

**A treatise on the dropsy of the brain : illustrated by a variety of cases, to which are added, observations on the use and effects of the digitalis purpurea in dropsies / by Charles William Quin.**

### **Contributors**

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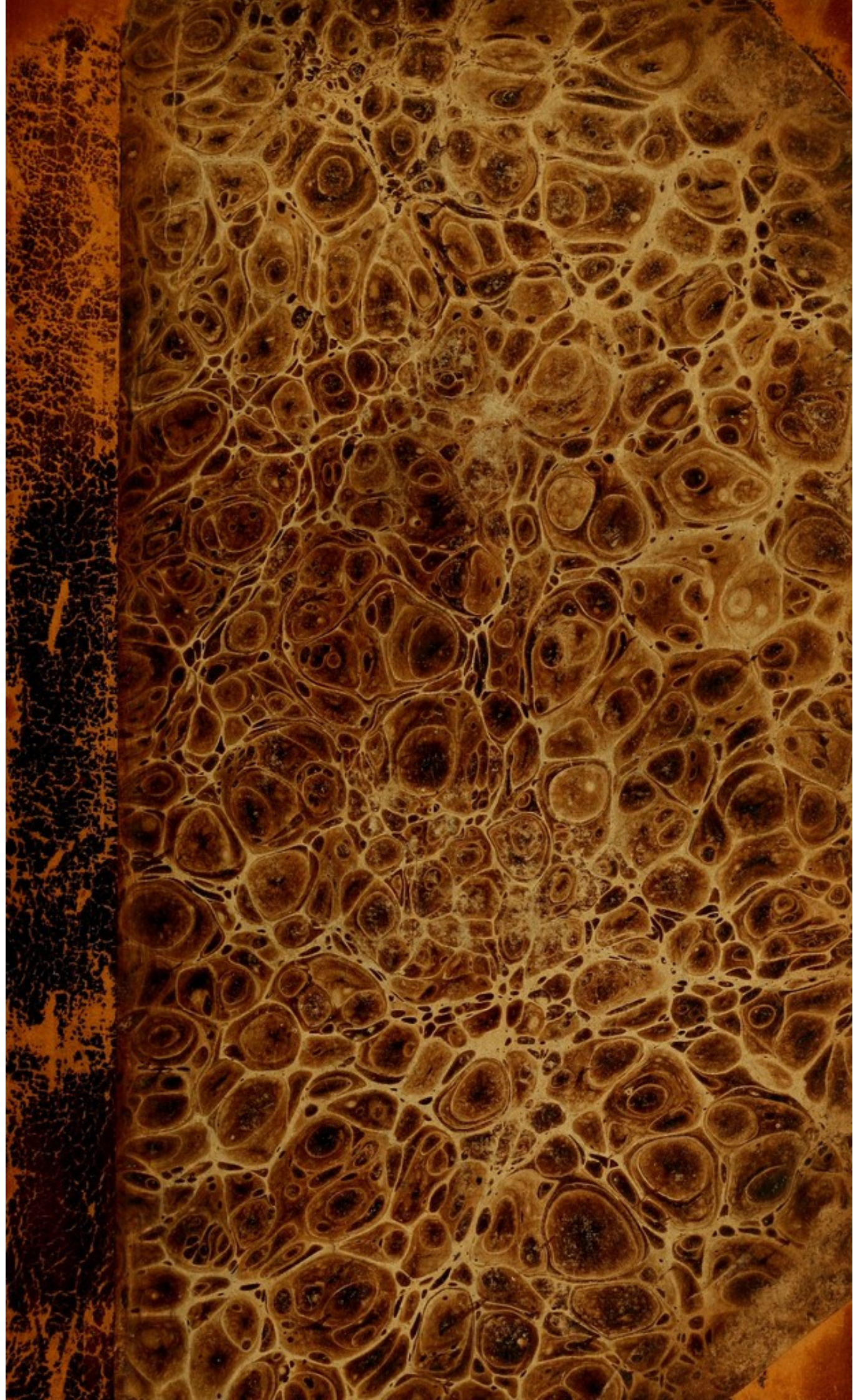
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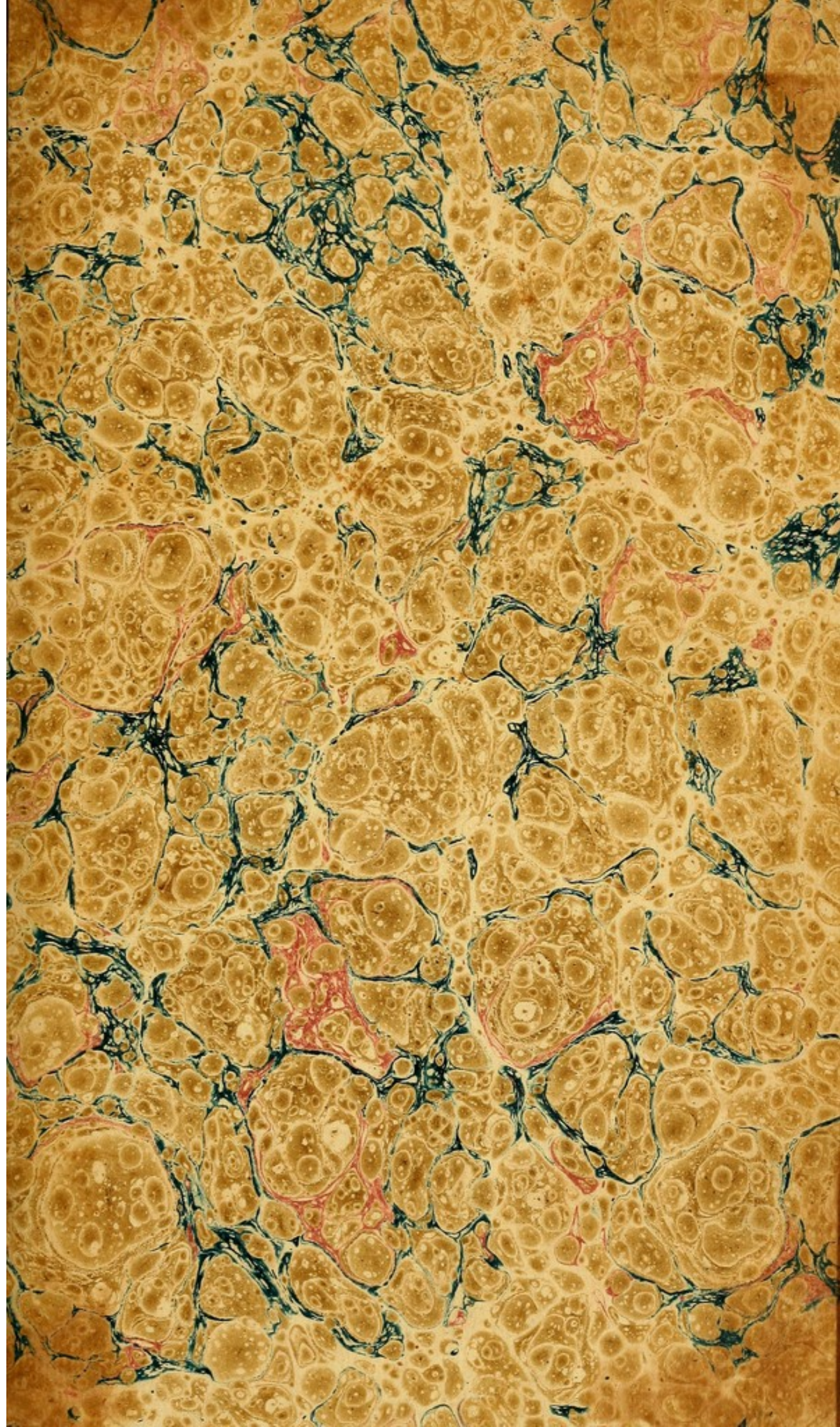
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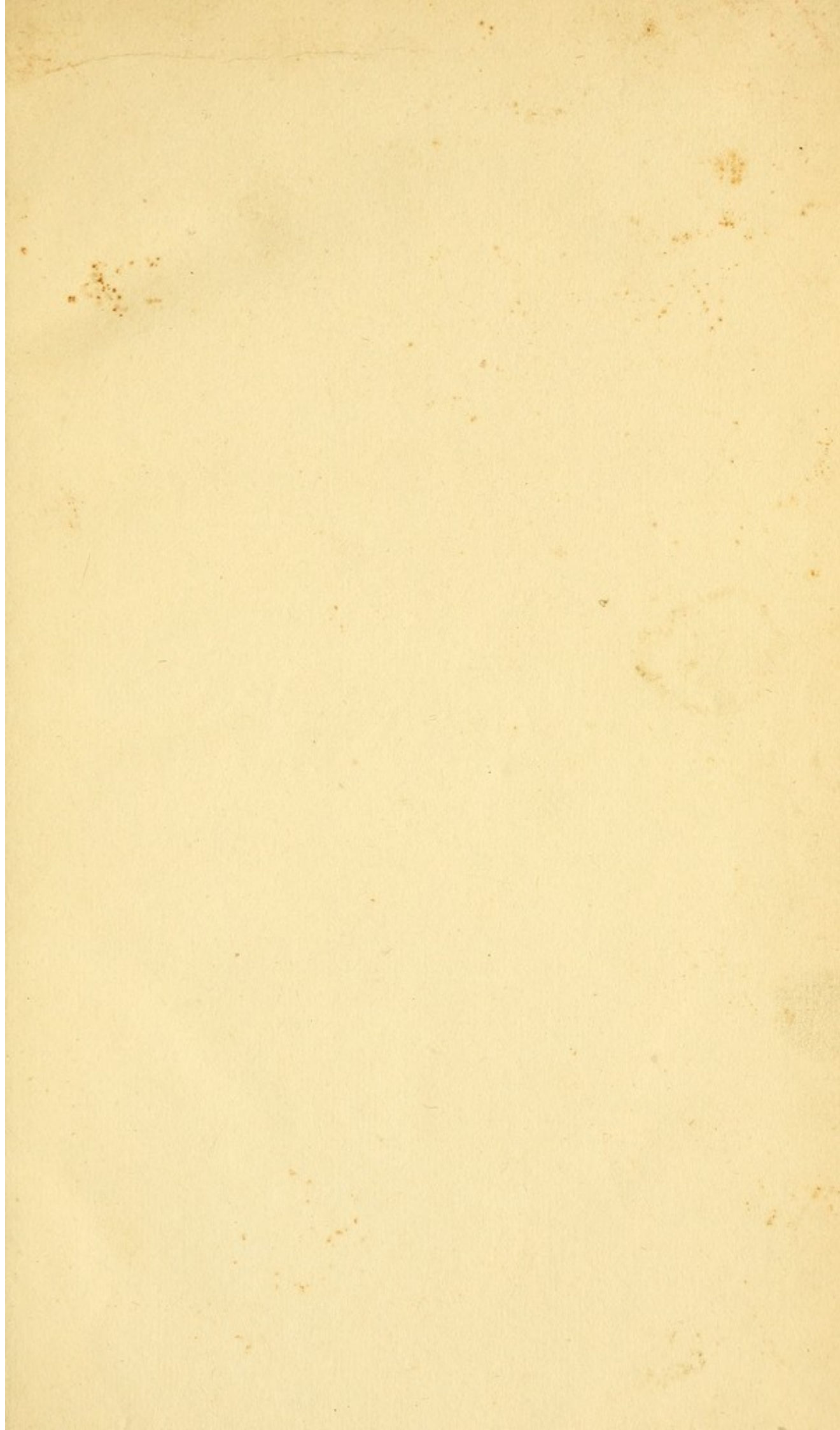




