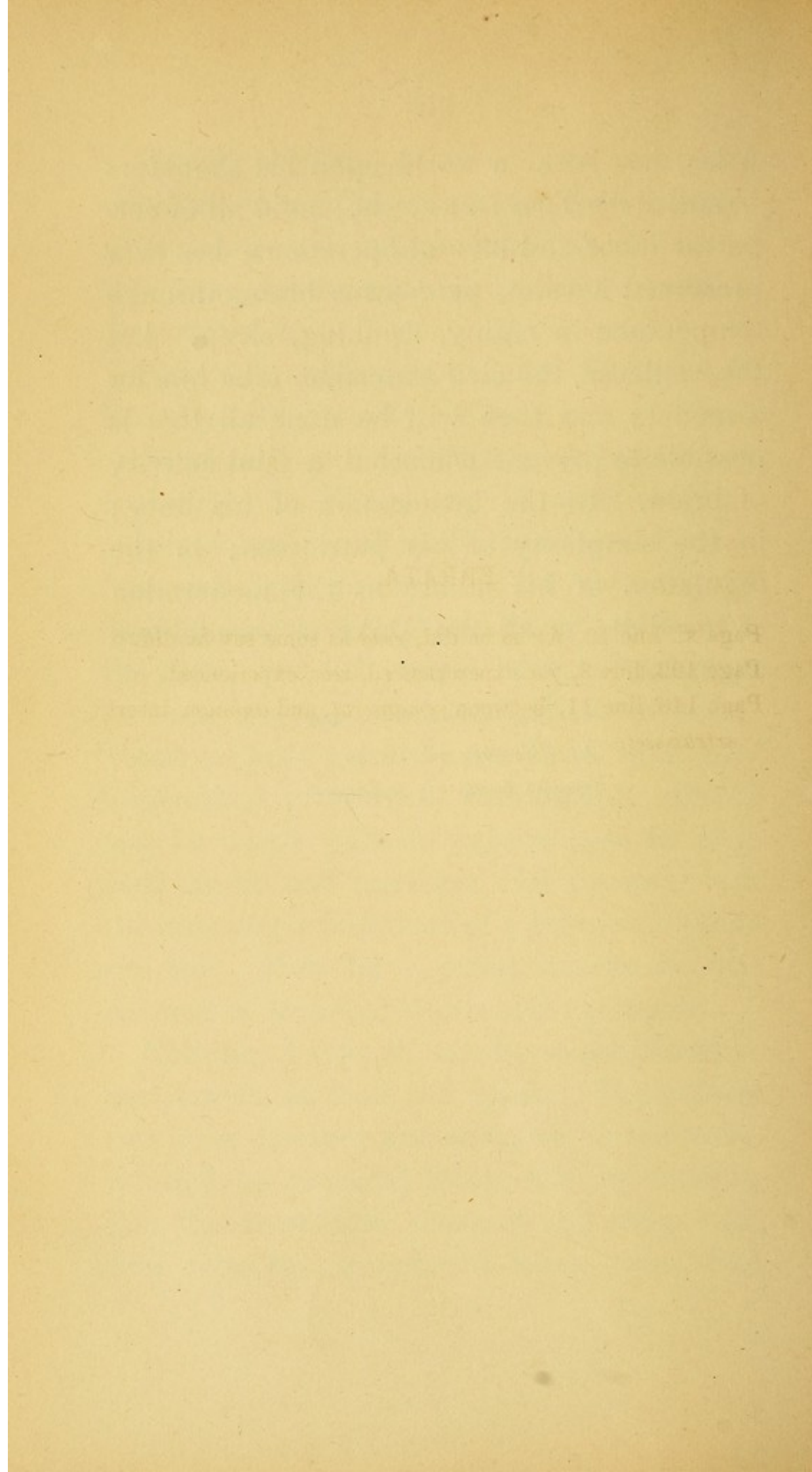
Behold the afflicting cases of Castlereagh, Romilly, Whitbread! Would not all these eminent persons have been saved by timely venesection? Eheu! no. A cessation from public labor could alone have saved them from cerebral mischief. Had the surgeon drained *almost* all the blood from their frames, the little, still left, would have been enough for their brains to work with and to destroy.

Let us hope never to see again such fatal illustrations of political excitement. But it may be worth while to inquire how far physical causes and improper diet conspire with the *necessary* excitations of public, controversial life. How far a *preventive* can be discovered of formidable cerebral exaltation.

Nothing, I take it, can be so promising as temperance in food and drink. The natural call is for nutrition and stimulus for the body, wearied by physical labor, and by mental. But the temperate mean is the only safe. Still lives that wonderful being, who, like

Atlas, has borne a world upon his shoulders — still lives THE DUKE, who, amid all of corporeal labor and mental operations, has ever preserved a calm, perceptive brain, through temperance in eating, drinking, sleep. Let the bellicose, the civil statesman take him for a model; and then will be done all that is possible to prevent a morbid, a fatal activity of brain. In the prosecution of his duty; in the simplicity of his patriotism; in the regulation of his mind; in the moderation of his diet; in all the Duke is a matchless exemplar.

οὐκ
 Ἀντεβόλησεν τῶν ἀνὴρ
 Θνατὸς ὅυπω τις πρότερον.



ERRATA.

Page xi. line 10, *for* as he did, *read* as some say he did.

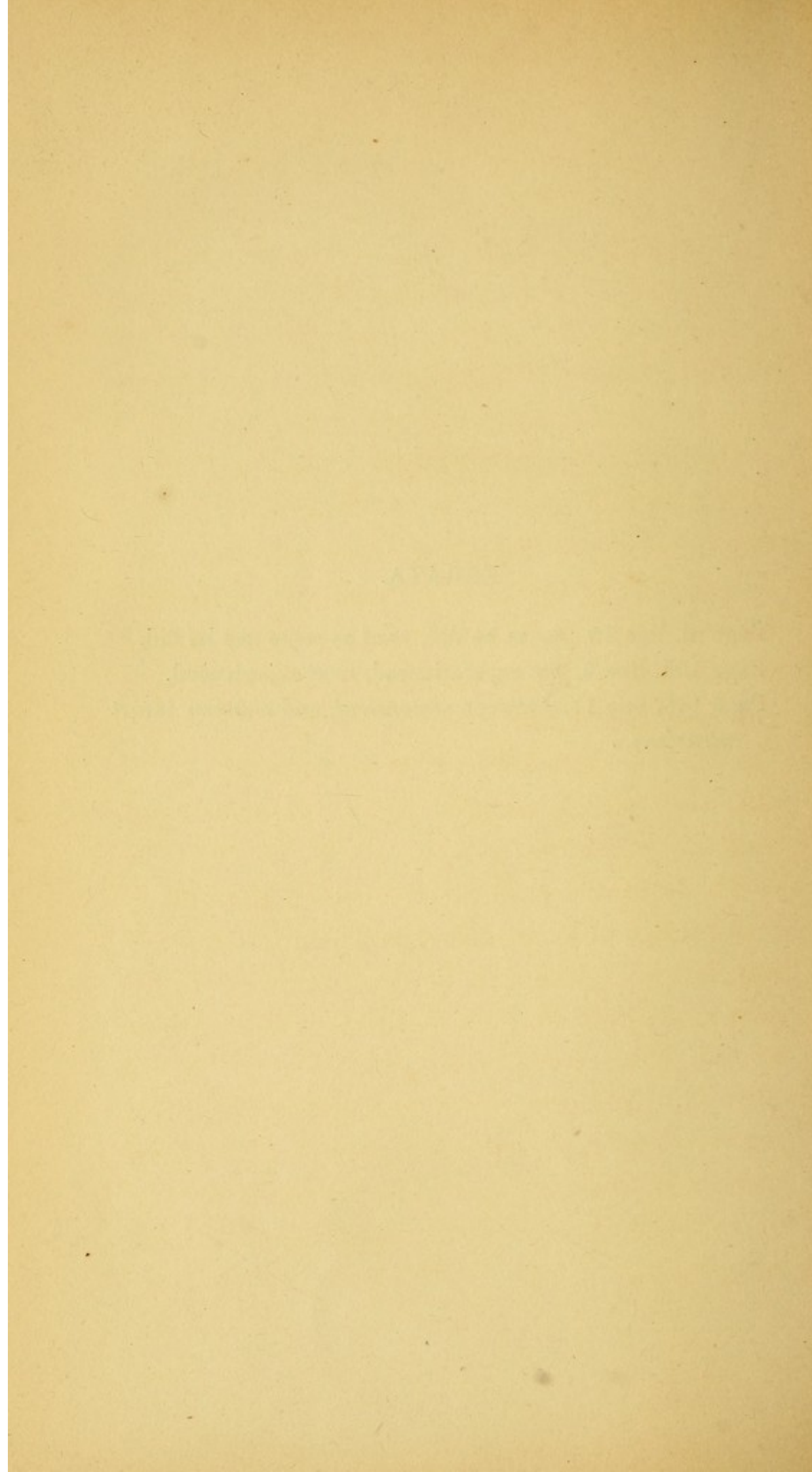
Page 102, line 8, *for* expererenced, *read* experienced.

Page 146, line 11, between *remanserat*, and *animam* insert
extraxisset, .

Page 28, line 2, *for* condescence *read* candescence.

Page 30, line 15, *for* *revtinguendus* *read* *restinguendus*.

Page 58, line 9, *for* quo ad *read* quoad.



ESSAY I.

VERTIGO.

COMPLAINTS of blood determined to the head are made by all sorts of sufferers. By the bloated gormandizer; the lean, abstemious philosopher. By the rubicund, pimple-nosed Silenus, distended

—— hesterno, venas, ut semper Iaccho,

and the pallid, slender lady. By the aged and the youthful.

Through the fashionable use of the words “determination to the head,” much misery has been engendered in the minds of many persons, acute and unfounded. The idea of apoplexy is naturally involved.

It is, therefore, very important that the patient and the physician should appreciate justly the symptoms, which reduce a variety of sufferers to the same apprehensions and complaint.

These symptoms are numerous; but the commonest, and most terrific to the patient, is giddiness or vertigo. In this state, as the word implies etymologically, objects appear to turn round the spectator. From this illusion he may recover, maintaining his erect attitude; or he may fall to the ground.

Now giddiness is almost always attributed to a fulness of the vessels in the brain. But it is not essentially an indication of local plethora: it may arise simply from errors of sensation.

VERTIGO OPTICA.

Many people, fifty or sixty years of age, are affected with slight vertigo; ascribed to indigestion, in reality arising from defect of sight. About this time, they use spectacles, when they read small print, in winter, by candle-light, but are able to read without during the summer-day. These people do not see so distinct as formerly; and, exerting their eyes, they perceive the apparent motions of objects, and confound them with the real; and cannot preserve their perpendicularity by *them*.—*Darwin*.

VERTIGO SYMPTOMATICA.

This occurs with those, whose stomachs are affected, or other portions of the alimentary canal, when there is no suspicion of plethora, general in the system. It is concomitant with dyspepsia often; with hypochondriasis; with hysteria; with nervous disease; menacing no danger. That it may be independent of the blood-vessels, is shown by the giddiness which precedes a fit of fainting from ordinary causes, such as impure air.

VERTIGO NERVOSA

are terms which we may apply in cases where the mere dread of giddiness produces the affection.

Thus, a clergyman of my acquaintance felt sick, faint and giddy, whilst officiating in his pulpit. Afterwards he experienced, at different times, returns of giddiness, solely, so it seemed to me, because his association of ideas induced a dread of an attack; and this succeeded the apprehension.

This nervous affection is often felt by sensitive, hysterical women, who may have felt themselves faint and vertiginous, in church or in the ball-room; or at any of those popular

lectures, where ladies, affecting geology or other science, form an absurd portion of the auditors—

σοφὴν δὲ μισῶ· μὴ γὰρ ἐν γέμοις δόμοις
εἶη φρονεῖσα πλεῖον, ἢ γυναῖκα χρή.

Having once undergone a fainting, and been led out with disturbance, at a succeeding assembly the remembrance and the dread shall reproduce giddiness; true nervous vertigo.

VERTIGO EBRIORUM.

This has been referred by Darwin to the stomach as a cause. But the derangement of the stomach does not always exist concurrent with the giddiness: it cannot, therefore, be a cause. The strong drink is received into the stomach, but its influence is exerted directly on the brain, through its vascular apparatus, which is distended.

In the case of a gentleman who committed suicide by drinking brandy, of which he swallowed a pint and half at one ingurgitation, I smelt the brandy in the brain, when this was examined after death, for a coroner and jury; and, although there was no effusion, I saw distention enough of blood-vessels to exert an universal compression.

If vertigo naturally induces a supposition of plethora, general or local, the cure, with equal logic, is supposed to be founded on the diminution of the quantity of blood. It is, then, imperative that the patient and the physician should both know and remember that this affection is, at times, the result of a condition opposed to plethora. Thus the parturient, who has lost too much blood, shall feel, as does a saginate person, photopsia, tinnitus aurium, throbbing in her temples, *vertigo*.

I do not pretend to explain this mystery : how fulness induces giddiness ; emptiness of vessels the very same. It is sufficient for my purpose, if I can adequately impress on the reader, that he must, to subserve therapeutics, disentangle the ideas of vertigo and plethora, which are not indissolubly connected.

Treatment.—The giddiness engendered by optical error is not a malady : it must be remedied by reference to the peculiar circumstances. That of

SEA-SICKNESS

is a specimen of the vertigo optica ; and, as every body now-a-days *scandit æratas naves*, it is right to say that this wretchedness is

best prevented or removed by the horizontal posture and closed eyelids. The dancing of the waves, the plunging and rolling of the ship, should not be *seen*.

A glassful of strong spirit and water is an admirable ally ; and, if this avail not, a powerful opiate may be administered.

These will often benefit, unless the symptoms result from abject fear. This seems to be a condition, for which nature, in sovereign contempt, has deigned to bestow no succour.

The sufferers by sea-sickness are generally those who are not officially employed. The passengers are the deplorable subjects ; they have time to feel and *see*. Nor can one pity many of these, who are led away from their *firm* country and domestic hearth by ignes fatui.

It is wonderful that persons of sobriety should wander over the seas, as they now do, for simple excitation, or to *say* they have been. Let the studious soldier visit the battle-fields of history !—the scholar sally forth, with his Herodotus and Strabo, to compare, to *confirm* !—Let the Biblical missionary fulfil his holy destiny ! But let the ordinary, easy English family remain at home ; nor, for an

excitement which British scenery might securely furnish, encounter the peril of drowning or of shipwreck !

δυοῖν δὲ μοίραιν θατέρῳα πεπλήξεται·
 ἦ γὰρ Ποσειδῶν αὐτὸν εἰς "Αἶδου δόμους
 θανόντα πέμψει, —————
 ἦ τῇσδε χώρας ἐκπεσὼν ἀλώμενος
 ξένην ἐπ' αἶαν λυπρὸν ἀντλήσει βίον.

In the treatment of the symptomatic giddiness, which excludes the idea of distended vessels, cordial purgatives are strenuously commended by Dr. Marshal Hall ; more especially, if the symptom be attended with sickness, faintness, cold perspiration, paleness, loss of flesh.

This sympathetic disorder will be kept up, will be augmented, by undue depletion. Blood-letting infallibly does mischief ; even purgation must not exceed the *eccoproctic* character, or it will harm like sanguine evacuants. The symptomatic giddiness which attends

CHLOROSIS, with its headache, heaviness, impaired memory and power of attention ; intolerance of light, of noise ; proves two points : that the vertigo cannot be plethoric, must not be treated by depletion.

Nay! farther. Exhaustion is frequently attended by fulness in the brain, with disposition to effusion, and this kept up by depletion. — *Vide passim* the works of *Dr. Hall*, whose ideas, derived from pathological observation, are confirmed by experiments made on animals by *Drs. Seeds and Kellie*.

Often have I seen unfortunates, who have undergone the blood-lettings of successive practisers, all failing—all making bad worse; none pausing, staggered by results, and inquiring whether they are on the right tack? These are not the philosophers whose *mens dubiis percussa pavet*.

“ All our sick died, of malpractice, or incurable. We seldom had to make three visits to one patient. At the second he was going to be buried, or at the last gasp; and, as I was a young physician, not inured to murder, I began to be uneasy. ‘ Sir,’ said I to *Dr. Sangrado*, ‘ I take heaven to witness, that I

follow your method with exactness, yet every one of my patients leaves me in the lurch. This very day I met two, going to their long home.'

'Why, truly, child,' answered he, 'I make the same observation: I have not often the satisfaction of curing; and *if I was not so sure as I am of the principles, on which I proceed, I should think my remedies pernicious.*'"—*Le Sage.*

Not in cachectic cases only, but in those of genuine determination, the lancet may be fatally abused. If in a frame exhausted by disease there can be *capital* fulness, such relation of a part to the whole may be induced by the lancet recklessly used. While the system is prostrate through bleedings, the resisting power of the cerebral vessels must be likewise diminished; and, as in cachexy, effusion may result, not from fulness, but through weakness; not from vis a tergo, but impaired tenacity of the coats of the vessels.

Cupping, a painful and irksome process, has been prescribed in these complex cases

of emptied frame, loaded brain. But this and leeching may, in most cases, be pretermitted. When good apparently results, it is but temporary.

Marked cachexia or chlorosis are not alone the disorders, in which the depletions for supposed fulness in the head are practised more than uselessly. The following is not a rare sort of

Case. Carbonella, a married lady, tall, thin, long-necked, aged thirty-two, has for many years believed herself the subject of "determination." For headache and *vertigo*, with tinnitus aurium, she has been repeatedly blooded, cupped, leeches, blistered. She applied to me, making the common lamentation, Sept. 1840, with a weak pulse and no marked symptoms of gastric derangement: rather disposed to alvine constipation. She hankered after blood-letting, from the *temporary* relief it had given her. But I assured her that her pain and morbid sensibilities had been kept up by depletions, and that a more liberal diet, a little alterative course with Plummer's pill, and a tonic appeal to her nerves with ammonia and gentian, would su-

persede all sanguine evacuations. She obeyed my prescription, and in a few weeks her unpleasant feelings in the head ceased.

Such cases are not those of cachexia, nor of chlorosis, nor of "acute disorder of the health," to use the language of Dr. Hall. The cause, whether or not philosophy can explain it, is not radically fixed; and the superior sensitiveness of the female organization seems the real solution of the problem.

The vascular theory, renewed of late years and carried on to excess by the morbid anatomists, has led to ruinous venesection; has confounded pain with inflammation; inflammation with congestion; appearances after death with causes during life; — has dealt only with vessels, the nerves entirely and unphilosophically forgotten.

Dr. Hall has drawn our attention to a diagnosis of uncommon importance and great clearness.

In affections of the head menacing *apoplexy*, giddiness is experienced on *stooping*. In symptomatic vertigo, as in fever, dyspepsia, intestinal irritation, exhaustion, the giddiness is felt on assuming the erect position. Severe pain, beating, noises, *vertigo*; intolerance of

light, of sound ; delirium, — all may exist, the vessels empty.

Extreme cases, as of hæmorrhagic women, are not the only cases which demand an accurate diagnosis.

Case. A quarter of a century has elapsed since Lucidus, a friend of mine, ought to have died apoplectic, if the tantum of *vertigo* be an index of the quantum of determination.

This gentleman was a dyspeptic ; the sufferer under a great domestic calamity ; to whom it was no consolation that

πολλοὺς

ἤδη παρέλυσεν θάνατος δάμαρτος.

He had not yet experienced the mollifying influence of time.

χρόνος μαλάξει, νῦν δ' ἔθ' ἡβάσκει, κακόν.

He had, moreover, ceased to take long and daily walks from a suburban residence, having become a citizen. Closer attention to business and reading made him more sedentary. Is it wonderful that his bowels became constipated, his stomach fastidious, his head vertiginous ? — The true dyspeptic *vertigo* ! I knew from his habitudes of temperance, the conformation of his frame — he was tall

and δολιχόδαιρος — and from the tout ensemble of his case, that he was not an apoplectic. But the intensity of his *vertigo*, and a positive heat of scalp, felt by the hand, would not allow himself to entertain this idea of security. He underwent many a venesection, many a cupping, which his sturdy crasis surmounted, but which kept him a valetudinarian for years. He lived under the mark: nor did he cease to be ailing, until, with advancing years, he adopted a more generous, but still temperate diet, and withdrew from the more laborious efforts of business. In exact proportion as he did this, and omitted chirurgic depletions, he convalesced.

Had his vertigines resulted from cerebral fulness, it is clear he would have been proportionally — fatally? — worse. He is now as healthy a gentleman as any Her Majesty governs; although advancing years and a more plethoric frame, less anxiety and less call for any exertions, ought to have augmented all his cerebral symptoms, had they been those of cerebral infarction.

ESSAY II.

SLEEPINESS

Is a symptom, so thinks the subject of it, denoting "determination." But it is by no means diagnostic. Debility often manifests itself in unusual sleep: difficult digestion prompts to it, and even requires it.

Some imagine that, in ordinary sleep, more blood is sent into the brain, and that this is the reason why apoplexy is witnessed most frequently in the *drowsy* subject: why, moreover, the period of an apoplectic or paralytic seizure is often the night, the patient *asleep*.

But Richerand, far from considering sleep, as such, a compressor of the brain, through increased afflux of blood, believes that while sleep lasts, the cerebrum collapses; a sign that the flow of blood into it is remarkably less.

That the sleep produced by pressure on the brain, as in experiments on a living animal, is a state of disease not more natural than apoplexy.

Thus sleep is produced by two opposite proximate causes: healthy sleep by derivation from the brain; morbid, by the pressure of too much blood. And this exposition enforces and illustrates the pathology of Dr. Hall and other writers, in which the very same and formidable, fatal symptoms proceed from inanition and fulness of vessels! This should calm the apprehensions of those who think sleep and "determination" concatenate. Let them once ascertain that their cause of sleep is not morbid, and they will not fear a morbid influence from sleep—sleep, I mean, not carried beyond limited bounds, in a *horizontal* posture. This seems the true producer of afflux, and should, therefore, be religiously avoided after a full meal, while the chyle rushes torrent-like into the blood-vessels.

Thus a person, taking his *siesta*, prostrate, not sitting—his only safe position—shall feel an unwillingness, almost impotence, to rise from the sofa. He feels that his brain is oppressed.

In the morning, when more than sufficient rest has been taken, *drowsiness* increases:—it *was* healthy; prolonged horizontality is making it morbid. Hence the propriety of resisting this seductive indolence: hence the necessity of forming a *habit* of rising early, which may render needless potent excitation. How profound the morning sleep of many! Some loud appeal is required to raise the somnolent captive—

Sollicitive canes, canibusve sagacior anser.

The “Rouse up, rouse up, all of ye!” of the boatswain and his whistling mates!—the *Reveillez!* of the drum, the horn.

Since sleepiness is occasionally produced by excessive fulness in the brain, it is not wonderful if a man should fancy that a natural, but unusual, drowsiness results from plethora. But it is not diagnostic. It is at times the result of absent ideas. It is produced by monotonies: the hum of insects—the murmur of a distant waterfall, of a nearer rill—

Saxo tamen exit ab imo

Rivus aquæ Lethes, per quem cum murmure labens
Invitat somnos crepitantibus unda lapillis.

The continuity of any uninteresting sound will soon induce this negative condition. A statistical report read at a public meeting; many a lecture at a mechanics' institution; a long, vague sermon, are sure soporifics. The sound sends us to repose, when the subject affords no cerebral excitement.

It is curious to reflect on the double office of

THE BRAIN.

It is indeed the organ of the mind; but it is likewise the officina, whence the nervous spirit, required for the various functions of the body, is supplied. It is the organ of the thinking soul, the animus. It is the organ, *also*, of the bodily spirit or soul, the anima, which acts, nourishes, and invigorates the frame through the brain. This anima works most efficiently during sleep.

The *common* usage of the brain by both powers, the animus and the anima, is shown in the hungry man about to dine. Suddenly he receives the news of some catastrophe, in which he is personally interested — battle, murder or sudden death. So suddenly doth his appetite vanish: his thinking soul alone

occupying the brain, which just before had been put into requisition by the anima corporis, for the process of digestion.

Even if the dinner were now mechanically thrust into his stomach, it would lie there undigested and oppressing. No spiritus nervosus would be despatched from the brain to effect digestion. The miserable animus hath taken sole possession.

Thus we think and digest with the same organ: solve a problem in Euclid, or dissolve a mutton chop.

This digestion has been proved by direct experiment. A hungry animal has been allowed to fill his stomach with food; digestion has commenced. Now the anatomist divides the eighth pair of nerves, which wander from the brain. The communication of the stomach with the brain thus cut off, the animal is opened by the physiological assassin; and it is found that digestion hath ceased, from the moment of the division of the eighth pair.

Doth the spectator doubt? The physiologist applies to the stomachic portions of the cut nerves a galvanic apparatus; and digestion is visibly restored and completed by a

continuous stream of galvanic aura. Thus we digest with our brains; and the agent employed, if not the galvanic somewhat, must be somewhat similar to galvanism.

An illustration of the stomachic function of the brain is afforded in the biography of Nelson. Whilst he was in anxious, protracted, baffled pursuit of the French fleet, weeks, months, his meals were neglected; for he was without an appetite. The moment he caught a view of the enemy, now vanquished in his imagination, he ordered his dinner, and ate most heartily. His immortal animus at ease, the nervous spirit was handed over to the anima corporis, for gastric use.

————— εὐόχθῃ βόρᾱς
 ψυχὴν ἐπλήρουν.

Philosophy has brought us no farther than fact. We know not what is the animus,—what the anima,—what the vital principle; how the brain is affected by either of these mysterious agents. That the animus is not material seems made out by *metaphysical* argument. Which of us has not read the penultimate chapter of *Rasselas*?—Which, having perused it, still fancies mind may be

matter? With such a dubitant I have no desire to reason.

This digression is not irrelevant. It shows that sleep does not essentially imply determination to the head. That the brain subserves two employers; that it is wanted by the animus, the intelligent soul, for the purposes of rational life: that it is demanded by the anima, the corporeal soul, for digestion and nourishment. That these powers generally act in harmony. But that, when great work is to be accomplished; mathematics to be studied, or a feast to be digested; they leave off, either of them, their own proceedings, and yield the brain and the spirits to the other. Thus Sir Isaac Newton kept empty his stomach, when he wished to employ abstrusely his brain. Thus the gourmand always gives his brain a holiday, as he sits digesting, in his pandectic paunch, his amazing repast.

Sleepiness, abstractedly, is no proof of cephalic plethora. But undoubtedly this does produce sleep, most probably through pressure. For the influence of exterior pressure

is certain. Thus in spina bifida, a tumor is protruded ; and, when this is compressed, sleep is induced, because the brain is pressed by the retrocedent fluid.

Thus great cold is said to produce sleep. Less blood is circulated through the vessels of the surface ; more is poured upon the brain.—*Darwin*.

Sleepiness is one symptom of an apoplectic tendency, but this tendency is not always indicated by a soporose condition.

Who can resist the somniferous influence, when two potent causes conspire ? When the stomach is full and the brain vacuous ? When a Christian pater-familias eats a hearty dinner at Sunday noon, “ for the sake of the servants ; ” and then sits beneath the pulpit of a jejune, monotonous divine ?

Sleep is the natural condition of the brain, unexcited by light, sound, other irritants.

Thus dogs, not occupied with the pursuit or enjoyment of their food ; nor employed by man ; do nothing but sleep. Not troubling themselves about party-politics, nor any nine-days’ wonder, they sleep and are happy. Oh ! that *dog*-faced demagogues would follow their example ! That Messieurs B, L,

M....., would cease from parliamentary latration ; and bless their cotemporaries with that oblivion of their names, which posterity most assuredly will enjoy !

Not that their obstinate clamor is devoid of all utility ; because God has made nothing in vain. *Longum est*, says Cicero, *mulorum persequi utilitates et asinorum*.

We learn that a somnolent state may result from opposite causes : derivation *from* the brain—determination towards it. Then the physician must aim at accuracy of diagnosis. All depends on this. There can be no difficulty, where the patient is fat, bloated, flushed ; the pulse full, strong, hammering. Here is a condition of vessels, which may easily end in ruptured capillaries and sanguine effusion. Especially if the habits of the patient are sensual.

Case. Chalybeïus was a commercial traveller, for wine and spirit. He had a large, capacious frame, with room for any distention of stomach. This organ was seldom in repose ; through breakfasts on meat, luncheons, tavern-dinners, suppers—porter, wine, spirit. Is it wonderful that, one evening, after a

series of repasts, he complained of invincible *sleep*? That, early in the night, having risen from bed and laid hold on the matula, he fell with a frightful “lump” upon the floor—

Δήπησεν δὲ πεσὼν ἀράβησε δὲ τεύκε' ἐπ' αὐτῷ—

became stertorous, senseless, and, very soon, a corpse? His family-surgeon had blooded him very copiously, so soon as he was summoned.

TREATMENT OF APOPLECTIC SLEEPINESS.

The preliminary is to cut off the supplies. But this simple preventive, this essential conjunct with medical treatment, is rarely practised. I remember, at this moment, but two voracious, bibulous men, who took effective fright and altered their fatal habits.

In general, the menaced apoplectic, although conscious of danger and the childishness of his gastronomy, goes on to stuff, to drench—

Plusque cupit quo plura suam demittit in alvum—

ever promising abstemious behaviour; daily transgressing; he

Resolves and re-resolves: then dies the same.

Blood-letting seems an obvious preventive of cerebral mischief, in cases of morbid sleepiness; and doubtless many an imminent apoplexy has been averted by the lancet. It might have been in the following

Case. A young surgeon was dining at the hospitable board of *Asio*, a short, fat, neckless country gentleman; who took no real exercise: none on foot. For what is the passive exercise of the easy carriage or the walking horse? This gentleman lived sumptuously on meat and wine. At *this* dinner he was purplish from distended veins; heavy in conversation, *sleepy*. The medical guest longed to apprise him of his danger and prevent effusion. From a reprehensible delicacy he abstained; and in a few days that generous host died of an apoplectic stroke; a large cupful of arterial blood having welled into the centre of his brain. Thus testified necrotomy. Here the lancet was indicated as a preventive. When the crisis arrived, it was most freely used, but utterly powerless. And here the Celsian statement did not apply to the surgeon —

Cum par scientia sit, utiliore medicum esse amicum quam extraneum.

He failed in his duty, as a *medicus amicus*.

It is marvellous that the tender vessels of the brain ever resist the strokes of the heart.

When they have given way, can blood-letting, unless to an awful extreme, arrest the torrent? Its failure in cases so numberless has induced many experienced physicians to renounce it for ever. If they are not right, they must be pardoned for their error. They have a great deal to say in their own defence. Especially when they allege that even emptiness of vessels does not always *prevent* apoplexy.

Case. Signator, foreman of a mill; stout: ventri deditus: was under the care of a physician for disorder in the liver; which was treated with mercury. On the 8th of February, 1841, this had produced a hypercatharsis, so prodigious, that his family-surgeon found him nearly bereft of all power and all *pulse*. By judicious attention he rallied partially: and twelve hours after was visited by myself in consultation. I found him presenting all the *cerebral* symptoms of imminent apoplexy:

lethargic; flushed. Yet the great debility and velocity of his pulse forbad an appeal to any other system than the nervous. Accordingly the mustard cataplasms were applied to his feet. But he went on into all the degrees of apoplexy; and died within twelve hours more.

Case. Cervella, a stout, unwieldy lady, near seventy, fell into a coma whilst walking out after dinner. Her surgeon administered an emetic, let blood twice and freely, and ordered a purgative. Mustard cataplasms. In a few hours consciousness was displayed: in a few days her intellect was restored. But her power of walking was not regained for months.

I was called to this patient within two years, and found her apoplectic and moribund. In her usual health in the morning, she had taken a purgative, which had produced a hypercatharsis. After the evacuations, she is struck with apoplexy. Emptied vessels; great debility; yet blood determined fatally to the head!

ESSAY III.

SOPOR HYSTERICUS.

THAT metamorphic disorder, Hysteria, among the various imitations it performs, assumes occasionally the appearance of *apoplectic sleep*.

I was summoned to the village of Swainsthorp, to see a female servant, who had lain more than two days in a deep, unrousable sleep. The family judged her to be in a fit of apoplexy; but neither her youth, nor her history, nor her look permitted me to confirm their idea.

The breathing was not stertorous; the face not flushed. No distention. Yet the pulse was full, slow, almost laboring: the pupils wide. I felt no doubt that the symptoms were hysterical, in a young, plump, country lass.

Instead of the lancet, which was expected,

I requested her fellow-servant to heat the kitchen poker to condescence. Her feet were uncovered; and I brought the heated iron into approximation to her soles; near enough for the radiation; not near enough to burn. In a few seconds she felt the pain, retracted her feet; raised herself suddenly on her breech; rubbed her eyes; looked surprised around the room—and was well.

Hysteric stupor, I see, is noticed by Dr. Hall. (See *Mimosis urgens*.)

I seize this opportunity to recommend a similar mode of proceeding in other forms of hysteria. I have tried it often. It has never failed. In this case of the rustic girl the sleep was deathlike, the frame still as in an universal palsy. But usually “the patient is affected with a stupor and insensibility, while the body is agitated with various convulsions.”

This stupor is more or less complete. When less complete, the patient does not always wait until the iron approaches. She hears the order given and the preparation made; and the terror reduces her to quiet.

“These affections sometimes, though rarely, attack the male sex.”

Case. *Rimosus*, a young clergyman, was long subject to clear, undeniable, fits of hysteria ; convulsions, ululations, laughter. In one of his paroxysms, I requested the hot iron for the bared arm ; and, as soon as it was felt, the fit went off. His brother, a man of uncommon good sense, then threatened him, at my suggestion, that whenever a fit returned, the heat should relentlessly be applied, even to burning, if needed. A fit never recurred. In this case pain removed an hysterical paroxysm, terror prevented another.

This gentleman displayed that sympathy of the throat, so common in these mysterious maladies. Beside the *globus*, he had prolonged uvula, with *incessant* cough, and had been pronounced a consumptive. This uvular disorder yielded to a seton inserted over the pomum Adami.

The contortions of the Sibyl could not have surpassed what we sometimes behold in the hysterical woman. It is pleasing to be able, on the score of decorum, to stop these wild performances.

Case. I was called into the shop of a druggist, where I found the master, the apprentices, the errand-boy, all trying to repress the struggles of an amazon, who had nearly writhed herself into nudity. A red-hot spatula, wherewithal I touched her forearm, instantly restored her to quiet and her senses.

Whether in these outrages body or mind is the culprit, the *painful* remedy will still be appropriate; and barbarous only in appearance.

Ne corporis quidem morbos, saith Tacitus, veteres et diu acutos, nisi per dura et aspera cöerceas; corruptus simul et corruptor animus haud levioribus remediis revtinguendus est, quam libidinibus ardescit.

For the susceptibility of the feminine nerves is undoubtedly, at times, displayed wilfully: an artifice, through which the wanton female expects to inspire an interest into the bosoms of the other sex.

πολλὰς ἂν ἑύροις μηχανάς· γυνή γὰρ εἶ.

Pudendorum aut partium vicinarum morbos fingunt hæ fœminæ, seu lascivæ seu nominarentur hystericæ.

Calculos in vesicâ; urinæ retentionem præ-

tendunt; aut alia symptomata quæ χειρουργίαν, id est manipulationem viri, requirunt.

Hist. Lasciva Norvicensis calculos in cystide urinaria denunciabat: et sæpe chirurgum ad viscus arcessebat explorandum. Perscrutatio vana! Lapillos demùm silicios ex humo collectos impudentur afferens, è corpore suo evasisse, deos obtestans, juravit. Hæc procax, quando posthàc nupta fuerit, de calculo vesicæ haud longiùs est conquesta.

Hist. Puella pubescens, Norvicensis, multas per hebdomadas urinæ retentione, sic dixit, laborabat. *Hirundo*, chirurgus juvenis, insons, minime suspicax, urinam ad educendam indiès visitabat. Abjectâ dehinc spe curationis, me in consilium adhibuit. Quid ego de morbo, quid de remediis proponere possem? Hanc adolescentulam morbis aliis omnibus liberam et integri corporis esse compertum habens, fictum morbum annunciaui. Chirurgum, virum probum, horrore hoc dicto perfudi: sed diagnosin veram esse citissimè sensit.

Such women, call their proceedings, if you please, the result of infirmity, of insanity, of

a species of furor uterinus, will not easily escape the suspicion of more or less of mental pollution. They cannot boast with the virtuous Andromache—

——— καίτοι χείρον' ἀρσένων νόσον
ταύτην νοσοῦμεν, ἀλλὰ προὔστημεν καλῶς.

Nothing is gained for the contortions of the hysterical by restraint. It increases their intensity.