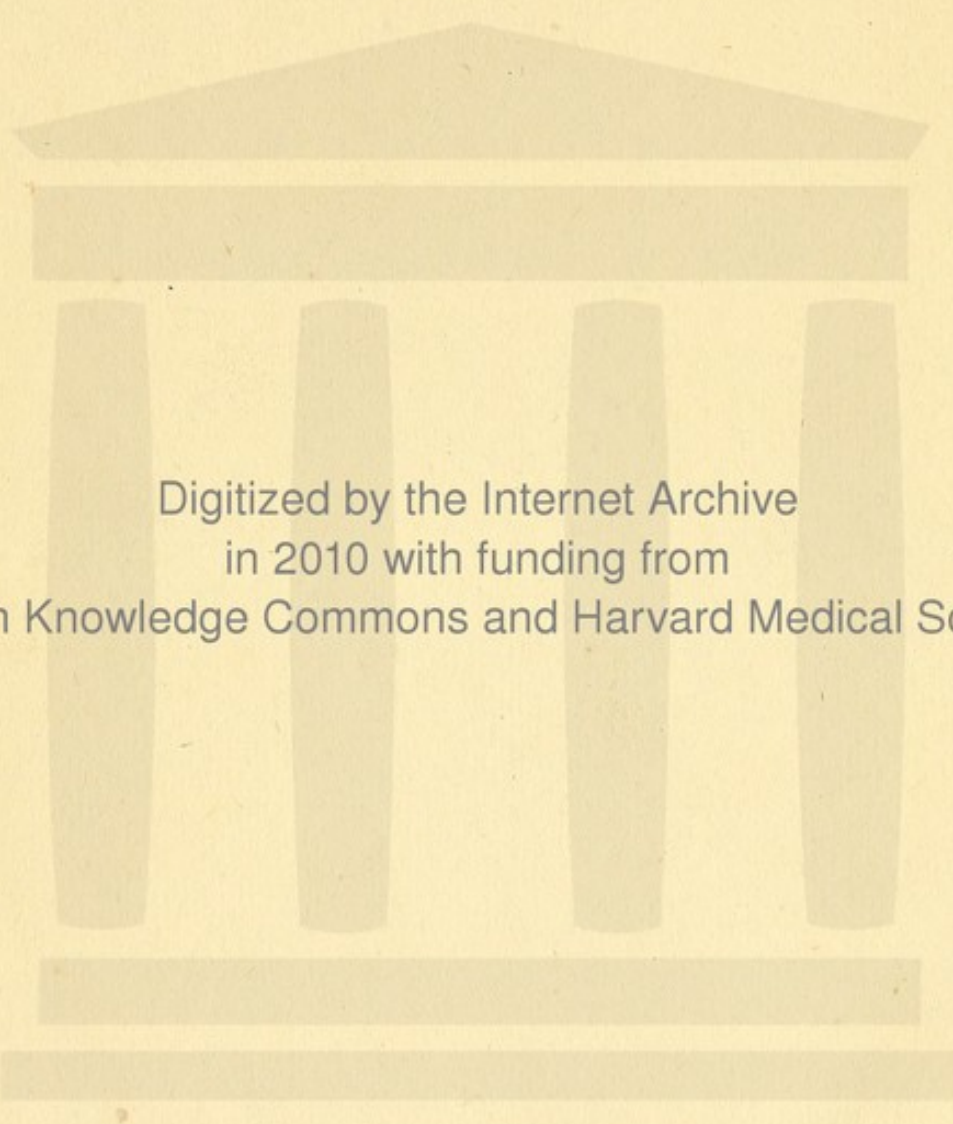


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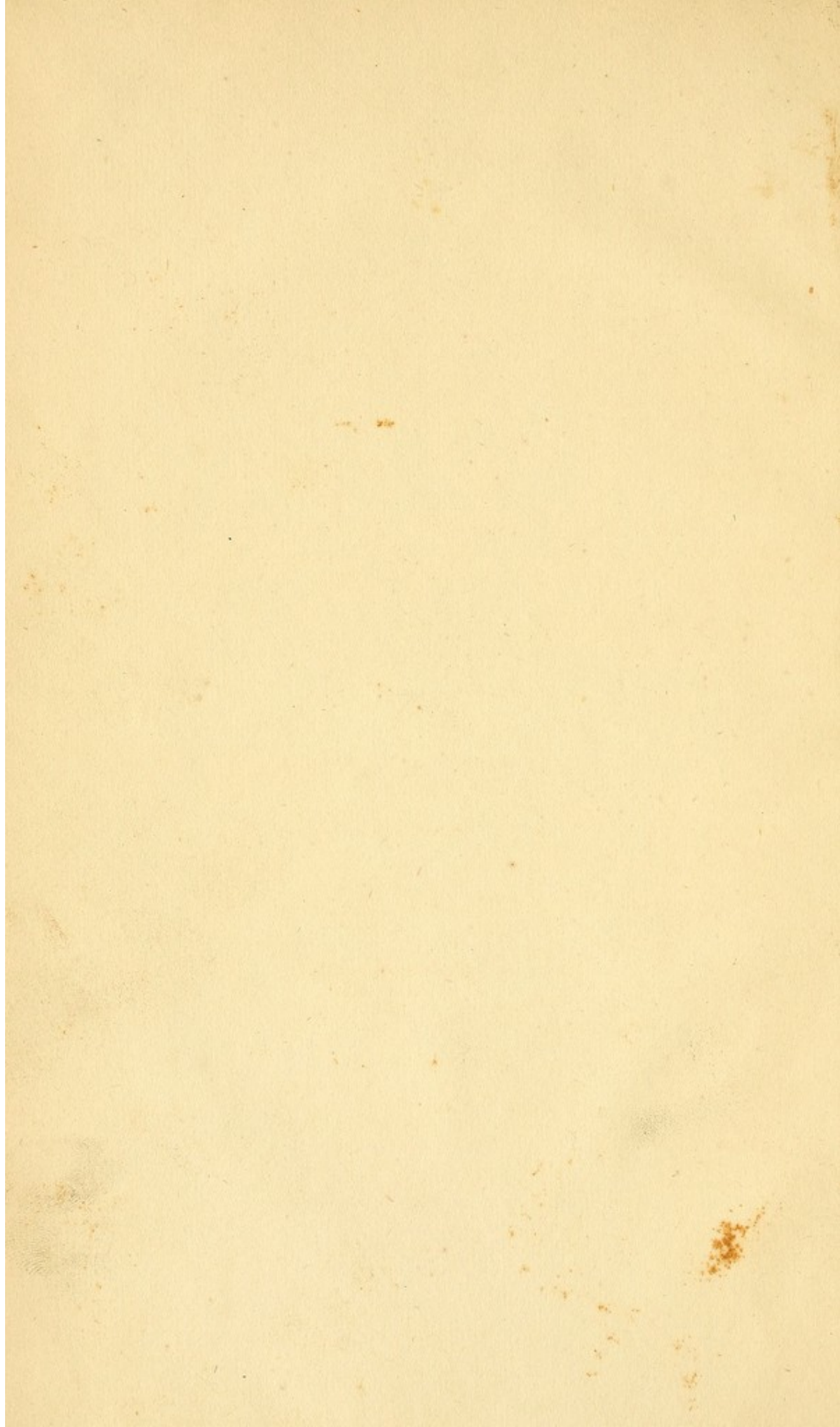


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D R O P S Y O F T H E B R A I N.

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THE  
TREATISE  
ON THE  
DROPSY OF THE BRAIN.



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T R E A T I S E  
O N T H E  
D R O P S Y O F T H E B R A I N ,  
ILLUSTRATED BY A VARIETY OF  
C A S E S .  
TO WHICH ARE ADDED,  
O B S E R V A T I O N S  
O N T H E U S E A N D E F F E C T S  
O F T H E  
*D I G I T A L I S P U R P U R E A*  
I N D R O P S I E S .

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By CHARLES WILLIAM QUIN, M.D.

Fellow of the King's and Queen's College of Physicians, Physician  
General of His Majesty's Army in Ireland, and of the  
Royal Hospital for Invalids, near Dublin.

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T O

WILLIAM CULLEN, M.D.

*Professor of Medicine in the University of Edinburgh,*

*Ec. Ec. Ec.*

*THE favourable reception, with which you were pleased to honour my early endeavours to throw a new light on the nature and causes of certain diseases of the Brain, has acted as a very powerful incentive to an assiduous investigation, on my part, of such facts, and arguments, as might tend to a more complete elucidation of the subject.—Permit me, therefore, to send into the world, under*



## DEDICATION.

*under your auspices, the result of my inquiries ; convinced, that whatever nosological opinions they have suggested, and whatever arguments they have supplied, must infallibly acquire very considerable weight, when sanctioned by the justly celebrated name of CULLEN.*

*I have the honour to be,*

*Dear S I R,*

*Your much obliged*

*And very grateful Pupil.*

CHARLES WILLIAM QUIN.

*Dublin, Jan. 1790.*



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A  
T R E A T I S E  
ON THE  
DROPSY OF THE BRAIN.

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*INTRODUCTION.*

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THE Author of the following pages ventures to present them to the public, because he hopes they will be found to contain some new facts relative to a very interesting subject.—Facts, which (if he has  
reasoned



reasoned with accuracy on them) have led him to important conclusions, with respect to the treatment, as well as the theory, of a disease generally fatal; and which, in his opinion, has been at all times more extensive in its ravages, than the earlier medical writers seem to have suspected.

HE does not claim to himself the merit of originality, in pointing out the true distinction between the chronic and acute *Hydrocephalus*: for the ideas with respect to that point, as well as the opinions concerning the proximate cause of the acute disease, were first suggested to him by his father, a Physician of very unusual sagacity, and most extensive experience.