Frustrà inhibere laborant.

Acrior admonitu est ; irritaturque retenta

Et crescit rabies : remoraminaque ipsa nocebant.

But, doubtless, it will be necessary to guard against a certain degree of collision with surrounding bodies.

ESSAY IV.

HEADACHE.

THIS is another symptom, so fancies the sufferer, of determination. And this is a subject for philosophical wonder. For the brain is the fons et origo of sensation: and yet itself appears insensible.

The surgical operator and those cruel physiologists, who saw off the skulls of living, helpless animals: and slice, puncture, scoop out their brains: know that the torture, they inflict, is not *in* the cerebral pulp, but somewhere around it.

As it is certain that the brain, exposed to mechanical violence, even incisions, does not feel it, there is no reason to believe that headache, per se, implies afflux of blood to the brain proper.

The insensibility of the brain itself, than which no fact in physiology is more proved,

renders all attempt to detect the mysteries of connexion, betwixt our material and metaphysic natures, hopeless.

Nothing develops sensibility in the brain. Other structures, seeming essentially devoid of sensibility, are roused into agony, through inflammation. Thus the surfaces of joints pass from anæsthesia to intolerable torture. The pedestrian has walked a thousand miles in a thousand hours, and yet the rubbed, pressed surfaces of his hip and knee-joints remain at perfect ease. Whilst in these very parts inflammation demonstrates exquisite sensitiveness. Not so the brain. However much the cerebrum has been inflamed, no laceration of its substance from fractured cranium—as in the delirious suicide—reveals sensation.

The greatest pressure, from effusions on its surface, excites not feeling.

Case. The subjoined illustration was given me by an energetic surgeon of our hospital, Mr. Godwin Johnson.

Hannah Fair, aged 84, was admitted February 14th, 1840, with fracture of the arm. She had fallen four days previous in a fit and

was found senseless. Having recovered her speech, she was brought to the hospital. I found a fracture of the right humerus with great effusion of blood. She answered imperfectly—could give no account of the accident nor the day.

During her stay she was very riotous, especially in the evening and night—calling out, swearing, and trying to get out of bed. Her answers were very incoherent; her manner unnatural. As I had known her to be a quiet and respectable woman, she remained seven weeks: and during the last three improved in mind and manner—sat up—was more cheerful, and left on the 4th of April *cured*.

On the 27th of September, 1840, she was again admitted, having fallen and broken her leg. She had evidently had another fit, was dull, sleepy, and spoke with difficulty. Pulse feeble and fluttering.

She improved for a week or ten days, but then became very jaundiced, could not pass her urine, and remained comatose four or five days. Excessive purging came on, and she was more sensible; answered questions, if loudly asked, and took freely nourishment.

Coma again returned, and she died on the 20th of October, twenty-three days after her second admission. I examined the body. There was no attempt at reparation in the leg.

The scalp was found to adhere firmly to the pericranium : this very firmly to the cranium. I raised the calvarium and was struck with the loose, flabby condition of the dura mater covering the anterior and middle lobes of the cerebrum. Removing the dura mater, I saw the surface of two enormous coagula—of a pale pink color, membranous, dense and strong. The coagula were composed of dark, grumous, partially disorganised blood. These extended over the anterior, middle and part of the posterior lobes of the brain ; resting in front, where they were thickest, upon the orbital plates ; encroaching to a most extraordinary extent on the cranial cavity and compressing the brain. The distance of the brain from the scull, at the level of its sawn edge, was from six to eight-tenths of an inch. The posterior lobe was in contact with the cranium. The left hemisphere was more compressed than the right.

Now whether these enormous clots resulted from a knock received by the scull when the patient fell apoplectic ; or whether she fell apoplectic, when the effusion had oozed on to the paralyzing degree, this case still illustrates the position, that cerebral pressure is not proved by cerebral pain.

The brain shall be laden with viscid blood, or deluged with apoplectic effusion, and yet no pain be felt.

Not simply sanguineous distention, but solid tumors, pressing quàquàversum, excite no pain.

Abscesses may be formed in the brain itself with no other symptom than the comatose.

Case. Prasinus, a druggist's apprentice, had been sent home to his friends for increasing *sleepiness* and loss of mental energy ; but without headache. When I saw him, nothing was detegible but these symptoms ; augmented and augmenting. Dr. Wright met me in consultation. Derivatives and antiphlogistics were prescribed : and in a few days the lad died apoplectic. Disorder of three weeks' duration. He was of a scrofulous crasis. Upon necrotomy, I found some

half-dozen abscesses, each big as a boy's marble, composed of a greenish pus and dispersed through the cerebral substance.

As the brain feels not abscesses, the result of inflammatory action, so head-ache, *as such*, is no proof of organic mischief nor cerebral plethora. Simple cephalic fulness produces not *ache*; but stupor, sleep. The history of apoplexy is not a tale of headache.

Where plethora is fairly assumed, as after gastric debauches, there may be headache, diffused or partial; but this is the effect of exterior sympathy with abdominal, ganglionic irritation. A sympathy kept up through the anatomical communion of the grand nerve of the trunk with the sensitive branches of the fifth pair.

So far is pain of head from indicating, *per se*, systemic or local fulness, that emaciated persons, with feeble pulses, are most frequently the sufferers under grievous cephalalgia.

Nay! Pain results where there is abstraction of blood from the system, instead of full pulse and sanguineous accumulation. Dr. M. Hall has repeatedly known the effects of loss of blood mistaken for inflammation of the brain.

When the head is affected from loss, there are beating of the temples, *pain*, a sense of pressure, vertigo ; rushing, cracking noises. —*Hall*.

“ Frequently inability to bear noise ; disturbance ; thinking ; rarely photophobia ; the last denoting intestinal irritation.”

Yet nothing appears more difficult than to convince the young surgeon of the abuse of the lancet. The more especially if he comes puffed and pragmatic from a foreign tuition—despising the sobriety of his fellow countrymen : scorning the sentiments of the inferior practisers of the “ old school.”

οἱ γὰρ πνέοντες μεγάλα τοὺς κρείσσους λόγους
πικρῶς φέρουσι τῶν ἐλασσόνων ὕπο.

The Treatment of headache, where there is plethora of the system, is simple. If effusion or rupture be dreaded, let blood. From a brachial vein or into the cupping glasses on the nape. Yet although “in simple plethoric headache relief may be given by bleeding, its effects are transitory ; if often repeated, it may be hurtful. Frequent bleeding is equally apt to bring on plethora, as the most

plentiful diet is." These are the grave remarks of *Cullen*.

The patient must abstain from the pleasures of the table; *or* vessels, emptied by the morning lancet, will be filled again through the evening dinner. We *may* succeed without blood-letting; we cannot triumph without temperance in diet.

The plethoric headache is usually attended by giddiness, even to falls, to insensibility. Here

Cupping is a commendable remedy. And here the patient must dine early, lest he be tempted to carouse. A repast so slight, that he may be able to transact business, in a quiet and easy manner; without muscular exertions, without hard thinking.

If he be a gentleman, living at home, and *curis liber*, he may sit in an easy chair and digest his meal. He must not *lie down*. But he may sleep semi-erect. And if he cannot sleep at will, let him take in his hand the Parliamentary Debates of the Reformed Commons, or a volume of Jeremy Bentham.

That temperance will prevent the plethoric headache, every body knows. To practise

is the difficulty. Is more than temperance required in drink? Is the modern system, vulgarly yclept "Teatotalism," the true, the salutiferous?

The watery sect deserves great praise, statistically, nationally considered.

Αρίστον μὲν ὕδωρ.

But, in a therapeutic treatise, the question is, not how to reclaim drunkards, but how the healthy, sober man will best preserve his health? Whether by the drinking of water, or of stimulant fluid in moderation?

The majority of medical philosophers have decided for temperance, not abstinence. The majority of, after all, a learned body—learned in *Nature*. They are prepared to forbid wine to the reckless, who know not where to stop; but for the man, *mentis compoti*, they think the stimulant liquids, used with caution, innocent, even useful.

It has been asked, whether the world would not have been better without the use of stimulant drink?

I would answer this question in morals by another, put by that great and good philosopher, whose intellect was as piercing, as his

heart was devotional—whom to *read*, at the expiration of eighteen centuries, is to love with the ardor of personal friendship; whom to meet hereafter is the wish and creed of every *Christian*.

Terra vero fæta frugibus et vario leguminum genere, quæ cum maximâ largitate fundit, ea ferarumne, an hominum causâ gignere videtur? quid de VITIBUS olivetisque dicam? quarum uber-rimi lætissimique fructus nihil omnino ad bestias pertinent. Earum omnium rerum HOMINUM est usus et cura.—CICERO.

ESSAY V.

CACHECTIC HEADACHE.

THIS disorder is frequent : and it implies a state, the reverse of that which engenders the plethoric headache. It has been mistaken for meningitis : but “ in inflammation of the brain, there is an unvaried state of pain, of intolerance of light and noise, and of the other symptoms: the affection is simple, uniform, progressive. In the complication of affection of the head, with disorder of the general health, the case is varied. The pain ceases and recurs, often with more intolerance of light, noise, disturbance, than in actual inflammation. The symptoms are various, even contradictory, and have no apparent connection with the head ; of a nervous, perhaps hysteric character. Frequent fainting ; great weakness.”—*Hall*.

Case. Hylæa, a maiden lady, past the critical period of womanhood, was the victim of long-enduring headache. Intense; attended by hyperæsthesia of every cerebral organ — hearing, smelling, seeing, tasting, feeling. Any sound in the *house* was distressing, even the voice of her relatives. She complained of disgusting odors, which might have been really subsistent, and detected only by her fastidious nostril; or they were imaginary.

Light was very painful. Her gustatory nerves abhorred most articles of food; and her general feeling was acutely pained by common pressure and friction.

Save the head, no particular organ of life was affected; but the symptoms induced in her surgeon an idea of meningitis, and his measures, modified by her delicate frame, were founded on this assumption.

Then, are not the symptoms of meningitis above narrated? No. For this patient, with all her depraved taste, exalted touch, photophobia, osmophobia, echophobia, could walk behind a cart laden with loose iron bars, nor notice the infernal clangor, if she was intent in conversation.

In such a case, where is the idea of inflammatory affection?—what, but of the nervous system abstractedly affected?

Consulted on the condition of this suffering lady, I pronounced a diagnosis of nervous debility; and the subsequent treatment by tonic, sedative medicines; substimulant, nutritious diet; confirmed the truth of this opinion. She still, however, continues a valetudinarian.

I have called this case cachectic; and a state of gums, which I have not yet mentioned, may justify this term.

“Without” primary “decay of the teeth, there was a sad state of the gums, and of other parts of the internal mouth. The gums spongy and ulcerated,”—with puriform secretion from their cavities round the teeth.

From a condition like this lady's it is not possible to pronounce dogmatically a complete recovery. But where the organization of vital parts is uninjured; where the symptoms are mainly referable to the nervous system; where the cerebral vessels are not inflamed; and the patient is approaching the corporeal calm of elderly life, much of hope may be felt and very much expressed.

It is difficult, perhaps impossible, to give a satisfactory name to such headaches, as we are now considering. "*The Headache of acute Disorder of the general Health*" would be a title too prolix. Cachectic may imply more than is meant. The frame may be untouched by poisons or disorganizing causes. Free from the breakings up of any debauchery; viscera sound. Dr. Weatherhead's "*Nervous Headache*" is as good a term as, perhaps, we can get. Nervous, that is, not vascular.

Case. Sarah Hudson, æt. 33, endured intense, constant, universal headache. She entered the Norwich hospital in the spring of 1840. Twice before, and for similar distress, she had been an inmate. Her face was as pale as "a stucco figure;" her pulse very weak; no throbbings indicated local plethora. She had been leeched. She improved under the good fare of the house, and was made *out-patient*. But her torture returned. For four months, various remedies and a good diet were tried in vain. She requested *sarza*. It was given her, and in three months she became stout, well-coloured, painless. Had she died, I feel sure we should have found,

as Andral in like cases, the brain “d’une pâleur remarquable.” The sarza seems to have been the critical remedy.

The gravest *sensorial* symptoms have occurred in an anhæmious state. “A balance of the circulation of the brain is necessary for its functions. They are equally impeded by the interruption in apoplexy, and the diminished impulse in opposite conditions.”—*Abercrombie*.

Such cases and such considerations can hardly be inculcated too deeply. Because, even in this present day, and maugre the earnest publications and warnings of Dr. Hall, patients go on to complain of “determination,” and surgeons to practice for it. Forgetful that if *pain* and vertigo be indeed signs of apoplexy or paralysis, they are also symptoms in exhaustion and in dyspepsia. “In chlorosis there is severe pain. Pain and vertigo in hysteria, hypochondriasis, asthenia. The sense of an iron finger on the head, or of an iron hoop round, is an effect of exhaustion from loss of blood.” And who has not witnessed similar symptoms in cachectic, bloodless persons; bloodless, not from hæmorrhage, but from want of sanguifaction?—

But see Hall *passim*. This writer's opinions, whether peculiar, or maintained by others without plagiarism, will still remain creditable to himself, beneficial to mankind, and secure in a literature not to be stolen.

Mutare dominum non potest liber notus.

Martialis.

ESSAY VI.

RHEUMATIC HEADACHE.

THERE are many structures, within and outside the scull-cap, which rheumatism may seize : membranes fibrous, muscular, periosteal.

It is only through metastasis, if it assail the membranes within the cranium, the dura mater, the pia mater, the cerebrum.

We learn from Dr. Francis Hawkins, in his *Gulstonian Lectures*, that “the dura mater, which borrows a reflected serous surface from the arachnoid, is thus similar to the pericardium. And as rheumatism is in some cases transferred to the contents of the cranium, this may arise from sympathy affecting the dura mater.

“ On the other hand, as metastasis to the head is more common in cases, in which the

synovial membranes, not fibrous, are the primary seat, it is probable that the arachnoid itself is the first to suffer; and the rapid, copious effusion of serum tends likewise to prove the serous membrane the principal seat."

It is evident that this metastatic rheumatism must be a very different foe from the external disease. And this, whatever be the *precise* seat of rheumatism, whether with Dr. Hawkins we deem it sanguineo-vascular; or occupant of the lymphatics.

It is probable that effusion occurs only when the serous lining of the dura mater, or the subjacent membranes are affected. The dura mater proper might be rheumatic; and death from another cause ensue: and yet *no* trace be found in the cranium.

Thus Dr. Hawkins saw a man suffering acute rheumatism, in furious delirium. He complained only of pain in his head. He died: there were no traces of inflammation within the cranium; no effusion. But the pericardium was intensely inflamed.

Thus Dr. Watson reported a case of acute rheumatism, in which the patient was suddenly attacked with furious mania. Upon

dissection, the brain was perfectly healthy ; but within the pericardium there was copious deposition of coagulated lymph.—*Hawkins*.

Now there was no proof in these cases “of absolute cerebral disease”—yet there might have been rheumatic meningitis in the dura mater : or in the other membranes, short of effusion. All traces erased by death. For the traces of rheumatism are most wonderfully effaced. Take the following

Case. *Armorius* died, having remained on the sick list of a ship nearly twelve months. He manifested at first luetic nodes, with nightly pain. To these succeeded arthritic pains, particularly in the knees, most grievously in the right, which was exquisitely tender, tense, glazed, menacing suppuration. An invincible contraction of this joint occurred, months previous to death. He suffered now daily exacerbations of pain, varying as to hour of assault, but agonizing. The digital, carpal, malleolar joints had all in turn been painful and swelled. He was repeatedly salivated by the surgeon, who still imagined a venereal taint ; and at last alteratives, bitters, tonics, wine, were prescribed.

Blistering was vain. The pains increased, and at length were concentrated in the right knee-joint. He became a skeleton, fretted with a perpetual diarrhæa; the pain ceased; and he died.

The joint I examined after death; and found no morbid appearance in cartilages nor ligaments, nor surrounding parts. The flexion of the leg on the thigh had been effected by muscular contraction. So much disease, no traces left!

However, whether, or not, in the cases of Drs. Hawkins and Watson, the meninges were rheumatic, there is no doubt that rheumatism does quit its situation and attack the subtercranial contents. Acute rheumatism; rheumatic fever, most frequently; the chronic, occasionally.

Case of Rheumatic Apoplexy.

Nauticus labored under acute rheumatism, and had been treated with copious venesections. Suddenly the pains ceased; he became heavy, senseless, stertorous. His pupils became small, fixed. He died in an hour.

There was not an inspection of this young man's body ; but it was an undeniable case of metastasis.

*Case of Chronic Rheumatism, with Metastasis
and Apoplexy.*

Clerica—æt. 27—Sept. 12th, had rheumatism of the knees and one shoulder. Oct. 12th, her pains suddenly ceased ; and, in lieu, she was flushed, with intense headache. Relieved by purgation. Oct. 15th : Again headache, photophobia, pulse intermittent ; lastly, coma. She was restored by free counter-irritation with nitric acid, and *internal stimuli*. 16th : Coma ; and successful irritation. 18th : The same history. The coma ceased ; but headache remained up to November 5th, when it yielded to the rheumatism returning in the shoulder.—*Hull on the Eye*, p. 244.

The treatment of acute rheumatism it is not for me to discuss. The reader will decide, whether the dread of venesection shall still keep sheathed his lancet ; or whether the recent publication of Dr. Macleod shall animate him to its liberal use.

The *Treatment* of rheumatic metastasis to the head, exemplified in the case just quoted, should be intense counter-irritation ; chiefly to the soles. The mustard poultice is a surprising remedy for some cephalic disorders. In those of children, particularly, which never perhaps are rheumatic—but where other causes have produced inflammation and threats of effusion—I have known the mustard most efficient, most salvatory.

In metastasis we have to contend with somewhat capricious, shifting. This I believe to be a nervous agent. *Metastasis*, saith Blancard, *est humoris morborum ex parte, in qua natus fuit, translatio in aliam*. But what translates ? Whatever the philosophy, general blood-letting cannot affect particular parts. The vessels would still bear the same relation of fulness. But local irritants may recal local irritation ; reinstate the *humor morbosus* ; or, as I believe, the morbid action.

In headache, simple or specific, it is desirable that the precise seat should be diagnosed. Are there, then, any subjective symptoms to settle the point, whether the pain be external or within the skull ?

Dolor capitis INTERNUS in meningibus locum

habet, qui profundus est, et ad radices oculorum pertingit : externus verò in pericranio situs pilorum radices inverti non sinit, et ad capitis compressionem exacerbatur.