A GENERAL outline of the doctrines thus communicated to him, was sketched out in his *inaugural Dissertation*, published at  
Edinburgh



Edinburgh in the year 1779<sup>\*</sup>; shortly afterwards, the celebrated Dr. Cullen was pleased to bear ample and public testimony in favour of the opinions advanced in the Dissertation above mentioned; for, in the edition of his *Nosologia Methodica*, printed in 1780, it appears that he retained the chronic disease, as one of the genera of Dropsies, with the old name *Hydrocephalus*; but placed the acute amongst Apoplexies, with a new appellation, viz. *Apoplexia Hydrocephalica*; and in a note assigns reasons for so doing, perfectly consonant to the arguments formerly made use of by the Author.

SINCE that period, neither facts nor arguments have occurred, of sufficient force, to weaken the conviction of its truth, under

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<sup>\*</sup> Twice reprinted, viz. in *Webster's Systema Medicinæ Practicæ*, and in *Smellie's Thesaurus Medicus*, vol. 4.



der which the Author first published a new Theory of Dropsy in the Brain :—On the contrary, that Theory can now appear supported by an added strength of evidence, which minute attention to the subject has enabled him to draw from books, and observation in a variety of recent cases ; he therefore does not hesitate to submit to the candid consideration of the medical world, what he has been able to collect upon the subject.

HE is well aware that time would, probably, afford him a more complete collection of facts in support of his system ; and perhaps lead him to the detection of the errors he may have fallen into : but he confesses that he feels himself urged to an early publication of his ideas, (such as they are,) by the melancholy recollection of the misery he has too often been witness to,

when



when the most hopeful children have been torn from their parents by a disease, hitherto not sufficiently understood, and but rarely treated with success.

THOUGH it must be lamented, that an effectual mode of cure is still to be sought for; yet, a knowledge of the nature of the complaint being established on reasonable principles, much it is hoped may be done by way of prevention; particularly, if an early and strict regard be had to such measures, as have a tendency to counteract the cause: and if by such measures a single individual should hereafter be rescued from impending danger; amply will the Author feel himself rewarded for whatever labour it has required to collect, and to arrange, with some degree of precision, the matter contained in the ensuing chapters.

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## OF HYDROCEPHALUS,

PROPERLY SO CALLED.

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ALTHOUGH every systematical writer on medicine describes a disease termed *Hydrocephalus*; yet few books, and those of a late date, take notice of that peculiar combination of symptoms, to which Dr. Whytt has very justly the credit of having first directed the attention of the medical world.

THE disease to which the name of *Hydrocephalus* had been entirely confined,  
until



until the above mentioned Author published his Essay, may very properly be considered as a chronic affection, perfectly analogous in its causes, and progress to all other dropsies of the human body.—Rickets, or other kinds of constitutional debility, are generally held to be the predisposing causes of it; and its progress is frequently so slow, that patients have been known to labour under it from the period of birth, to that of an advanced age.—The heads of children so affected are generally from the first preternaturally large, and sometimes continue for years to increase in size, without the appearance of any very distressing symptoms arising from so extraordinary an enlargement.—After death, which is usually preceded by sudden convulsions, the brain is found so exceedingly distended by water within the ventricles, as to be reduced to an amazing degree



degree of thinness ; or so much oppressed and destroyed by the water collected between it and the skull, as to assume rather the appearance of a small gland, than that of a brain.

I do not recollect to have seen a single patient thus affected ; but the reader will find, in the first part of the Appendix to this work, the histories of three cases in point, which occurred in Dublin some years ago, but have not hitherto been published.

EVERY extensive anatomical cabinet contains specimens of skulls thus enlarged ; and numberless cases of the same kind are related by Authors, from whose works a sufficient idea may be formed of the appearances in the living subject.—Those who wish for further information, will find some very remarkable cases in the following books :

*Vesalius*



*Vesalius de corporis humani fabricâ,  
Lib. I. Cap. 5.*

*Schenkii Observationes Medicæ, Lib. I.*

THIS Author also quotes a great number of cases from the works of others; of those which he himself was witness to, he asserts he cured four, and that he himself recovered from the disease when he was four years old.

*Wepferi Observationes Medico Practicæ.  
De affectibus capitis Observ. 29.*

*Tulpii Observationes Medicæ, Lib. I.  
Cap. 24.*

RIVERIUS mentions a case of this kind entirely cured by a bandage.

By more modern writers, some curious histories are recorded; particularly by Dr. Donald Monro, in his *Essay on Dropsy*,  
page



page 153. Dr. Remmet, in the *Medical Commentaries*, vol. 6. page 422. Dr. Willan, in ditto for the year 1780, page 333.

I SHALL conclude this part of my subject by observing ; that some varieties of the *Chronic Hydrocephalus* appear to be, in many circumstances, similar in their nature to those watry tumors which affect the spinal vertebræ : for it sometimes happens, that by the partial opening of the futures of the cranium, a large swelling seems to be affixed to the head ; and the consequence of an attempt to reduce it by perforation, is as fatal as the same operation on similar tumors attached to the spine.—And, lastly, that according to the observations of *Morgagni*, females are more frequently attacked by it than males. The same Author also remarks, that in



some countries it is more common than in others ; in his time it was rarely to be met with in Italy ; but he mentions one Physician, who, in the course of a few months, saw three cases of it at Wratislau.