Hæc est Galeni doctrina, in which Riverius, from whom I quote, concurs. But I am inclined to believe that the distinction of the seat of pain, by the patient, is difficult ; perhaps impossible :

τὸ γὰρ δάκνον σου τὴν διάγνωσιν κρατεῖ.

Eurip. Hippol.

The Treatment of external rheumatism of the head, whether this assault the pericranium, or the tendinous expansions, or the cutaneous nerves ; whether it attacks more generally the exterior head or, as in hemi-crania, one half ; must resemble that for chronic rheumatism in other parts. Blood-letting, cupping, leeches, all are vain or injurious. Rubefacients ; turpentine, mustard, hartshorn ; have been usually tried in vain, before the patient consults the physician. Cold ablution occasionally cures rheumatism of the head.

Case. *Fodinus*, a middle-aged gentleman, had been a victim of this cephalalgia, during some years. It assaulted chiefly at night: when he was accustomed to invest his head with much clothing, in vain. He was recommended to try cold washing of the head and neck, every morn and freely. This plan, completely opposed to his former habits, effected a speedy and permanent cure.

The pain produced by carious teeth often resembles rheumatism. The patient, at all events, asserts the similarity, that he may escape extraction. But he seldom loses his misery, whether really rheumatic or not, unless his carious teeth are removed.

Is not the odontalgia a disorder allied to rheumatism?

The division of rheumatism into *cold* and *hot* is generally true and practical. The pain, which is increased by heat, is to be treated as if it were sub-inflammatory. That, which is exasperated by cold, may yield to calorifics, phœnigmi and friction. And a remedy, recently praised, I have found in some of these frigid cases act magically — I mean *large* doses of the Quinæ Disulphas: even ten

grains thrice a day. Acupuncture is falling into undeserved neglect.

The *hot* rheumatism is relieved with sedatives; colchicum; calomel and opium. The cold by stimuli. But the artichoke, *Cinara Scolymus*, does good, at times, in either variety. To some patients it is diuretic. Of others it is curative without diuresis. It is triumphant over sciatica, lumbago, other forms.

Case. *Masculus* had many months endured rheumatic agony in his right upper and forearm, along their whole course—the pain terribly augmented in bed. I prescribed to this gentleman, who had “tried every remedy in vain,” one dram of *tinctura cinaræ*, ten grains of an extract, thrice a day. A few doses removed the pain, which has not, after three years, returned. Should his disorder repullulate and his surgeon again try the usual medicines, he will exclaim, with Horatian melancholy—

Non sum qualis eram bonæ
Sub regno *Cinaræ*.

“ ’Tis by some accounted a diuretic, and good against the jaundice,” saith Quincy.

Cervus herbâ cinaræ venenatis pabulis resistit,
saith Pliny.

In spite of the poetic prophecy—

————— Cinaræ breves

Annos fata delerunt—

I do not doubt that this medical vegetable
will maintain its reputation.

The *Jerusalem artichoke*, *Helianthus tuberosus*, should be, quo ad rheumatism, more alexipharmic. For of this “the roots are diuretic and give the *smell of turpentine to the urine.*”—S. F. GRAY.

ESSAY VII.

CEPHALÆA SIPHYLITICA.

HERE the diagnosis is the important affair. Some think the intermittent, nocturnal character of the ache to be decisive.

Intermissa, Venus, diu
Rursus bella moves.

But gouty and rheumatic pains are increased by night. In the siphylis, the eye frequently suffers; and iritis would settle the point. This iritis has a specific character. Velpeau declares "there is a coppery tint on the iris, somewhat like the cutaneous discolorations. A swelling of the iris, with a woolly appearance. The surface unequal. A pupil irregular in a variety of ways. The little circumference of iris fringed with petty tufts, reddish; called by Beer condylomata; by Muller, *cristæ galli*."

The cutaneous eruptions ; the soreness of throat ; would render certain that the headache is siphylitic.

Then there is that luetic physiognomy ; indescribable ; but indicating, as it were, physical poison and moral turpitude blended in the face. Stamping the vainest lordling with the shabby look of a pickpocket. Showing that, maugre his sickening boast—

Vixi puellis nuper idoneus,
Et militavi non sine gloria—

he is rendered contemptible to the lowest trull. That the depository of his erotic armour should be, not the temple of *his* divinity, but the foul ward and *walls* of a hospital.

Nunc arma defunctumque bello
Barbiton hic PARIES habebit,
Lævum marinæ qui Veneris latus
Custodit.

In the siphylitic, whose capital and facial pains are accompanied with iritis, there is this consolation, that they are not, probably, even periosteal ; but tendinous, fascial, sclerotic, superficial. That the victim has not reached the last stage of Cyprian punishment. That his bones are sound.

It has been common to confound venereal pains, from their similarity of periods and of seat, at times, with rheumatic. And I have known a poor fellow killed with mercury, because his surgeon could never divest himself of the idea, that the symptoms of rheumatism, which succeeded to siphylis, were conclusive proofs of a remaining constitutional lues.

In this venereal headache, whether the result of periostitis or a more superficial mischief, if the disorder be justly diagnised, the mode of cure, obviously, must be directed to the system.

People talk of mitigated lues, through time and transmission. Where is the proof?

We still see the fœtus poisoned in the womb, born to perish a marasmic infant, unless rescued with scientific treatment. Suffering for the sins of its parents.

————— προγεννητόρων
 ἐξορίζεται κακὸν, οὐδὲ μέλλει,
 ἔμολέ τ' ἐπ' ἐμέ, ——— τὸν οὐ-
 δὲν ὄντ' ἐπαίτιον κακῶν.

A poison, which thus destroys the offset, must well have percolated the whole parental trunk.

The seeming difference of modern from ancient lues is solved by the alteration of medical treatment; more lenient, more respective of crases; less mercurial.

If the modern surgeon is not disposed to adopt, universally, the non-mercurial treatment of Hennen, neither will he carry on the excessive hydrargyration of Hunter. Gentle mercuriation seems the proper. Iodinic formulæ have their patrons.

Five grains of the iodide of potassium dissolved in a half-pint of decoction of sarza are a favorite remedy for the various, secondary symptoms. By some this mixture is esteemed a panacea.

And it seems to me that in the greater number of cases the symptoms yield. Where the surface is entire; where it is broken into deep, spacious ulcerations; as of the thigh; a portion of the frame, which seems more disposed to these in the female than in the other sex.

Still I suspect that the iodinic substitutes for mercury, like all others, will not totally supersede this established remedy. People talk of the non-mercurial practice, as proved by the army-surgeons to be efficient. So it

may be in many, in most cases. But even Hennen confessed its occasional failure. And I have seen, in my own practice, fatal cause for regret that it has been exclusively adopted. Some have said that these wholesale experiments on the common soldiers were not justifiable. But certainly the event has exonerated the non-mercurialists from the charge of having recklessly obeyed advice once given to Mecænas—

Parce PRIVATIS nimium cavere.

Venereal Disorders of the Head are displayed in the bones, the periosteum, the fasciæ, the ligaments, as well as in the iris. The cranium is eminently prone to nodes, so says Dr. Colles; and cranial nodes are most prone to suppuration. Is mercury to be given for cranial nodes?

This question can only be answered by the history of the patient and his disease. For these very cranial nodes may be the result of mercury itself, given rashly for a venereal disorder. Mr. Samuel Cooper has experienced that true nodes are not often met with, in individuals, who have been treated entirely without mercury. And he quotes Dr. Colles,

that nodes are sometimes excited by the injudicious use of mercury. When this potent mineral has excited the morbid action, how can we repress it by the ministration of more?

Certainly nodes of the cranium are seldom seen now, by old men like myself, who twenty or thirty years ago frequently witnessed them.

The bones of the nose, whose destruction has disfigured so many beauties, seldom suffer in these days of lenient mercuriation.

Twenty years ago one might have fancied that surgeons imitated the reserve regiments at Pharsalia, whom Cæsar ordered to "hit the young gentlemen full in their faces."

The morbid action excited in the *ossa nasi* was, probably, exactly similar to that in an *os frontis*. Both these flat, osseous structures now are scarce ever injured.

But, if there be no suspicion of overloading mercury, nor of cachexia scrofulosa; the practitioner may fearlessly use mercury for cranial nodes.

ESSAY VIII.

CONVULSIONS

HAVE been very widely believed to imply cephalic determination, and the lancet has had the fairest trial in *every* species. Yet it would be easy to show that they exist in disorders, where vascular fulness is proved neither by symptoms nor post mortem inspection. Here again we have phenomena presenting themselves in the opposite states of brain. Convulsions are witnessed, doubtless, in the full and apoplectic. They are often extant in the bloodless and exhausted.

The Convulsions of Epilepsy belong, as every physician knows, to one of the most intractable maladies.

Rare is the ultimate cure of any habitual, adult epilepsy. Arising in childhood, it is, if

not then suppressed, augmented at puberty ; it is confirmed in manhood ; it is fatal in middle age.

It is not, essentially, a disorder produced by determination of blood — although this may multiply the fits or augment their force. It is a disorder of the brain : through irritation ; not congestion, not inflammation.

No man nor woman can be an habitual epileptic, with impunity to the mental power. Sooner or later, as a general rule, he becomes fatuous or falls, a victim, into a premature tomb.

All the habits of adult life are hostile to the cure of this morbid mobility. The very developement of mind ; the anxieties of life ; the responsibilities of growing years ; the joys of existence, all tend to augment epileptic convulsions. The pleasures of the table, even moderate and innocent, are injurious and *excessive* to the epileptical.

Love, pure or brutal, cannot be indulged, without danger : without, occasionally, death.

Κύπρις εἶλε λόγοισι δολίοις,
τερπνοῖς μὲν ἀκοῦσαι,
πικρὰν δὲ σύγχυσιν βίου ———.

Eur. Andr.

In masculine patients I have witnessed, or thought so, the epileptic influence of this omnipotent passion. In young men, of unchaste habitudes. In married men, with handsome and too-amorous wives.

Is it wonderful that this disorder should spring from sexual excesses, when death itself has been instantaneous, during the amorous embrace? Such a mode of death Valerius Maximus, in his chapter de Mortibus non vulgaribus, called *perridicula*; but its pathology is that of epilepsy.

*Cornelius Gallus prætorius, et Titus Hate-
rius, eques R., inter usum Veneris absumpti sunt.
Quanquam quorsum attinet eorum cavillari fata,
quos non libido sua, sed fragilitatis humanæ ratio
abstulit? Fine namque vitæ nostræ variis et oc-
cultis caussis exposito, interdum quædam imme-
rentia supremi fati titulum occupant: cum magis
in tempus mortis incidant, quam ipsam mortem
accersant.*

Whether the physician can, or not, trace epilepsy to sexual excess, he prescribes to the unmarried—purity; to the conjugate—moderation.

Case. Pernio, an epileptic, married a fair, light-haired woman, with a vultus nimium lubricus aspici. He was a classical pedagogue; but his fits became frequent: and terrific to his scholars, who all deserted him. His livelihood failed; his amorous wife eloped with an adulterer: and he died in a work-house.

Case. Bovilius married a handsome, but libidinous woman: and, during the first years of their hymenæous life, his fits epileptic were awful and frequent. But they left him, to the admiration of all; and he was deemed by his physicians cured. Many years elapsed, when, alas! he took to good fellowship; ate, *drank*; recalled his epilepsy; and—died.

Case. Salignus consulted me for epileptic fits: at the same time complaining of a disorder, which assured me of his sensualism. I prescribed a seton in the nape; appeals to his digestive organs; eccoprotics; tonics; cephalics; but his profligacy went on; and he expired in a fit at the age of forty.

Case. *Sellaris* married a woman of Roman beauty. He became epileptic. His children and his fits increased. His wits and his trade decreased. Was he the victim of uxorious sensuality, *Cujus flammæ exurunt Medullas*? What were, then, the morals of his handsome partner? She professed superior sanctity: and sent her fatuous husband and her children to the conventicle: and as regularly debased herself at home with adulterous commerce. The hapless spouse died in a fit.

ὥς πολλὰ, Κύπρι, σῶν κακῶν μεμνήσομαι!

The propriety of abstinence, or moderated conjugium, may be learnt from the fact that the cerebellum, the supposed erotopoetic structure, is more particularly involved in epilepsy. "In twenty cases examined, while the cerebrum in many exhibited disease, the cerebellum did so in every one."—*Clutterbuck*.

Exostoses are occasional causes of epilepsy. I will quote from a letter, dated Nov. 5th, 1840, and written by an eminent surgeon of the Exeter dispensary.

Case. “March 4, 1825. William Jutson, æt. 25. The part affected was his head: and so severe at times was the pain as to produce loss of reason. He had frequent attacks of epilepsy, and would remain for some time insensible. In the right eye the vision was obscure: and its pupil more dilated than the left. The pulse was *not more than fifty*. The bowels were so sluggish, that the most powerful medicines could scarcely rouse them. He had been under many medical gentlemen; but no one had benefitted: and his ailment had been of thirteen years’ duration.

“All these circumstances induced me to ascertain, whether he had ever received a blow *in the head*: and I found he had, a short time previous to the symptoms, been thrown from a horse and stunned.

“I also found that, when about ten years of age, he ran against the sharp edge of a tombstone: and received a very severe blow in the head.

“I could trace a correspondence of periods with the receipt of the injury and commencement of many of the symptoms.

“I now discovered an indentation in the skull, where the anterior, superior angle of

the parietal bone meets the coronal suture : a little to the right of the longitudinal sinus. On pressure with my thumb, which just fitted the cavity, I caused great uneasiness, spasm of the right cheek and numbness : a numbness of the right leg and a sort of dragging.

“ I told the relatives of the young man, that an operation might relieve. Some medical friends, whose opinion stood high in my estimation, Dr. Collins, Mr. Harris, the surgeon of the County hospital, and many others coincided in the propriety of removing the depressed portion of bone. I resolved on the trephine : in the usual way, enclosing with a large instrument the whole of the depressed portion.

“ The site being close to the sinus, I, with caution, removed the bone without wounding it. Now we had a view of the corresponding depression of the brain. The circular piece of bone farthest from the sinus was very thick, nearest very thin, and on its inner surface was a small piece of bone projecting like a cock's spur, pressing on the longitudinal sinus. The wound was healed in three weeks.

“ Feb. 26th, 1826. It is now nearly twelve

months since the operation. The young man frequently visits me: his health so far restored that he is able to follow his avocation.

“About twelve months ago he assured me that he had no ailment of any kind, since under my care fourteen years ago.

“*Case.* A young woman, of respectable connexions, fell from a chair against the edge of a table. She was stunned: and a lacerated wound caused nearly in the site of the case I have reported. The wound soon healed. Distressing symptoms of the head occurred and her conduct quite altered. She left her friends and became most immoral. Drink increased the affection of the head, and epileptic fits followed.

“On examining the head, a very evident depression of bone was seen. I suggested the trephine. From the day the operation was performed, there was never a return of epilepsy. She is now perfectly well and living most respectably.

“*Another Case.* A gentleman, living near Exeter, was thrown from his horse and received a severe injury of the head, with a

wound. About a month after an attack of epilepsy took place. This was followed by attacks of delirium. I advised the trephine. He was placed under the care of Mr. Cline, who, thinking the operation might relieve, performed it: and this case terminated successfully. The gentleman has had no return of epilepsy.

“*Case.* A young man, Radcliff, of Broad Clyst, was placed under my care, in consequence of severe attacks of epilepsy. He had been thrown off a coach and stunned; seven years before my seeing him. There was very evident depression in the centre of the parietal bone. The late Dr. Hennis and many of my friends coincided on the propriety of the trephine.

“May 9th, 1831: I performed the operation. He was considerably relieved. He had, for many years after, occasional attacks, but less frequent. This poor fellow fell over a gate, fractured one of the cervical vertebræ, and died instantly, about eight months ago.

“In the *London Medical Journal*, for January, 1826, there is a case recorded by Dr.

Blake, where epilepsy was produced by a blow on the head, and cured by the trephine.

“Two remarkable cases of epilepsy have occurred in my practice from caries of the os frontis; cured by removal of the diseased portion. Both occurred after siphylis: but I attribute the mischief to inordinate quantities of mercury: or what Matthias, in his excellent work, calls the ‘Disease of the Remedy.’

“*The first Case* came under my care about fifteen years ago. Lock is now perfectly well; and is to be seen every day in the streets of Exeter, driving a fly. He had gone through a severe course of mercury. The centre of the os frontis became diseased and a portion loose. Enlarging the wound, I removed with forceps two inches. The dura mater was diseased and came with it. So did about a tablespoonful of the anterior lobe of the brain. No bad symptom occurred, and he never had a return of epilepsy. Dr. Pennell was present.

“*The other Case* was of a female. I advised the diseased bone to be removed, which was

done by another surgeon. And she is perfectly well, I am informed.

“Has it ever occurred to you that, in cases of twins, one has been subject to epilepsy? It has been observed by myself in seven cases. Has one been of a pugnacious character and, anxious to get first into the world, set up a row: some injury, during the fight in utero, done to the brain?

“My opinion is, that from vascular action an effusion of serum is often the cause of epilepsy. On this subject, Sweeting, a nephew of the late John Sheldon, has written some good remarks; and speaks highly of the depleting system. I think highly of the plan he has suggested. Dr. Pennell very often advises an issue over the coronal suture: and very successfully. Where there is abscess or ramollissement of the brain, I believe nothing will benefit.

JOHN TUCKER.”

We may learn from this valuable communication the propriety of always ascertaining, if there be mechanic irritation of the brain.

We learn that Cullen erred, when he said, "we cannot cure an exostosis in the cavity of the cranium." Some forms of it *are* curable.

And we see the practice of a modern physician corroborant of Cullen, who said that issues have often been found useful; of Willis, who inferred *fontanellas in epilepsiæ curatione utiliter adhiberi*.

Dr. Clutterbuck denied that epilepsy was accounted for on the principle that the brain was irritated by the spicula of bone. "These excrescences are evidence of general disease throughout the organ. Changes of this kind will not explain the periodical recurrence of epilepsy; cannot be considered exciting causes."

But I would answer Dr. Clutterbuck in his own words. "The change of structure is compatible with a tolerable performance of functions, under ordinary circumstances; but when fresh excitement is applied to the brain, the functions become disordered in a high degree. *Thus* may be explained the recurrence of the paroxysms of epilepsy."—*Vide Clutterbuck on Inflammation of the Brain.*

The cockspur spiculum is innoxious, while

the brain is quiet and its vessels undistended — becomes an irritant, even to epilepsy, the cerebral mass infarcted.