HAVING thus given a general idea of the appearances which characterize the disease, to which the name of *Hydrocephalus* ought entirely to be confined : I shall proceed to the history, causes, and treatment of that, which, according to Dr. Cullen's arrangement, I shall hereafter distinguish by the appellation of *Apoplexia Hydrocephalica*.



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## OF APOPLEXIA HYDROCEPHALICA.

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THAT the description of this disease, given by Dr. Whytt, is the first that was drawn from nature with any degree of accuracy, cannot be denied. *Petit*, it is true, in a short paper inserted in the *Memoirs of the Academy of Sciences* at Paris, for the year 1718, endeavoured to give some account of the symptoms attending it, but his description is extremely inaccurate: indeed, (if I may be allowed to criticise the work of so intelligent an Author,) I confess it appears to me, to have been in no instance



taken from cases, which before death afforded him even a suspicion, that water, extravasated in the ventricles of the brain, was the cause of the patient's complaints.

FROM this deficiency, however, of a well connected history of the symptoms, we are not to conclude that the disease itself first made its appearance when Dr. Whytt undertook to describe it: the fact is, that many traces of it are to be found in the works of the medical writers of the two last centuries.—Although they differ from each other exceedingly in the conjectures they form, with respect to the probable consequences of water extravasated in the brain; yet many of them have evidently taken notice of certain symptoms attendant on it; and have, from experience, pronounced them to be fatal. Thus *Sennertus Practic, Lib. 1. Part III. Sect. II. Cap. 26.*  
has



has the following passage : “ *Si post capitis dolorem vehementem magna sequatur pupillæ dilatatio, exigua sanationis spes est.*” The same Author in another place observes, “ *Nonnunquam accidit, ut nervi optici contorqueantur, et inflectantur, et cæcitas inde inducatur, quæ nisi intra paucos dies desinat, et sponte visio redeat, immedicabile malum est.*”

OTHERS in direct terms allow the possibility of water being collected in the brain, without any concomitant enlargement of the skull. *Hieronymus Mercurialis* in his *Opuscula aurea* asserts, that such a thing may take place, but at the same time declares, that an *Apoplexy* must be the consequence. *Bonetus* writes, as if he had personally been witness to its existence, but was perfectly ignorant of the symptoms, on which the *diagnosis* was to be founded,



founded: for in his *Theſaurus Medico Practicus*, vol. III. page 636, he has the following paſſage: “ *Si intra cranium*  
“ *colligatur hic humor, vix cognosci po-*  
“ *teſt, niſi conjeſturâ quâdam; caput enim*  
“ *propter offium ſoliditatem vix intumeſ-*  
“ *cit.*”—A paſſage nearly of the ſame import occurs in *Wiſeman's Surgery*, Book I. Chap. 23, “ *Water* (ſays this Author)  
“ *within the ventricles of the brain is not*  
“ *easily diſcovered whiſt the patient is*  
“ *alive, only it may be gueſſed at, by*  
“ *ſtupidity and inſenſibility, if any ſuch*  
“ *thing be.*”—But no author that I have met with ſeems to be more fully aware of the extenſive prevalence of *Apoplexia Hydrocephalica* than Sir Richard Blackmore, who, though he does not attempt to deſcribe the ſymptoms with any degree of preciſion, concludes his ſhort chapter on *Hydro-*  
*cephalus*



*cephalus* with the following pointed expression: “ *I look on excessive humors lodged in the brain as the principal infanticides, or destroyers of children.*”

I HAVE no doubt but that many more authorities of the same kind might be produced; but by far the most satisfactory sources of information, concerning this question, are the histories of dissections, made for the purpose of investigating the causes and seats of diseases; in these we find many very clear accounts of the very same appearances, as are now known to present themselves in the bodies of those who have died with all the characteristic symptoms of *Hydrocephalic Apoplexy*.—*Morgagni*, in his truly valuable book, *de causis et sedibus morborum*, when he writes *de Hydrocephalo*, confines himself (as his predecessors had done) to cases of enlarged skull;



skull; but where he treats *de dolore capitis*, as well as in many other parts of his work, he recites a great variety of dissections, wherein the appearances alledged by him to have presented themselves, strongly induce me to believe, that the head-ach, lethargy, convulsions, &c. under which the patients, whose cases he describes, had laboured; were in reality symptoms arising from *Apoplexia Hydrocephalica*. As the work to which I have alluded, is now become scarce, I have, for the convenience of my readers, selected a few of the dissections, most applicable to the present subject, and placed them in the Appendix, Part II. together with a case from *Borelli* and another from *Epiphanius*.

EVER since the attention of Physicians has been directed to this disease by Dr. Whytt's publication on the subject;  
it



it has been generally believed, that children only are liable to its attacks, and chiefly those between the fourth and tenth years of their age.—So far indeed this opinion will be found consistent with facts; that the train of symptoms described by the Author above mentioned, is not often known to appear in grown persons.

BUT whoever reasons on the subject, will of necessity conclude, that the cause of the disease may occasionally affect persons of all ages, producing very different trains of symptoms in different subjects; he will naturally expect that the symptoms shall vary in their violence, the rapidity of succession, and their consequences; according to the age, constitution, and strength of the patient. The numerous histories of dissections, given by accurate Anatomists, prove, beyond

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a doubt,



a doubt, that such reasoning is just; for it appears from those, that the human brain may, at all ages, be affected by a morbid accumulation of fluids in its vessels, and within its cavities.