The Treatment hath been infinitely various, must be empirical, is very successless. Even where such cranial mischief, as Mr. Tucker narrates, is evident, it is not certain that surgical operation will cure. It can only be tried.

He, who hopes to cure habitual epilepsy, on the theory of blood determined to the head, and lets blood, will find any benefit to be but temporary; and that, on the whole, he leaves his patient worse.

The habitual epileptic should avoid the world. In exact proportion to his maintenance of quiet, seclusion, regularity; temperance and exercise; he will mitigate his paroxysms. In a short time he will not regret the pleasures of the table nor any other sensualities. If he have but patience, he will be abundantly rewarded for a secluded life—

χρόνῳ δὲ καὶ σὺ μ' αἰνέσεις ἴσως.

And if, after all his self-denial, he fails to cure, only mitigates his dreadful disorder;

prolongs, not saves his life; he will submit with more dignity to the will of Heaven and the incurability of his disease.

————— οὐδὲ τι φάρμακον
 Θρήσσαις ἐν σανίσιν, τὰς Ὀρφεία κατέγραψε
 γῆρυς, οὐδ' ὅσα Φοῖβος
 Ασκληπιάδαισιν παρέδωκε
 φάρμακα πολυπόνοις
 ἀντιτεμῶν βροτοῖσιν.

Eur. Alcest.

A catalogue of the remedies, which from early eras have been boasted, as curative of epilepsy, would be as long as that of the foolish petitioners for reform, which loaded their radical representative.

————— ATLAS en ipse laborat !
 Vixque suis humeris sustinet.

A large number were “superstitious;” and of the reported cures, a large number were effected by these. “I think it must be imputed to the horror they had inspired,” said Cullen. And this fact and explanation harmonize with an expressed opinion, that, idiopathic epilepsy is, on the whole, a nervous mobility, not a vascular fulness. That the lancet is not curative. That, if you appeal to the nervous system, *materially*, or

metaphysically, you do your best in a bad business.

Prepuberous epilepsy is curable. It is most often connected with disorder of the primæ viæ. Most often with acidity. Hence the frequency of some authors' cures. If the student scrutinize, he will find they were of children. Hence the fame, once so extensive, of the pulvis epilepticus niger. It was an antacid; and composed chiefly of calcined bones. Hence the glory of the ossicula epileptica of Dr. Diederich Wessel Linden: "two little bones found in a hog's head, in one corner, adjoining to the dura mater, at the bottom. The cranium humanum, tali leporis, ungulæ alcium, will never be of that efficacy as the ossicula epileptica."

ESSAY IX.

CONVULSIONS,

ESSENTIAL to epilepsy, are not infrequent in *apoplectic* fits. And as these fits are the greatest objects of terror, to the patients, who suspect themselves of "determination to the head," whether is their frequency and fatality due to the gravity of the disease or the character of the treatment? One thing is clear, that the disorder is pre-eminently mortal, although blood-letting is the universal treatment. This might serve to diminish our faith in the lancet.

Under any treatment, blood, ploughing up the brain, must most frequently destroy. Some few instances are abstractedly curable. May not these be rendered hopeless by rash interference? In the medical science, a Fabian policy is sometimes demanded, unless

the *vis medicatrix* be merely a name. Eheu! philosophers allude to it: physiologists quote it: the practitioner forgets it. I believe that if all disease were left entirely to the effort of nature, patients would be less prematurely mortal, than under practisers, who do not respect this divine power.

Blood-letting must diminish strength: and this cannot be lessened, especially in old age, with impunity. Nor does the *usual* obesity imply sanguine plethora any more than power. Fat is rather an index of weakness.

The pathology of many cases is, probably, this. The cerebral infarction is venous. It seemed to Cullen, that obesity occasioned "difficult transmission of blood through the lungs, from the compression of the vessels in many parts. The lungs are kept full, so that upon motion, which sends the blood faster, a more laborious respiration becomes necessary. Blood not freely transmitted through the lungs must resist the return from the head."

Often attacks occur after a full meal. For the circulation is then increased; the vessels are fuller; the pulmonic difficulties are

augmented. The filled stomach encroaches on the chest. The lungs have less play and more work. The blood is retarded in the jugular veins, the cerebral sinuses; and nobody can wonder at an apoplexy. Perhaps there is simple "dilatation of the cortical substance, the vessels operating by compression of the whole medullary."

Or there may be effusion of serum; or there may be hæmorrhage: the worst mischief of all. Take the following

Case. It illustrates apoplexy without rupture. Samuel Jeckell, æt. 58, obiit die ix. Feb. 1842. Body in good condition. Abdomen and thorax healthy, save old adhesions of the pleura. Scalp much injected. Brain firm, congested *extremely*. Arachnoid thickened, opaque, having fluid subjacent. The ventricles had a small quantity of fluid; the large cerebral arteries were full of blood—an unusual condition? He had long been subject to daily epilepsy, was frequently drowsy, and had strabismus.—*G. Firth.*

The narrator of this case is the surgeon, the patient was an inmate, of the Norfolk Lunatic Asylum.

A specimen of transient fits, through dilatation, probably, may be seen in the following

Case. *Massorius*, a clerk, æt. about thirty, had a short neck, a gibbous back. Walked little, ate heartily. Several times, after dinner, he fell senseless on the floor. He would soon recover his senses, remaining dull and debilitated many days. He was repeatedly cupped in the nape; dieted; and, above all, he hired a residence distant from the office, so that he took due exercise. This patient entirely got rid of his apoplectic menaces; and, in spite of his figure, enjoys health at the age of fifty-five.

Had *copious* bleedings been adopted, the fulness would, probably, have been augmented.

Case. *Clitella*, a married woman, æt. 50, whose monthly symptoms had ceased, fell down, in an apoplectic sleep, without stertor, without convulsion. Her surgeon and myself agreed not to diminish power by blood-letting. Her pulse was fair. A genial perspiration, warm and not excessive, shortly appeared. Day after day this exudation

continued, and as, luckily, small quantities of fluid could be swallowed, we supported her more than a fortnight, when she gradually recovered her senses ; and resumed her voluntary power.

This case shows, that the rule, affirmed by Riverius, has exceptions. *Apoplecticis ἐφιδρωσις superveniens mala. Sudatiuncula summam naturæ oppressionem significat.*

More than ten years have elapsed since was published a masterly little book by Mr. George Warren—"A Commentary on Disorders of the Head." Of which I venture to say there is no fear lest

———— Nigram raptus in culinam
Cordyllas madida tegat papyro,
Vel turis, piperisque sit cucullus.

This author says that the natural result of "determination" is seldom or never rupture; and that it ought to be received as a truth, that some weakness of vessel must exist, when the blood-vessel does suffer rupture: and dissections bear out this opinion, showing ossifications and brittleness."

Case. *Consultor* was thin, his vessels undistended, his neck proportional. He was

active on foot, temperate in all things. He suffered fits of giddiness. I deemed his vertigo rather nervous than sanguine; but he fell, one day, in a fit of stertorous apoplexy, with fearful convulsions. A surgeon blooded him copiously : and proposed the rapid introduction of mercury, which was carried by a third consultant. He expired, notwithstanding, in about forty-eight hours. On dissection, a great mass of blood was found to have broken up the brain at the centre. The basilar artery was ossified : and here was the solution, why a man, so young as thirty-five, should have afforded this signal triumph to death.

νέων φθινόντων, μεῖζον ἄρνυμαι κλέος.

No venesections could cure ossific vessels, nor prevent, sooner or later, the fatal effusion

Of actual apoplexies the major part is fatal, although in all of them blood may have been drawn. And where recovery has occurred, no man could tell why, in apparently similar states, the ending should differ.

If we assume that the vessels have yielded, the pulse only can decide the treatment.

Fulness will justify unloading ; that more effusion may be prevented, the stress taken off the vessels. To exceed this exact point is to diminish vital power, so needful, when the brain is unable efficiently to co-operate in its generation ; when yet so much power is wanted to absorb effused blood ; to repair the breach ; to support, interim, the general machinery. Time is required. He, who goes on to evacuate the vessels, until the senses be restored, destroys that very power, which alone can restore the senses.

Purgation is always ordered by the physician after he has let blood. And, while the medical body has been divided on the score of emetics—the majority dreading their use—the faculty have all agreed on the propriety of catharsis.

Scouttetten and Monro have published on the sympathy between the pia mater and mucous membrane of the intestines ; videlicet, that all parts of the canal do not sympathize to the same extent. That there is a *greater* sympathy between the stomach and small intestines with the brain. That, when their membrane is inflamed, the vessels of the pia mater are distended, form red patches,

sometimes extravasation. That this is calculated to explain many phenomena of apoplexy; determination to the brain; vessels weakened, ruptured.—(*Reviewer*).

Such observations indicate the purgative treatment; but this, like *eductio sanguinis*, must be moderate.

I have adduced two cases, wherein the apoplectic stroke supervened upon hypercatharsis; that is, upon emptied vessels. For the vascular system is one great whole. And a patient may be depleted unto death, without the loss of a solitary *colored* particle of blood.

The purgative treatment, therefore, like blood-letting, may when excessive determine *to* the head. I say excessive, for I am slow to militate against such a great authority as Dr. Abercrombie, who says “more recoveries from head affections, most alarming, take place under *very strong* purging, than any other treatment. Most convenient is the Croton oil.”

A very interesting case was published in 1829 by W. G. Everett, as it occurred in the practice of another gentleman.

A woman, *æt.* 20, had been, three years, occasionally subject to severe pain in the

head, sometimes attended with purulent discharge from the right ear. The attacks had been, the last few months, less; and she had, latterly, been quite free. February 2, 1829, she was attacked with severe headache. Pulse ninety and rather full. Strong purgatives were given. On the 4th, after full action of the remedies, the pain was much less. Next morning the pain suddenly returned; but, instead of occupying the back part only, it became acute in the right temporal region; affecting the right eye, partially closed and suffused. Iris contracted and immovable. She became slightly delirious, but perfectly sensible, when roused. She was bled to $\bar{3}xxx$. Blood buffed and cupped. The following morning she was bled to $\bar{3}xxiv.$, there being no amendment. In the evening $\bar{3}viii.$ more. On the following morning, the patient became comatose; pulse 140, scarcely to be felt. Mr. W. wished to open the temporal artery, but was prevented. After five hours she expired.

Eighteen hours after death. The dura and pia mater presented marks of acute inflammation. Vessels of the former excessively turgid. Right ventricle filled with dark, fetid

pus. Around, to some extent, brain disorganized. The other parts of the right hemisphere and a small portion of the left were also pultaceous. At the inferior part of the right middle lobe was an ulcer, three lines in diameter, of the dura and pia mater, communicating by a sloughy sinus with the ventricle. A part of the petrous temporal bone was carious. Through this part, corresponding to the aperture in the membranes, was a perforation into the cochlea. The membrana tympani was obliterated. Slight lymph on the anterior part of the left hemisphere.

Remark! Some weeks previous to her last attack, the patient's health had been good; not, until within three days of death, the least intellectual derangement. Robust and healthy in appearance. When the state of the disease and its progress are considered, there can be no doubt of its having existed months, if not longer. Ulceration of membranes, perforation of bone, must have been effects of long pressure and contact with the diseased fluid.

It might be supposed, from the communication between the external ear and the

ventricle, that the pus proceeded from this part ; the disease in progress since the first headache.—*W. G. Everett.*

From this narration, one may learn not to suppress by repellents all purulent discharges from the ear. They *may* proceed from the brain.

One may learn the fatality of bleeding, occasionally. Why no amendment resulted from the loss of thirty ounces ! Why farther mischief from the abstraction of twenty-four ! Still more from a farther loss of eight ! The proposal to open the artery, with a pulse of 140, scarcely feelable ; the patient comatose, because dying ; illustrates the abuse of blood-letting.

The necrotomy, also, illustrated the narratives, by Drs. Seeds and Kellie, of animals blooded to death, yet presenting all the signs of determination to the head. Here we had, maugre the great bleedings, the dura and pia matres acutely inflamed ; and turgid, excessively, the vessels of the dura.

This case confirms the physiologic reasons, why mere determination of blood headward

should not be treated by reckless depletions. The head rejoices by nature in more blood than the body. Larger arteries, more numerous. Larger veins. There is a definite disproportion of blood supplied to the brain in health ; and as nature aims at an ever full supply to the brain, this disproportion is indefinite, when the system has been drained by natural disease, or by wounds, or by therapeutic depletions. In such cases, the more a surgeon bleeds to obviate cerebral afflux, the more he increases the determination. I *earnestly* commend for perusal Mr. George Warren's "Commentary on Disorders of the Head."

"The head is the ultimate aim, and other parts are subservient to sensibility in the head. Any degree short of that excitability which constitutes a proper relation between the powers of perceiving and the material world is useless, and hence the necessity of those sensible organs being kept in determinate excitement.

"As many physical causes—bleeding, exhaustion, starving—produce interruption of that degree of sensibility essential to life, a preservative law has been demonstrated to

exist, by which a salutary determination of a larger portion of the *remaining* blood is appropriated to the head. Under this law, undue depletion determines to the head, whereas it has been taught that determination of blood was dependent upon an excess : and, consequently, the practice has, in many instances, been calculated to ensure its continuance, to the production of effusion, an effect which may demonstrably be produced by excess of bleeding, in the experiments of Drs. Seeds and Kellie. This salutary law becomes of primary consideration in all cephalic disorders : while it has unveiled the origin of many cerebral disturbances, which arise during the treatment of other diseases.

“The consequences of this law have demanded speedy relief, and bleeding, useful in other vascular excitements, has been resorted to : and temporary relief has seemed to sanction it : while its destructive tendency has been, from ignorance of this law, a veil between our understandings and truth. So that, when men have inquired, after death, they have found vessels of the head, notwithstanding great bleedings, gorged with blood, the brain suffused with water ; and

thus the error of viewing these manifestations, not as effects of a law and measures ill-judged, but as *demanding further bleeding.*”

—George Warren.

Case. Colluctor, fond of promiscuous and bibulous company; in fact, a notorious bon-vivant and often drunk; was seized with otorrhæa and post-like deafness.

Months elapsed. Then one day, after a hearty dinner, he was seized with an insensibility, for which the surgeon bled him. That this attack resulted from crapula was rendered probable from a spontaneous and copious vomiting. He recovered entirely his sense, no paralysis left, only vast debility. After some days another attack led to another copious depletion—which the great force of pulse induced *us* to hazard.

A third and, I believe, a fourth, the final, attack was encountered by fresh venesection before I arrived. All this time the otorrhæa remained unmitigated—a *flow* of inodorous pus. The last attack and blood-letting were succeeded by awful convulsions and death in a few hours. Autopsy denied. Now this case illustrates, so far as without a

post mortem inspection one can conjecture, the principle laid down by Mr. Warren—that the more you bleed the more you determine. Then come convulsions, indicating apoplexy without *necessary* vascular mischief. For, with all the mystery involving the brain, we may be said to have arrived, from different sources, at this general suspicion, to use no stronger term, that the convulsive agitation bears no proportion to vascularity nor extravasation. The history of convulsive disorders is not one of infarction nor inflammation, generally. And when they occur, as in this case, in the bibulous subject, they would seem allied to the movements in some cases of delirium tremens.

That convulsions, per se, do not indicate an equal degree of vascularity, nor the quantum of depletion, may be learnt from the puerperal. Take the following fatal

Case. Jane Waters, æt. 20, at the full period, was seized at half-past eight A. M., Dec. 15th, 1840, with pain in the head and

loss of sight—felt as if she should “go crazy.” By ten o’clock she became insensible : and convulsions recurred at intervals of half an hour until death. At half-past eleven a surgeon opened a vein, but could only obtain eight ounces of blood. Sinapisms to her legs.

Half-past eleven P.M., the os uteri largely dilated, she was easily delivered of a living child. The convulsions abated, but no consciousness returned. Countenance livid, eyes prominent and congested, pupils contracted on the approach of a candle.

Dec. 16, half-past seven A.M. She was again bled to fourteen ounces with apparent relief, but she died at eleven.

Autopsy forty-eight hours after death.

Head.—No trace of disease found. The brain firm and healthy. Vessels having their ordinary fulness; serous cavities their natural fluid.—*G. W. W. Firth.*

ESSAY X.

DELIRIUM, PHOTOPSIA, &c.

DELIRIUM is a symptom for which blood-letting is very perniciously and at random prescribed, or rather practised. Yet delirium, like many symptoms already narrated, may depend on contrarious conditions of brain and general state. Mr. Copeman, a surgeon at Coltishall, who inserted in the *Medical Gazette*, volume for 1840, page 509, some wise remarks on the subject of vascular depletion, has favored me with the following case, not the less instructive, because it was fatal.

“S. H. æt. 49, pale and delicate, sent for me on Monday, Oct. 11th, 1841. He had been out of health for a week or two, but was not obliged to give up work till a few

days ago. Complained of disagreeable sensations in the head and stomach. Lips and tongue slightly tremulous. Pulse thin and wiry. Slight rigors. Appeared like a person suffering from the first stage of delirium tremens. Has not been a drinker: accustomed to poor diet. Ordered a blister to the nape, and gr. x. Pil. Ferri C. bis die.

“On Wednesday night he seemed somewhat strange in his manner. Early on Thursday morning he had a fit of delirium, escaped from his cottage, and walked three or four miles almost in a state of nudity. Soon afterwards my assistant visited him: he was still delirious, but exhausted, with a hurried, compressible pulse. Ordered purgative medicine, and mustard poultices to his legs. On his return I congratulated him on not having bled for a delirium which I thought must depend on want of power. Shortly after, another surgeon volunteered his services, and drew twelve ounces of blood from the jugular vein.

“Friday. Making inquiries, I found the surgeon had visited him again, and abstracted blood from the head by cupping; that the delirium had much *increased after each bleeding*,

several men being required to hold him; and that at last he had been made quieter by some 'stilling' medicine; the surgeon promising to come next morning and *bleed him again*, if necessary. I saw him in the evening. The pulse large, but easily stopped by pressure. The tongue very dry and brown. Muscular strength much depressed; and it was difficult to understand anything he said. I left a request that the other medical gentleman would discontinue his visits, as I was responsible to the guardians. Ordered morphia and gr. v. calomel., and directed good meat broth to be given.

"Saturday. More sensible, but very feeble. Tongue dry and teeth covered with sordes. Slight subsultus tendinum. Bowels not relieved. Continued morphia; repeated cal. gr. v. Asks often for cold water, which he takes freely.

"Monday, 18th. Complains of headache. Bowels not relieved. Pulv. purgans stat. No delirium.