ALTHOUGH such an accumulation, at the more advanced periods of life, does not for the most part give rise to the same appearances as occur in youth from a similar cause; yet that it sometimes produces the very same symptoms in adults, which Dr. Whytt, and others after him, have usually supposed to be peculiar to children, will appear from the following cases, which, though not very numerous, are (as I apprehend) sufficiently so to prove the truth of the above assertion.

IN the year 1779, I had an opportunity of seeing a woman of 40 years of age,  
who



who died in the Infirmary at Edinburgh; during her illness many symptoms occurred, which led the Physician who attended her to suspect, that water was collected in the brain; and dissection after her death fully confirmed his suspicion.—In the course of the following year, I was present at the dissection of a young man, aged 21, whom Dr. Cullen had pronounced many days before his death to be affected with *Apoplexia Hydrocephalica*; and the examination of the brain amply confirmed the truth of his prognostic.

IN the Appendix will be found two cases, Nos. 13 and 22, which, on account of some singular circumstances attending them, are there related at full length:—the patients in both instances were about 40 years of age: one of them died, and on dissection, the same morbid appearances



were observed in the brain, and its ventricles, which I have repeatedly seen in *Hydrocephalic* children. The other indeed recovered, but every symptom and circumstance satisfied me, that the disease did exist. —To these likewise may be added two cases, the one related by Dr. Fothergill, in the *London Medical Observations*, vol. 4. page 52; the other by Dr. Huck, in the same volume: the patients in both cases above 25 years of age, are described as having been affected with the *pathognomonick* symptoms, pointed out by Dr. Whytt; and both recovered.

SUCH cases however as those last recited are certainly not very common in the usual course of practice; but, if after the perusal of them, any of my readers entertains a doubt as to the occasional existence of the disease in adults, I must request  
he



he will consider with attention the eleven first Epistles of *Morgagni de causis & sedibus Morborum*; and I cannot but believe, that the reports he will there meet with, of several very pointed cases, will convince him, that extravasated water lodged in the cavities of the brain, attended by other appearances, (which I shall hereafter endeavour to shew, almost constantly occur on the examination of the brains of children, who die of the complaint now treated of,) is and has been a much more frequent cause of death, even in adults, than most Physicians hitherto have imagined.—It has been already observed, that the symptoms arising from the same cause, affecting persons of different ages, are in general (as might naturally be expected) different in respect to violence, rapidity of succession, and event: In a proper place I shall endeavour to assign some reasons



reasons for these differences, and in the mean time, I shall in giving the history of symptoms, confine myself to those which generally occur in young subjects, in whom the slow and gradual progression of them generally gives some regularity to the appearance of the disease, and therefore affords time for the administration of the most approved remedies ; whereas, when persons more advanced in life are attacked by it, the progress is in general more rapid, and the danger more immediately imminent, as the symptoms approach more nearly to those of pure *Apoplexy*.

HAVING said so much with respect to the period of life, at which the attacks of *Apoplexia Hydrocephalica* are most frequently to be expected ; I shall, in the next place remark, that although we cannot (strictly speaking) call the disease hereditary, yet it has been often known to seize  
on



on several children of a family, where neither parent has been able after the most minute inquiry, to discover any traces of it amongst the persons otherwise allied to them.—I have been acquainted with many families so circumstanced ; and in this place may be mentioned a singularly curious case, which once fell within the sphere of my Father's observation ; here several male children born of parents both very healthy, were successively cut off by this disease, whereas all the females entirely escaped it.

I CANNOT, with certainty point out any peculiarity of constitution, temperament, or external appearance, which can properly be deemed a predisposing cause ;—most of the patients however, who have been under my care on account of this complaint, or under that of other Physicians, who have communicated their ob-

servations



servations to me, have been previous to its first appearance, extremely lively, and of acute understandings :—In very many of them an unusual transparency of the skin has been observed, through which the viens were strongly marked, particularly about the temples, forehead, and neck ; the eyes have been full, prominent, and brilliant ; and in some few cases there has been reason to suspect the existence of a scrofulous taint.

As to the appearance which the disease assumes at its onset, some difficulty seems to arise in deciding between the opinions delivered by Doctors Whytt and Fothergill ; the former maintains, that its advances are gradual, and its duration four, five, or six weeks before death ; the latter, on the contrary, seems to think, that it rarely continues for more than twenty-one days :



days :—It appears to me however, that under certain circumstances both opinions are well founded.—Whytt certainly confined his observations to the phænomena as they present themselves in children : but we learn from Fothergill's Essay on this disease, that he saw some patients affected with it of a more advanced age, and he perhaps formed his general ideas on the subject from what was observable in them : now as the duration of a disease, arising from the action of an increased portion of fluids within the head, must in some sort depend on the state of the cranium, and its futures ; it is by no means extraordinary, that in very young subjects, the progress of it is more gradual, and the symptoms not so immediately conspicuous, as in those of greater firmness of bone, and strength of constitution.

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It must however be allowed, that a few signs of the disease are sometimes to be observed in infants affected by it, for some weeks before death; but in such cases the deviation from health is at first scarcely perceptible, or if perceived it is so frequently attributed by ignorant observers to other causes, that medical aid is seldom called for until matters have advanced so far, that the remaining course of the disease does not often require for its completion even so many days as Dr. Fothergill has fixed on for its usual duration.