"19th. Bowels relieved. Tongue not so dry. Unable to sleep. Continue morphia. Good broth if he can take it. No delirium.

"20th. Tongue and mouth in a better

state. Quite sensible. Pulse large and very feeble. To-day, a large slough was discovered on the sacrum and another on the right inner ankle. Also several discolored spots on the feet. Does not sleep well at night, but is quite free from pain. Ordered port wine and broth.

“ This poor man lingered seven weeks, the sloughs one day improving, another day spreading. He took freely of broth and port wine, especially the latter, without at all exciting the brain. He had no more delirium ; his intellect was undisturbed to the last.

“ How are such rapid prostration and impossibility of rallying to be accounted for, except from the abstraction of blood from a system already suffering for want of that precious fluid ? For a time, there was a struggle on the part of nature, with the help of broth and wine, to gain the ascendancy, but the *vis vitæ* was gone. I once saw a patient bled to such an extent in a fit of delirium, that he *died* in an hour or two ; and in the post mortem examination no morbid appearance, save general anæmia, was found.

“ E. COPEMAN.

“ *Coltishall, Dec. 18, 1841.*”

PHOTOPSIA.

Depraved vision ; the sight of blazes, sparklings, brilliant colors ; is another symptom, which is referred to "determination." Which, if not a proof of cerebral fulness, must be, so it is said, an index of ocular plethora. Demanding rigidly evacuation of blood.

But, whatever the pathology ; even granting that these *φαινομένα* imply the temporary turgescence of vessels, it does not follow that general nor local blood-letting is the true mode of treatment, in fat or meagre subjects, if not *strong*. I subjoin two cases, to illustrate both crases. The first

Case was sent to me by the surgeon, whose narrative of a delirium I have recently quoted.

"Mrs. A., æt. 41, of exceedingly nervous temperament and easily excited circulation, *stout*, and scarcely ever taking exercise, was attacked in the morning of Friday, Nov, 20, 1840, with pain in the muscles of the neck and back of the head. Directly after a light dinner, eaten without appetite, she saw *an*

unnatural brightness before her eyes, soon followed by loss of vision and numbness in the left side. She then lost the power of speech, the right leg and arm being cold and paralytic. I was soon on the spot, and found her quite sensible and making endeavours to speak. The limbs were numb, and she was not able to close the hand. Pulse frequent, but compressible. I ordered her feet to be put into warm water, and the following draught. Inf. sennæ ʒi. Magnes. S. ʒ ii. Sp. Lav. Comp. Tr. Jalapæ aa gtts. xx. At ten P.M. she had vomited three times and the bowels had acted once. She had regained the power of articulating and moving the limbs, but felt 'very ill.' Empl. Lyttæ Nuchæ.

"21st, Nine A.M. Has had no sleep, and complains of soreness in the scalp. Limbs not paralytic. Speech more perfect. Pulse soft and rather frequent. Tongue furred. Ordered some purgative pills. Six P.M.: Has been much griped by the pills, and vomited bilious matter twice. Bowels acted once since morning. Movements of the limbs all perfect. Pulse soft. Has perspired freely after vomiting.

‘This patient soon recovered, without any return of paralytic symptoms. During the present year, this lady has experienced a similar attack of paralysis, which soon passed off under a similar mode of treatment. I had, some time before her first attack, attended her in an attack of hæmoptysis; and a year or two before, she had experienced a severe attack of inflammation of the bowels; which circumstances would probably have been considered indicative of a too active circulation, and have led to bleeding as a proper means of treating the paralytic attack; but I have reason to be glad that I was guided by present circumstances, and not by any theory based upon the previous history of the patient.’

The next

Case is of Anne Barnard, a *thin*, sensitive, underfed woman, who, in the autumn of 1841, complained of distracting headache, universal, accompanied with colored vision and spectra. When her eyes were shut, she had the coruscations and variegated hues. When open, bodies appeared colored, differently from nature. Red the deceptive coloration. I prescribed cordial purgatives and

the diffusible stimuli; but, as her miseries did not subside so rapidly as she desired, she insisted on blood-letting, from which she had before received transient relief. I prohibited in vain. She was, for a woman upward of sixty, blooded freely; and, although, as previously, she gained a short benefit, yet her headaches and ocular spectra returned. And, in the spring of this year they were so violent that she became an inmate of the hospital. Here, through good diet, even the stimulation of malt liquor, with tonic medicines, she got rid of her symptoms: headache, photophobia, photopsia.

Now here was the whole head agonized with *acute* pain; and the eye enduring the symptoms, according to all ophthalmic authors, of inflamed retina, congested chorioid; yet the patient cured by processes, which would fill the vessels and accelerate the heart. The only counter-irritant used in the hospital was a seton in the nape; and she was discharged yesterday, July 3rd, 1842.

To conclude. Blood-letting requires to be *practised* with judgment, the surgeon never

forgetful that the very symptoms, which imperiously demand the lancet in certain subjects, equally counter-indicate in others. The prescriptions of the depleting schools must be modified or disregarded, or they will often be lethiferous. The practitioner must think occasionally for himself, however generally prone to submission and deferential to professors.

ἔστιν μὲν οὖν, ἵν' ἡδὺ, μὴ λίαν φρονεῖν,
ἔστιν δὲ χῶπου χρήσιμον, γνώμην ἔχειν.

ESSAY XI.

INSANITY.

IDEAS concerning the nature of madness have been too much founded on physical and vascular abnormities, even by medical men. A wide-spread opinion, or rather feeling, exists that the disorder is more bodily than metaphysic. That, at all events, if curable at all, it is most accessible on the side of the ignobler half of man. That the lancet, the medicament, the bath, promise a fairer chance than appeals to the reason of the demented sufferer.

All this is true, if you grant the postulate that he *is* demented; that is, mindless. But, scarcely in any case is this to be predicated. *Some* remains, some *frustula* of soul exist, whereon the philosopher may commence his curative endeavours.

The time has arrived, when the management of the insane is not to be entrusted to keepers, whose only qualification is physical power and fearless coarseness. The example of many asylums, and, above all, of the great institution at Hanwell, has induced the intelligent of every class, philanthropists, magistrates, physicians, to pause in the old career and reflect that they may have erred in this most interesting matter.

The insane have been regarded as persons extra-human; not only beside themselves, but outside the pale of our common humanity and our common socialities.

The various degrees of insanity have been regarded—if the word regarded be correct—under one view of madness; and the management, restrictive, and the treatment, medicinal, have been as indiscriminate as the adopted theory.

The laity and the medical profession have been mystified in their behaviour towards lunatics, because they are mystified, and must ever be, about the philosophy of the disorder. They have not sufficiently contemplated facts and acted from induction. They have preconceived notions of ferocity, and malignity,

and incurableness about the insane: and they have been cruel or contemptuous or indifferent towards these unhappy sufferers, in exact proportion.

Yet no era has been without sufficient illustrations that men may be mad without ferocity; innocent, and perfectly restorable.

Facts are too numerous, and too concentrated, now, to suffer their impressions to be resisted any longer. Facts, collected from the Retreat at York: or the asylum of Middlesex, would alone suffice for any thinking person.

The insane demand our most tender and active sympathies; and they are curable, even if not proportionally, like patients with mere corporeal ailments.

If we assume these assertions as postulates, how different will our proceedings be from the olden, how mitigate the miseries of the insane, how increased the cures!

A great prejudice against the mad has been engendered by the attribution of moral causes to their disorders. We see the sensualist, the selfish, the libidinous deprived of reason, through their excesses, and we are too apt to drop the Samaritan in their cases;

and to extend our indignation unto all. Yet the moral nature of the cause should no more paralyse our efforts at a cure of disordered mind, than of a diseased body. Hospitals and infirmaries are founded on the assumption of many disorders, produced by folly and by sin: yet we subscribe to them. Misery is misery; and our duty is to heal and to relieve. It is for Heaven alone to punish.

But the major portion of maniacs are not referrible to the class of culprits. Physical disorders attack the harmless and the innocent, and leave them insane from their assault. Towards these, at all events, the sentiment of pity should predominate; and so it would, but for the prejudice, which has confounded a mad man with a mad dog.

The insane may be contemplated as in two statistical classes; the paupers, who are supported by the community; the private madmen, whom their own funds, or friends, preserve from being items in the public rates. This latter class can be, with some impunity, left to the tender mercies of their relatives. With those rare exceptions, when crafty and devilish expectants bring false charges of madness.

The pauper lunatics are they, who peculiarly demand that true views of their condition should be taken by their *supporters*. That none should be incarcerated, who can with safety be distributed among their fellow-creatures. That none should be maltreated, whose dismissal would endanger the life of a solitary man, woman, or child.

In the consideration of pauper lunacy, we must modify what applies to the paying class; simply because it is lunacy in a *pauper*. No man ought to be imprisoned in an asylum, whose madness is neutral; who will not, if enlarged, peril the life or property of others, or his own existence. No extravagant fantasies, that they are “kings, princes, prophets; that they are made of glass, or fragile shells; corn peckable by poultry; wax meltable by heat; cuckoos, nightingales, cocks” — can justify abstractedly their seclusion.

“Some fancy themselves dead—some *mingere non audent*, for fear of a flood; others are headless, memberless; some,” with the self-complacency of an ephemeral demagogue, “believe they sustain the world with their finger — *orbem digito sustinere*; some report sparrows, serpents, frogs, mice, at head-

quarters ; others denounce animals in their belly.”—*Riverius*.

And what if they do ? Freedom of thought is a birthright. It is only when their absurdities *endanger*, that they should be impounded for their indulgence. Thus an imaginary king or prince might resent a ridicule of his *divine* right, and send, *propriâ manu*, an offending subject to sympathizing majesty below—

εἰ δ' ἔστιν, ὅστις δαιμόνων ὑπερφρονεῖ,
ἐς τῶνδ' ἀθρήσας θάνατον, ἡγείσθω θεούς.

Thus a self-deemed prophet—Vates—*commissioned* from Heaven—may exceed a *safe* abnormality, or terrify the lieges ; and he must be walled in.

Case. *Sempronius* is a very decided maniac. Visibly mad—his *eyes* the first objects, which rivet you, as you enter his populous, pauper ward.

His madness is religious. He accosts every body, the visitor or the physician, and denounces the injustice of his confinement. And on the physician, whose certificate could release him, he charges guilt ; the guilt of detaining so valid an instrument from the

furtherance of "the cause!" He believes that he has a divine commission from "the Lord." It is not, therefore, very surprising that an excellent clergyman, who happens to be a believer in an imminent millennium, should have communicated to this worthy maniac a portion of his own earnestness; that one Sunday the enthusiast appeared at church with a drawn sword—that he should be apprehended, and placed in an asylum. To the patient, however, it *is* very surprising that, having the best intentions, he should thus cruelly be maltreated. Since he merely wore his sword, as in readiness to accompany to Jerusalem that division of the saints, of which the pious pastor was, as he thought, the chaplain.

Now it is evident that *Sempronius*, however sincere, pious and devoted, must be placed in durance; *because* otherwise his zeal might animate him to the use of his weapon, long before he reached the Holy Land; and because, if patient until then, he must not be suffered, interim, to alarm the inhabitants of Britain.

But certainly, had he not displayed on the subject of the millennium, this *cutting irony*,

his fantasy is innocent and his person should be free.

Of such a patient, wild as are his eyes, energetic his ideas, no physical depletion could effect a benefit. There is no "determination to the head," in the vascular sense. His pulse is weak; nor excited as to velocity. Hopeless or not, the treatment must be moral. Such a lunatic must not be classed with the obscene, the brawler, the swearer; since even his madness "leans to virtue's side." Yet I have seen such an unfortunate treated like a dog by an indiscriminating keeper.

The Case of Juvenus is different. He is a stout, athletic, sanguineous man. He has been insane, with variations of intensity, twenty or thirty years. He is a hard drinker: and when his paroxysms are induced by potation, his pulse becomes hammering, big, quicker—he seems all pulse—then comes violence to others; abuse; menaces of murder to his wife; actual murder avoided only by flight. Sometimes he is placed in an asylum; then sent forth, through *assumed* recovery. But he has paroxysms without

drink ; equally violent ; and this person is always best treated by the sanguine depletions. He never had been thus managed : but good fortune threw him into the care of a most acute practitioner, Mr. Bacon of North Walsham ; and this gentleman the soonest subdued the fits by blood-lettings. In other members of this man's family insanity is marked ; but it never displays terrific outbreaks. They are thin, temperate females.

This man illustrates the only kind of cases, which demand blood-letting. He has a family tendency, but it is brought into action through plethora ; induced by vulgar habits and unopposed passions. His relatives are equally mad ; but their aberration never becomes *furor* ; society is safe ; they need neither confinement nor loss of blood.

Simple quickness of the pulse, even fullness, unless displayed in a patient who is murderous or pugnacious—*inflammatus cupiditate pugnandi*—does not require the letting of blood. I have seen patients brought captive to an asylum with an universal erethism ; of vessels, of nerves ; tongue, all rattle ; reduced in a few days to quiet without active

measures; through simple seclusion and absence from their domestic and usual irritations.

In the diagnosis and management of insanity, common sense has too much been abandoned; and metaphysical, scholastic, mystifying definitions attempted. How can we ever arrive at the essence of madness, when we know not the essence of that which is mad? Mind or body—intellect or brain—all are as inscrutable as the Great Spirit who made them.

Ponder the nonsense of the Galenic school! “The proximate cause of melancholy madness is a spirit, tinged with black; for since the animal spirits by nature are pure and transparent, fit to induce alacrity and joyousness of brain; so, if they become opaque and darkling, they engender timidity and grief.”

“Of this untoward state of animal spirits the cause is a melancholic humor, thick, blackish. This humor is cold and dry; it fixes and condenses the spirits; a state essential to grief.”

But this mystic language, translated into modern theory, ceases to be ludicrous. The

Galenic school, in the *treatment* of melancholy, directed attention to two points. First, *totum corpus ab humore melancholico liberare*; secondly, that *ad hypochondria curatio præcipua semper dirigatur*. Because they declared that *in hepate et liene humoris melancholici generatio* took place.

How sound the practice! How consonant with modern and Abernethic principles! How available in private life!

Case. *Lanvardus* was under the care of his family-surgeon for an intense melancholy, and an over-excitement of the corporeal sense of feeling. The distresses were chiefly hypogastric; but petulance, timidity, mœstitia, want of sleep, all showed that there was implication of the head; of some kind.

I happened to know that in this patient there was a real cause of profound grief—the world's scorn—and I confess that I despaired of any curation, which did not respect chiefly, if not solely, the unhappy mind. But a practitioner, of the Abernethic school, was summoned to consultation; and he induced us to consent to active purgation. The stools at first were scybalous, clay-colored;

but when they became healthy, when the *black bile*, which had been long pent up in the liver, succeeded these ; and the healthy, golden excretions were established, this melancholic person was restored to healthful tranquillity of *body*.

But minute attention to the excretions, although feasible and tolerable in private life, cannot be expected from the physicians of public and pauper asyla.

For this and other effective processes, if *cure* be the object, public institutions should be officered by resident medical men. How is it possible that insanity—complicated with the bodily and mental functions—can be treated successfully, but by the constant, daily, hourly surveillance of the medical philosopher ? A big, brave, burly governor might be well employed for his physical force, *under* a physician or a surgeon ; but how can his Bœotian brain appreciate the delicate machinery of the human mind ?—What can make him understand that a single idea, raised in a maniacal cerebrum, may create a concatenation *never* to be broken ?

How can he, coarse and *material*, know to vary, to adapt his intercourse and colloquies

to the numerous and discrepant forms of morbid intellect? See how such a director as-sorts his prisoners. Not according to their mental capacities, but their passivity and quietude. Thus the taciturn idiots are classed and chambered with intelligent, spiritual, lunatics, who happen to be sober, un-destructive, in reveries. What is the frequent consequence? That the intelligent patients themselves become, first moped, then stupid, lastly fatuous.

That wild, unruly vociferators must be separated from these quiet patients, is clear; but the Bœotian governor does not reflect that it is just as needful to segregate from them the idiotic taciturn, as those who are rending heaven with their yells.

Man is an imitative animal; and the principle of imitation is as potent in the ward of the asylum, as in the school or the mess-room. It is universal; it is ever-existent; and should least be overlooked, where the greatest delicacy of arrangement is required. Nor can any body predicate to what irre-coverable extent the mind has fled.

Case. *Pennatus*, about thirty, is a captive in a pauper asylum. He is "foolish," and asks every body who visits the place, even the medical man, at every round, whether he knows "Mr. John Rump." But he was attacked with a *painful* ulceration in the flexure of the groin, and during his suffering, and the open state of ulcer, he became quite rational, and as indifferent to the fate of his friend, as if he had expired two centuries ago, with the parliament that rejoiced in a similar name.

The intellect, much or scanty, of *Pennatus* exists, but it is not forthcoming under the ordinary circumstances of his being.

I will not lose this opportunity of earnestly commending, for perusal, *Dr. Conolly's Treatise on Insanity*. It is the work, evidently, of a philosopher, whose heart overflows with benevolence. It displays wisdom founded on goodness—

ἐν τοῖς ἀγαθοῖσι δὲ πάντ'
ἔνεστιν σοφίας.

The position of this philanthropic physician at the asylum for Middlesex has proved the curability of lunacy; the happiness that a tender-hearted governor may create around

him; the duty, in all other counties, of magistrates' taking Hanwell, so far as possible, for a model.

The objection, which will infallibly be raised, in some counties, against an imitation, will be founded on the dreaded expenditure. But it would be easy to convince the most *Humoid* calculator, that to cure lunatics would be cheaper than to support them. That the residence, for this end, of a *medical* governor, might be insured for the same sum as is now raised for a governor and a medicus. That in counties, where a physician and surgeon could not be maintained, the resident officer should be a surgeon; because, in cases of accident, wounds, suicide, a surgeon on the spot might be salvatory. That if the county could not, or would not, raise a decent, a due salary for a medical resident, the proper income for him might be secured, through a permission granted him to receive pupils—students of lunacy.

Thus this most interesting class of mankind, the irrational rationals, would in future be provided with more scientific physicians; more curative *keepers*: even in private houses. For we know that, as affairs now go on, the

management of lunacy is a commercial speculation. Men, devoid of every requisite for this peculiar undertaking—without psychological tastes, without philanthropy, without erudition; the knowledge of what has been done, or attempted, for lunacy in every age—these men set up their private mad-houses, as investments of capital, or capital methods to get money for investment.

But if the study of lunacy should be facilitated, like other medical studies, these superficial speculators in madness would be superseded by more skilful, more devoted, more disinterested *antilyssics*. Then, too, we should see a race of practisers for madness, more metaphysical; less credulous in “*determination* ;” more curative.

For insanity, combined with *epilepsy*, with *hysteroid convulsions*, with *paralysis*, nothing of hope can be fostered rationally. It is only one among other symptoms of organic disorder of the brain. If not organic, incurable.

Whilst, as a general rule, incarceration should be deferred so long as possible, the

paralytic or convulsed insane may be treated more freely in reference to the convenience of relatives.

The great danger of premature confinement, in pauper asyla, is lest the new comer should *imitate* the wretched beings, already there and hopeless. Hence the well-founded sentiment that the entrance into mad-houses is much easier than an exit. That the doors are valvular; opening inward; resisting retrograde movement. That the exile from humanity is sempiternal—that nobody, after a time, inquires about the captive; or that

Quærenti nulla ad speluncam signa ferebant.

That the inmates have not the chance of escape, enjoyed by the cattle of Hercules; that their cries for delivery no *fellow-creature* will catch.

Reddidit una boum vocem, vastoque sub antro
Mugiit, et Caci spem custodita fefellit.

Puerperal Insanity is generally transient; but the overseer, glad to rid himself and parish of all trouble, will not await the usual

period of subsidence of this mania, but despatches the helpless pauper to the county asylum : and there she *stays*.

Case. *Cithæra* was brought into a county asylum, only three weeks after delivery, insane but quiet ; she might have been *safe* in her cottage. She was placed in a ward, in which many idiots were vegetating ; and herself, without the idiotic physiognomy, became before long the most abject of all.

The flintiness of some parochial despotules is very heart-rending.

Case. *Crucillā*, ætatis 82 ; a venerable woman to look upon ; was sent to an asylum simply because she was oblivious and imbecile from age. But, eheu ! poor creature ! she had just sense enough to know that her abode was a mad-house ; and even *her* days were abbreviated by intense grief.

The proportion of “ religious ” mad folk is not small ; and it is singular that of these the major part are gloomy and Calvinistical ; that a few only are cheerful, content with the

arrangements of heaven, declining, like Socrates, to quit their prison without formal leave. The Calvinistic maniac is ever the victim of self-complacency mortified; of virtue unappreciated; of prowess out of commission. He is a semi-savage; biding his time for vengeance. Let him out *or* take the consequences. The opposite to him is the man, who is all ease and contentment: who is not only himself the favored of heaven; but does *not* condemn his fellow insane. Of these the self-approval is sometimes so great, that they use the third person, like potentates. How are you, Bullock? "*He* is all right." How? you look poorly. Your beard is unshorn. Your trousers are in holes. "*He* is all right *there*;" pointing to heaven. What, then, is madness, which includes such discrepant victims as Sempronius (p. 110) and Bullock? Both mad! both locked up together! one ready to let blood for the name of the Lord—the other submitting meekly to the Lord's will; and the diurnal of a mad-house?

What, then, is madness? Can the Bœotian governor reply? Is *he* to preside over this ticklish *abnormity*?

Simpletons, sceptics, sinners have always

seized upon the Calvinistic madness as a handle against the religious principle. But it remains to be proved that all religion is false, because a particular creed furnishes, *as it certainly does*, more inmates of asylums than other doctrines.

The marvel is, that everybody, who has *time* to think, does not run mad! In this unfathomable universe, whether viewed with the eye astronomical or microscopic, the awful so predominates, that *not to be mad* seems a special proof of the grace of God; *or* of a natural hebetude of soul. Then, if to this essentially terrific state be superadded the dogmata of the Calvinistic school—a selected *few*—selected for no virtues, but to show the irresistibility of their Maker—that, out of this precious pale, no magnanimity, no self-devotion, no love of God and the τὸ καλὸν will avail—if this be credited, what wonder that the recipient turns mad! If the justice, which man demands in his fellow; if the mercy, which he expects from his kind; if the hope, which he allows to his brother; if none of these sentiments be portrayed in the Creator, what marvel, if the believer in this dreadful Deity lose his equilibrium?

Through such a creed, let its advocates sophisticate as they please, the *great sacrifice* is as much vilified, as by the most audacious scoffer against heaven and its Revelation. With such a theory, what *means* such an atonement? The *capriciously* selected few require it not. Caprice and Christianity are not reconcileable terms.

The Calvinistic is a creed that does not patronize the virtues. If it does, why do its professors ridicule the peace and calm, which are founded thereon? Why, when a great and good commander expressed, in his last moments, his happiness, because he had done his "duty," do they depreciate his memory, because he did not "talk of Christ?" Did he the less trust in his Saviour, *because* he had done his duty? Sophists! is your religion adapted only to the profligate, the indolent, the cowardly? Would you have preferred that this noble and expiring warrior should have exclaimed—"I have been an adulterer; bibulous; sensual; I have quailed before the enemy, but—I trust in Christ?" Are you yourselves at liberty to discard the virtues, which the Son of God came on earth to inculcate and exemplify—self-denial,

philanthropy, *bravery*? To reject him as a model for human virtue, to receive him only as a Redeeming Deity?

This apparent digression is not so very irrelevant. It justifies the doubt, how the Bœotian governor can successfully meddle with these varying and ticklish aberrations. If he does *not* interfere, then his captives are condemned criminals or caged beasts; if he does, can *he* ameliorate? Under his regime, if madness meant "determination of blood," then as an ally the lancet would cure; but eheu! there is sober, anhæmious, metaphysic insanity.

Case. During the rural incendia, *Pangallus*, a superstitious laborer, having some religious ideas to communicate on the subject, composed a tetrastich and scattered copies about. A farmer, who had suffered, and was a neighbour of the poetical and "rustic moralist," believed *him* to be the incendiary. But he was unable to satisfy others of the criminality of *Pangallus*. He succeeded however to procure a certificate of

lunacy; and the man was confined. Months, aye years, he was encaged; and the *unproved* stigma of arson, co-operating with something "not right" in his behaviour, might still have detained him, but from the sentiment of the visiting physician, that if his insane idea was harmless, nothing could justify his stay. His only *remaining* eccentricity was a refusal to eat off a plate, through, I believe, an opinion of moral unworthiness. And when the physician told him that it was impossible to believe him sane, whilst he thus departed from common practice, his own reply was saneness itself. "Ought a man to be confined for *this* alone?" No. Exeas Regno Bæotiæ!

There is about the religious melancholic a something, which preserves him from the *infatuating* tendency of an asylum. He does not become idiotic.

The man, whose melancholy is produced by worldly catastrophes, yields to the fatal influence soon.

Case. *Bajulus* lost his father by death; and his business, through the torpor engendered by his grief. Then this superadded

misery seemed to render suicide probable; so thought his relatives, who therefore confined him. The deterioration of this man, shut up with a wardful of insensate, foolish paupers, was weekly visible; and illustrated the principles of Dr. Conolly, that, *if possible*, the evils of an asylum should not be encountered. He soon acquired even the physiognomy of Amentia.

It seems that an oppressed "cause" is more exciting to the maniac, than mere personal considerations.

Magnolus is one of "the Lord's people," and his indignation is roused into an awful paroxysm, if the persecuted saints come across his brain. He is shut up with the imbeciles, that their inability to converse and sympathize may not daily incite him. Yet I have seen *Magnolus*, when unhappily *the string* is touched, exhibit, in a few *seconds*, emotion stronger than Paganini's solitary wonder ever did arouse. His pulse beating one hundred like a sledge-hammer; his temples visibly throbbing; his adductor muscles curving his arms and gigantean fists; his face pale with the furor of ire.

The brother of Magnolus is equally ardent for the cause. Out of the asylum he rants, preaches, placards; opposes church-rates and annoys the clergyman. *In* the madhouse his violence has been so *unprecedented* that he alone, in the history of thirty years, has bumped out the bottom of his massive bedstead, with the same part belonging to himself. Such are the enthusiasts who did, such are they who would again, as in Cromwellic days, fight for the reign of the saints: and play the *devil*.

In such cases there is "determination to the head" with a vengeance. But it needs no lancet. *Ideas* produced it; and with the ideas it subsides.

The metaphysical character of insanity is shown in those cases, where vanity seems the veritable cause—deep-rooted vanity! And in women this appears most frequently, when they have been domestics in great establishments. In men it is very often, most frequently, hopeless.

Gallina, an old servant, is mad with vanity. She has the facial contour of our Royal Family; but she has so little of the Guelphs

about her, that she will pick your pocket, as you go round her ward.

Magella has not addressed a single word to any body for seven years. Her toilet is made with precision; and she perches herself upon a lofty window-sill, looking down with taciturn scorn on the wretches beneath her.

Perdita was a housemaid. Her mistress was titled. And she is daily surprised that a young creature, with her personal charms, is not sought yet by a lord, with his grand estate. At every ring of the bell, "there he is." Yet *Perdita* is five and thirty, and is barely passable.

In the softer sex this species of aberration is, after all, not so marvellous. But how can plebeian, ugly artizans arrive at similar fooleries?

Pyrethrus is a suitor of the favors of ladies of rank. Not content with honest *Pyrethra*, who has borne him a family, this vulgar-looking, pig-eyed person is both a *sutor* of aristocratic females and—a cobbler. *Sutor ultra crepidam*.

Crustarius is in the same predicament—the same trade; working in the same ward of an asylum; and fancies himself beloved by titled ladies; whom he has annoyed with billets-doux.

Whence this amatory madness in shoemakers? Is it a professional affair? Having taken the measure of a lady's foot, do they fancy they have fathomed her heart? That her heart is in her heels?

Porcellus is still farther aspirant. He is a common-looking, purely rustic lout; but he has put the county to the expense of fetching him from London, whither he had arrived, in the vain hope of detaching *Her Majesty* from her conjugal love and duty.

But to leave these illustrations of punished vanity.

The Case of Collector is curious and unprecedented. This man, having suspected the fidelity of his wife, became very sad; and argumentative to himself about his position.

χρή δ' ἐν δόμοισιν ἄνδρα τὸν σοφὸν τρέφειν
γυναῖκα χρηστὴν κ' ἀγαθὴν, ἢ μὴ τρέφειν.

He resolved on *μὴ τρέφειν*; that he would not support her, that he could not support life; and he threw himself into a canal. A luckless pedestrian seeing a man *thus* suicidal, jumped in to redeem him from death. A struggle ensued, the *friend* was drowned; and *Collector* was dragged ashore by a third arriver.

He was put upon his trial for manslaughter; but medical testimony induced the judge and jury to declare him insane. He was next placed in the county asylum: and, there, he recovered his wits; having forgot those portions of his life, which included suicide, murder, trial.

The official physician certified to the recovery of his sanity. But the quondam lunatic was now rigidly claimed by the state; he was recalled to gaol as a man-slayer; and how long he might have remained, I cannot tell, had not a benevolent gentleman, who had been high sheriff the year of his trial, successfully interfered, in this peculiar case, with secretary Sir James Graham.

Whatever the world was made for ; whether, according to the sage,

“ Who had read Alexander Ross over,”

it “ was made for fighting and for love ;” the mad-house seems erected for love and religion ; so great its proportion of fanatics, or of crossed in love, or of jealous of their spouses.

One thing seems certain, that in *this* era the absurdity cannot long continue, that the most peculiar of hospitals should be governed by men, who are equally ignorant of the structure of the body and the functions of the mind. A pitiful economy, false as it is, cannot long prevail ; although at present it is unblushingly advanced.

When the curability of madness is more generally believed, more vigorous efforts will be made to cure. To this end would conduce more frequent visits to the asyla ; not made by giggling girls, nor silly women, nor anile men ; but by philanthropists, the clergy, the magistrates. Evincing sympathy ; concealing distrust ; listening to fantasies, rather than irritate.

Dr. Webster, a governor of St. Luke's, is pressing for the admission of medical students

to *that* establishment. Dr. Conolly, in his delightful Treatise, thus exhorted years ago. No objector can adduce evils, which the good will fail to outweigh. "The maniacs will be excited." They may : but the excitation will be salutary. If the principle of non-excitation be worth much, it may be worth all. If excitement produced by medical students be pernicious, of course the visitation of the laity must be more so. "Then abolish all curious inspection." But the porters excite ; the keepers ; the visiting committee ; the chaplain ; the doctors. "Exclude them all !" But even then there is the stimulation of physical agents ; light, odors, sounds. "Darken, muffle the wards !"

No ! it is the want of excitement, that has caused the incurability of our lunatic houses. Their inmates are abandoned ; or they are visited as beasts ; as raree-shows. Yet they are not beasts, if they have *any* remaining intelligence ; they should not be raree-shows, even if they possessed none. But the maniacs, who are utterly lost, manifesting no life but the vegetable ; no *νοῦς* whatever ; are very few.

The Case, which follows, affords an average specimen of imbecility.

Heminus is a very *weak-looking* laborer. He was conveyed to an asylum for suicidal melancholy. He had been there, *twenty* years before, for similar sentiments ; but had enjoyed that long interregnum. “ Pray, sir, send me home to my wife and family ! ” How can I ? you have threatened your own life ! “ Yes, sir, but my gloom is gone ; I have no such feeling now.”

Is this man to stay one *unnecessary* moment ? His existence is, perhaps, not *very* spiritual ; but he has more *sense* than the sensitive plant. He is *miserable* in a mad-house—he *was* wretched out of it. He has not reason enough to *argue* himself into happiness. He just feels.

The advantage, taken by parish officers, of a county asylum, supported by compulsory rates, is often very cruel, touching these imbeciles.

Pulsata is a childless widow ; she longs to be at home with an aged mother. Doubtless she is *very* weak in mind ; but she is very willing to work ; and she can work. But as

she is an epileptic, and very loquacious in defence of her rights, the parish will not tolerate her; and so fast as she is sent from an asylum, she is sent back thither with a fresh certificate of *madness*. She is more sensible than the adamantines, who reject her.

“Do I not feel?

The doubt is keen as steel.”

We want, in this country, more of that laudable class of lunatic asyla; not supported by the public compulsorily; not kept by the private commercial; but supported, like other hospitals, by *voluntary* contribution. In one of these, poor *Pulsata* would feel that she had a home; that she is not a parochial shuttlecock; that she may go away if she wishes, and return, if she *cannot* work nor obtain the pittance of the parish.

Such institutions, moreover, would be more curative, as well as more comforting, since an efficient medical resident might be properly rewarded.

For “The limited remuneration of superintendents of establishments for persons in humble life does not allow of such pains being taken, as might profit.

“ *The mind is not less instinctively disposed than the body to throw off disease.* Of five hundred cases of insanity, which have recovered, four hundred and fifty manifested improvement at three months. When excitement has passed, a calm follows, proportioned, and in this composure delusions adhere less pertinaciously.

“ At this moment, a discreet friend will cheer the patient, while, by kindness the physician will easily possess his confidence, and *so* induce him to unbosom himself of the distempered notions. These the considerate physician will not combat rudely; *hinting* his doubts. He will never deceive his patient, but prevail on him to refer to his unbiassed judgment, rather than his own. So will discreet converse assist in restoring reason.

“ He will engage the mind agreeably, presenting new objects, recalling former pursuits. Had the patient any favorite amusement? Was he fond of music? He may be indulged immediately.

“ Or had he a predilection for particular studies? Doctor A—, practising physic with great reputation, became deranged. After some months he was advised to resume the

study of Euclid. He did resume it with the happiest effect, so entirely as to recommence business and practise until death.

“Another resource is the study of the Scriptures. But this requires consideration; nor can it be recommended where the disease has connected itself with religious speculations.”

These are the opinions of Sir Henry Hallford. If the reader covet the original and classic language, he will find it in a volume of “Essays and Orations,” published by that eminent physician. Let him, who laments their brevity, remember their worth.

———— σοφοῦ πρὸς ἀνδρὸς, ὅστις ἐν βραχεῖ
πολλοὺς καλῶς οἷός τε συντέμνειν λόγους.

It is evident that the peculiar succour, which every distinct case demands, can only be given by him, who sees a peculiar distinction. The Bæotian governor, who knows that a man is mad, and only that, will never restore a maniac through the delicacy of his diagnosis.

Some may fancy that the governor in chief may be a layman, if the second in command be medically educated. A resident Ἱατρὸς,

to counsel and direct! No. The medical domination must be supreme, where every movement must have an injurious or healthy influence on the disease. Rest and its degree ; exercise and its period ; the food ; the clothing ; amusements ; intercourse or isolation ; converse or taciturnity ; ablution ; the pipe ; all must be regulated by the medicus, who alone appreciates moral and physical influences on the physico-morale of man.

Insanity is curable. In spite of every counter-agent, the records of county asyla prove that it is so. Three, five, seven years, more, fail to establish an insuperable habit of madness.

The *intensity* of the abstraction needs not terrify unto despair.

Stellatus is a just, honorable, devout man ; never hated his fellow-creatures ; always loved God. A sudden and extreme reverse, in his commercial affairs, affected him more than it ought ; and he became a melancholic statue. Spoke not, walked not. Felt not pain, when the surgeon, who thought of "determination to the head," thrust a big seton through the nape of his neck. Six full

months did Stellatus continue so abstracted from all communion with *this* world, as if he had no soul, wherewith to commune. He simply vegetated; received nutriment; breathed; perspired; performed the functions of plantar life.

This man *suddenly* regained his reason. When the servant opened his room-door, one morning, he requested him to send to his home for "Foster's Essays;" a favorite book. He perused them; manifested no aberration from that moment; and was released in a week.

"The mind is not less instinctively disposed than the body to throw off disease." This aphorism of Sir H. Halford deserves all attention. It is a novel and original idea. The vis medicatrix has never been respected for mental affections. These, again, no more than corporeal, "can be learnt by instinct; reading may assist the student; it forms but subsidiary means; the actual observation of cases being the only method, by which useful knowledge can be obtained. Why should these means be withheld? Why should not

Bethlem and St. Luke's be opened for students?" Thus asks the *Medical Gazette*. To this I would add, Why should not all public asyla admit medical students?

One only objection can be valid. Medical students, of late years, have not always behaved with the decorum of gentlemen nor the urbanity of science. Witness the conduct, not many years ago, of the students at Guy's Hospital! But, times are better. The "low party" in our profession, as in politics, have sunk whither they merited. Still, if young men admitted to the study of lunacy, for which they have *paid*, should demand an uncontrolled overhauling—the word is vulgar, but expressive—of the lunatic cases, maugre the direction and delicacy of the physicians, they must not be received.

Such students are as mad as the patients. Worse. The higher order of intellect, the tenderer species of heart, can alone be trusted with insane victims. Hence, while asyla should be virtually thrown open, there must be a selection of tirones; a veto in the managing physicians. No "reforming" youths.

My object, in this Essay, is not to propound didactically the treatment of insanity,

various, endless as are its forms. But to show that, on the whole, he who considers it only as corporeal—as the result of “determination to the head”—will fail in its cure. That, generally, it is metaphysic; and requires metaphysic attention. That it is far from being so irremediable as is generally credited. That it requires, in its medical superintendents, great patience; great hope; even religious faith. There is a character about some of the recorded cures, that presents almost a miraculous feature; especially in the cases, as I myself have seen, of good men, laboring under spiritual gloom.

πολλαὶ μορφαὶ τῶν δαιμονίων,
 πολλὰ δ' ἀέλπτως κραίνουσι θεοί.
 καὶ τὰ δοκηθέντ' οὐκ ἐτέλεσθη,
 τῶν δ' ἀδοκῆτων πόρον εὔρε θεός.
 τοιόνδ' ἀπέβη τόδε πρᾶγμα.

ESSAY XII.

DEATH.

I have, in prior pages, alluded to the experiments of certain physiologists, which go to prove that, if blood be drained from all the other parts, it may still be discovered in the head. That in animals blooded, purposely, to death, the brain is found sanguineous.

I have quoted Mr. Warren's Treatise, wherein it is laid down, that this results from a law of nature. That this law aims at maintaining in its functions, to the last moment, the noblest corporeal structure, the brain. Our relation to the world surrounding is only maintained by the cerebrum and the senses; all the frame is subservient to them; built for them; mere vegetation, without them.

The whole dignity, the morale, the responsibility, the peculiarity of man is involved in the integrity of the brain ; and nature labors to uphold it to the last.

It is through this salutary law, which, until lately, was unknown to physiologists ; which has been richly illustrated in pathology, by Hall and other writers ; which is counteracted to this day by Sangradic depletors ; that we perceive the soul thoughtful, operative even in the article of death.

All the other vessels empty ; capillaries exhausted ; surface cold ; and the brain vascular. *Thus* is it that in *all* ages the dying speeches of great men have equalled their living worth.

Plutarch says that “ The plague seized *Pericles*, with a dull and lingering progress, through various changes, leisurely wasting his body.

“ When he was near his end, the best of the citizens, and his friends, sitting about him, were reckoning up the number of his victories. These things they talked of among themselves, as though he had been bereft of his senses. But he had given good heed to their discourse ; and said, that he wondered

they should commend those things, which were as much owing to fortune as to any thing; and omit what tended more to his honor. ‘Never any of my fellow-citizens wore black, or put on mourning upon my account.’ ”

The body of Pericles, empty, bloodless, useless; the soul of this magnificent Athenian to the last communing with his countrymen, through a *vascular* brain!

Seneca, like the animals of Drs. Seeds and Kellie, was blooded to death; his veins bled slowly; yet the sensible and animated conversation of his *dying* moments was collected by his friends, and has been preserved among his works. So saith *Lempriere*.

The emperor *Hadrian* composed, *one hour* before he expired, verses addressed to his spirit, which every scholar has perused. But Fontenelle’s translation is not so diffusely known —

“Ma petite âme, ma mignonne,
Tu t’en vas donc, ma fille, et Dieu sache où tu vas;
Tu pars seulette, nue et tremblotante, hélas!
Que deviendra ton humeur folichonne?
Que deviendront tant de jolis âbats?”

The mortal malady of Hadrian was dysentery; a disease of evacuate vessels; all

empty but the cerebral. Let him, who may perchance think Hadrian a trifle with death, remember excusingly that he had often confronted it — “an active, learned, warlike, austere general.”

The death of *Epaminondas* illustrates the same position. He fell in the battle of Mantinea, *sparo eminus percussus*; but he survived his wound, until the enemy had fled. *Quum animadverteret, si ferrum, quod in corpore remanserat, animam statim amissurum: usque eo retinuit, quoad renunciatum est, vicisse Bæotios. Id postquam audivit: satis, inquit, vixi, invictus enim morior. Tum ferro extracto, confestim exanimatus est.*

Such is the statement by *Nepos*. But *Justinus* represents him as carried half dead to the camp. That there he recovered his voice (*spiritumque*), and inquired if the enemy had captured his shield. When this was brought to him, he kissed it, as the companion of his labors and glory. Again he inquired, which army had triumphed? When he heard that the Theban forces were the conquerors — “All is well!” he exclaimed: and died.

Whichever narration is correct, the deduc-

tion is similar, videlicet, that this “greatest of men” was bleeding to death with internal hæmorrhage; from the moment of his blow to the news of victory. No spear-head impacted in a wound could have prevented inward bleeding from big vessels. Yet the brain to the last was sufficiently bloodful for the soul to be clear.

The death of the great Theban reminds one of some modern, and British, expiring chiefs. Of Wolfe in Canada; whose glorious exit nearly resembled that of Epaminondas, even to the words. Of Moore at Corunna. But, above all, of Nelson; whose strategic perception to the close remained—“Tell Collingwood to bring the fleet to an anchor!”—whose tenderness, when the manly drama of war was over for ever—“Kiss me, Hardy!”—resembled the ancient soldier’s emotion—*scutum osculatus est, laborum gloriæque socium*.

The brain is the true *ultimum moriens*; and the ideas, which it entertains, are founded on the peculiar character of the patient. The warrior—expiring on the field of battle—so soon as his brain has received an adequate supply of blood, after the first fainting from

the first losses, resumes, like Epaminondas, *vocem spiritumque*, and is all conflict.

The warrior, who does not die *sub armis*, but wasted and unblooded by slow proceedings, employs his last thoughts about his ruling passion. "Tête d'armée," said the imperial Corsican; and died.

Hear the departing poet! M. Dorat repeta deux vers qu'il venoit de faire pour commencer une satire contre les médecins, et en achevant le second, il rendit le dernier soupir.

The poet, who satirizes his physicians in the article of death, will very likely still feel their inflictions. They might refer his symptoms to "determination," and propose a *counter-irritant* process.

I have known the loquacity, preceding death, referred to *too much* blood in the head, and a proposal made to treat it.

Case. *Glomella*, aged ten years, was seized with the symptoms of peritonitis, for which leeches, blisters, purges, mercuriation and opiates availed not. She possessed a most delicate and fragile crasis; and the problem

was how to subdue an intense inflammation in *such* a frame. Charybdis and Scylla! Day after day, pain and tenderness of abdomen continued. Tympanic distention. At last a hypercatharsis came on, which reduced the abdominal swelling and carried away the pain; but so emptied the vessels of this worn-out child, that her pulse, at the tenth day, was all but absent. Whilst, however, the systemic vessels were vacuous, the cerebral maintained their calibre; and this dying sylph, whose intellect was as precocious as her body was frail, occupied every interval, when not asleep, in singular and shrewd loquacity.

This state of morient brain was denominated morbid "determination to the head" by a knowing surgeon, who was desirous of attacking it forthwith.

Such a case illustrates the law of *salutary* "determination." In these emptied patients the only chance of safety is the fulness of the brain. No other organ possesses blood: to swindle the brain of it is mortal.

The animals blooded by the physiological slayers; the stricken warriors, ex-sanguine but intellectual; the parturient loser, about

whom Dr. Hall, alas ! seems to have written nearly in vain ; the slowly exhausted, evacuated, unnourished invalid ; all prove the same thing ; videlicet, that *their* determination to the head is natural, normal, intended for salvation. That it is a secondary, not primary afflux. That it is not a disease, but an effect. That, if the powers be hopelessly prostrate, it is insanity to interfere. That, if there be hope, even suspicion of a chance, of rallying, the means must be directed not to the brain, but to the body. That the vessels of the head must not be emptied, but those of the trunk filled. By nutriment : with stimuli.

If the student of medicine will bear in his mind that “determination to the head” is often charged on a disorder, where it exists not ; that it is often dreaded, when it should be hailed, he will escape from grave, practical errors.

Whatever the uses of the brain may be, they can be effected only with blood. It should seem that the wisest method, to determine the propriety of unloading the brain, is to estimate the forces of the body. Is the pulse below the standard of health ? Is it

weaker than it should be? If so, you will not diminish *capital* symptoms, whatever they be, by letting blood. The more you take from the arm, the more you send to the head. More proportionally, more as to equilibration. Whether *vertigo*, or *sleeplessness*, or *ache*, or *convulsions*, or *delirium*, or *photopsia*—the mischief will be augmented.

Nature *will* keep full the cerebral vessels. Hence the difficulties in the curation of positive inflammations of the brain or its membranes. If the surgeon, who believes that he must abstract some blood, *secundum regulas*, exceed the due amount, then comes into play the determining law; *more* blood is sent at every venesection; fresh inflammation is induced; power, systemic power goes.

I have alluded, in the Introductory Essay, to the fact, well known to necrotomists, that all the results of cerebral inflammation shall be seen, *after* awful blood-lettings for fracture of the skull. Lymph and effusion on every side. A spontaneous phlogosis may, logically, be expected to display similar results. Because, if it be said that the traumatic mischief alters the case; that this great

damage requires more plastic energy for cure; the reply is obvious. It *does* require more action, and it obtains it: obtains it from blood, which is *almost* all confined to the brain. Give the action the name of reparative or inflammatory, the philosophy is the same. Here is cerebral blood and cerebral action; none, comparatively, elsewhere!

By what mechanism—of the cerebral, spinal or ganglionic nerves—this law carries its “determination” into effect, will afford much ground for ingenious physiology. Perhaps it will never be discovered. The facts are undeniable.

It may be doubted, whether the physical condition of the brain be similar, when the dying warrior uses it for strategic commands, and the peaceful civilian babbles about “green fields.”

This seems the solution: that the metaphysique is different, the cerebral vascularity the same. The grand, majestic Theban soul uses his brain for war and glory. Moribund children, or anile men, or poëtasters, amuse themselves with their appropriate bagatelles.

The object of this little work has been to exhibit, especially to the junior professionals, the costliness of the blood. It should never be spilt, without precogitation.

The same symptoms result, in opposite conditions of frame. In one state they indicate plethora and demand reduction : in the other, debility, requiring sustentation and stimulus. Where the whole frame, trunk and head are chokeful of blood, there you may evacuate the vessels ; lest the cerebral should burst, instead of the hæmorrhoidal, the nasal, or the pulmonic. Where the systemic mass is under par, the junior or student may be sure there is no “determination,” asking for his lancet.

Where blood has been lost gushingly, as in wounds or childbirth, the brain is still supplied.

The phenomena of inevitable dissolution, from losses only, illustrate the “determining” law. But if, in spite of all—the experiments of physiology ; the illustrations from chronic

disease ; the last, sad proofs in death — the pragmatic sciolist will go on to harp upon morbid “determination”—if Hall has written in vain — then we must infer, that logical deduction is not the characteristic of healing artizans.

Nihil tam absurdè dici potest, quod non dicatur ab aliquo philosophorum.

FINIS.

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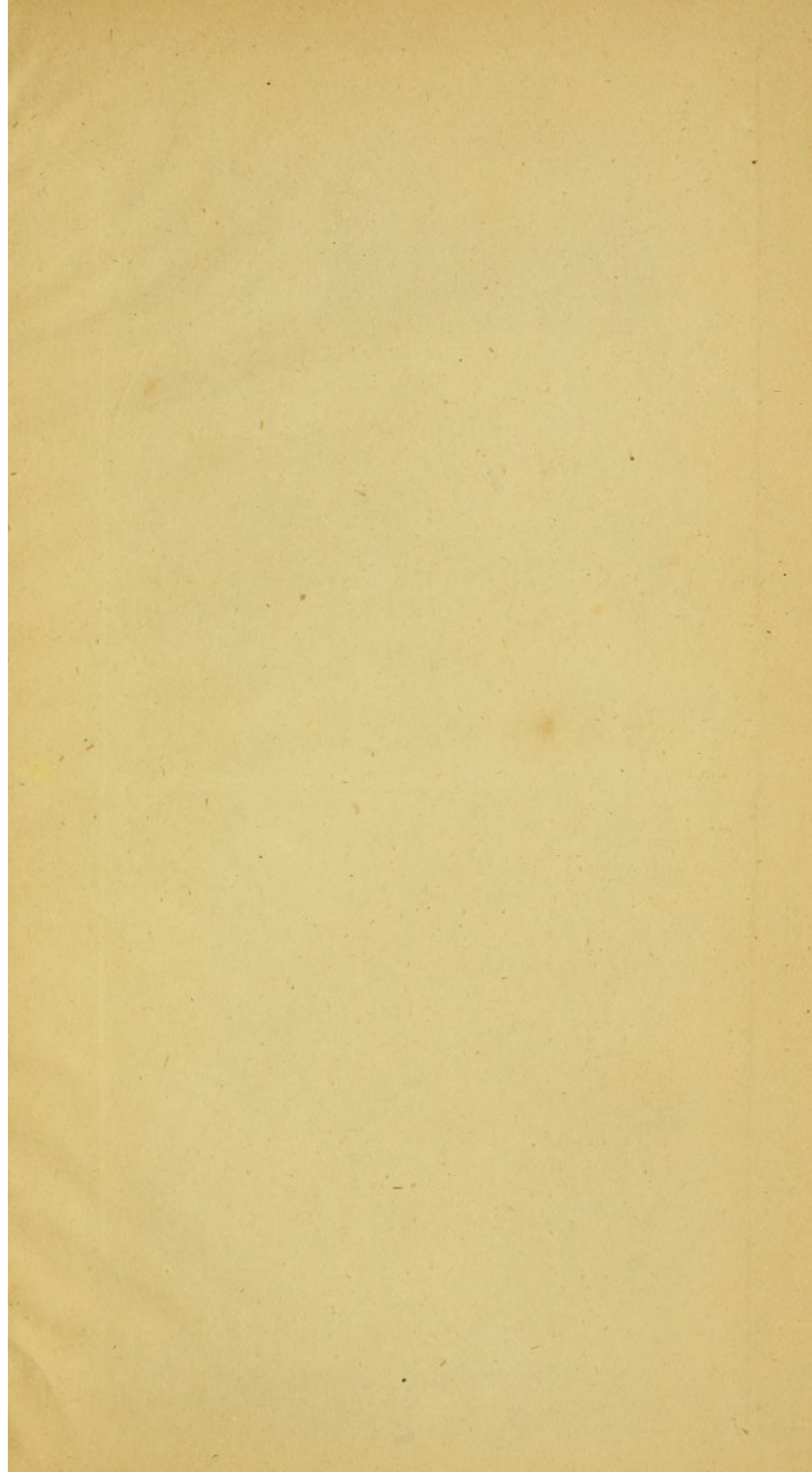
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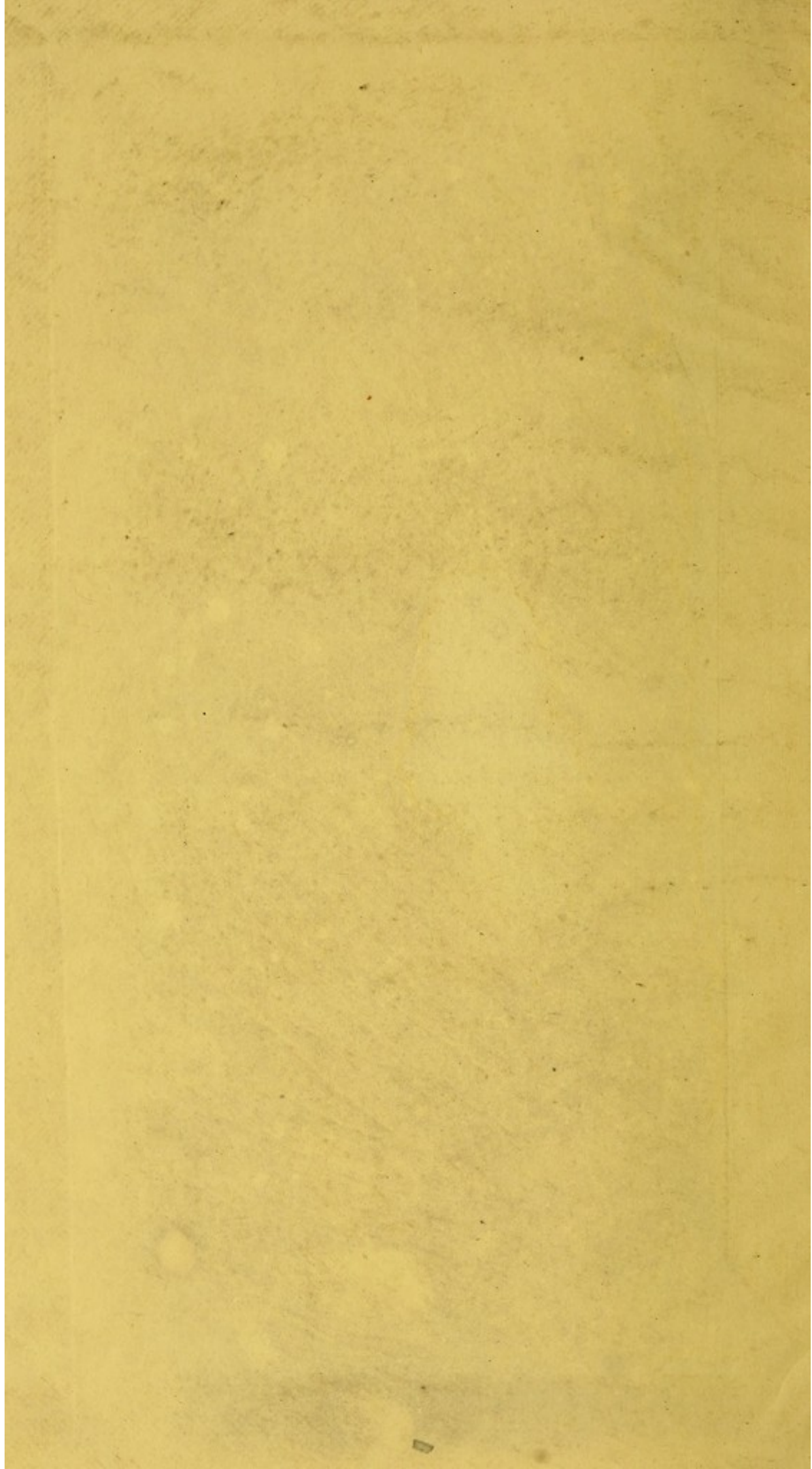
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