In general the patient is at first languid and inactive, often drowsy and peevish, but at intervals cheerful and apparently free from complaint. The appetite is weak, a nausea, and in many cases a vomiting occurs once or twice in the day,  
and



and the skin is observed to be hot and dry towards the evenings: soon after these symptoms have appeared, the patient is affected with a sharp head-ach, chiefly in the fore-part, or if not there, generally in the crown of the head: it is sometimes, however, confined to one side of the head, and, in that case, when the posture of the body is erect, the head often inclines to the side affected.—We frequently find also, that the head-ach alternates with the affection of the stomach; the vomiting being less troublesome when the pain is most violent, and *vice versa*; other parts of the body are likewise subject to temporary attacks of pain, viz. the extremities, or the bowels, but more constantly the back of the neck, and between the scapulæ; in all such cases the head is more free from uneasiness,



THE patient dislikes the light at this period; cries much, sleeps little, and when he does sleep, he grinds his teeth, picks his nose, appears to be uneasy, and starts often, screaming as if he were terrified; the bowels are in the majority of cases very much confined, though it sometimes happens that they are in an opposite state: the pulse in this early stage of the disorder, does not usually indicate any material derangement.

WHEN the symptoms above mentioned have continued for a few days, subject as they always are in this disease to great fluctuation, the axis of one eye is generally found to be turned in towards the nose; the pupil on this side is rather more dilated than the other; and when both eyes have the axes directed inwards, (which sometimes happens,) both pupils are larger than they are observed to be in the eyes of healthy persons: the vomiting becomes



becomes more constant, and the head-ach more excruciating; every symptom of fever then makes its appearance, the pulse is frequent, and the breathing quick; exacerbations of the fever take place towards the evening, and the face is occasionally flushed; usually one cheek is much more affected than the other; temporary perspirations likewise break forth, which are not followed by any alleviation of distress; a discharge of blood from the nose, which sometimes appears about this period, is equally inefficacious.

DELIRIUM, and that of the most violent kind, particularly if the patient has arrived at the age of puberty, now takes place, and with all the preceding symptoms of fever, continues for a while to encrease, until about fourteen days, often a much shorter space of time shall have elapsed since the appearance



ance of the symptoms, which were first mentioned in the above detail.

THE disease then undergoes that remarkable change, which sometimes suddenly points out the commencement of, what has been called it's second stage: the pulse becomes slow but unequal, both as to it's strength, and the intervals between the pulsations; the pain of the head, or of whatever part had previously been affected, seems to abate, or at least the patient becomes apparently less sensible of it; the interrupted slumbers, or perpetual restlessness which prevailed during the earlier periods of the disorder, are now succeeded by an almost lethargic torpor, the strabismus, and dilatation of the pupil increase, the patient lies with one, or both eyes half closed, which when minutely examined are often found to be completely insensible



sensible to light; the vomiting ceases; whatever food or medicine is offered is usually swallowed with apparent voracity; the bowels at this period generally remain obstinately costive.

If every effort made by art fails to excite the sinking powers of life, the symptoms of what has been called the second stage are soon succeeded by others, which more certainly announce the approach of death.—The pulse again becomes equal, but so weak and quick, that it is almost impossible to count it; a difficulty of breathing, nearly resembling the *Stertor Apoplectic*, is often observed; sometimes the eyes are suffused with blood, the flushing of the face is more frequent than before, but of shorter duration, and followed by a deadly paleness; red spots, or blotches sometimes appear on the body and limbs;



limbs; deglutition becomes difficult, and convulsions generally close the scene.—In one case, I may observe, the jaws of a child of four years of age were so firmly locked for more than a day before death, that it was impossible to introduce either food or medicine into his mouth; vid. Appendix, No. 16: and in another case, an hæmiplegia, attended with some remarkable circumstances, occurred during the two days preceding dissolution, vid. No. 11.

HAVING thus given as exact an history of *Apoplexia Hydrocephalica* as I could compile from the writings of others, and from my own observations, I should think myself guilty of imposition on my readers if I did not caution them that it must be considered merely as a general outline; the human brain seems to be so extremely capricious (if the expression may be allowed)

in



in the signals it gives to other parts of the system, of the injury it suffers throughout the course of this disease, that although every symptom above mentioned does occasionally occur, and indeed few cases of the disease are to be met with, which do not exhibit many of them ; yet it does not appear to me, that any one of them is constantly, and inseparably connected with it.—Many of the histories in the Appendix sufficiently demonstrate the truth of this assertion ; to that part of the work my reader is referred for a more minute investigation of this point : I must here however mention some remarkable deviations from the usual course, which are not there recorded.

A LATE very eminent Physician of this city assured me, that he had more than once seen intermissions in the disease so strongly marked, that he administered the

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Peruvian



Peruvian Bark, with at least temporary benefit to his patients.

ANOTHER gentleman of the profession now living communicated to me the history of a case in which he was consulted: the disease terminated fatally in seven days, and dissection ascertained the cause of it; yet the usual variations of the pulse in the several stages did not take place; the pupils were not dilated until the last day of the child's life; he never once vomited, never expressed a dislike to light, and the head-ach though constant, was not violent.

A LATE very experienced Surgeon likewise, during my attendance of his child, vid. No. 17. informed me, that a son of his, older than our patient, had died some years before with all the strongest



est appearances of *Hydrocephalic Apoplexy*; that some time afterwards, a second child was taken ill, and died; during his illness no one symptom afforded any suspicion of the real cause of his death; my friend however directed the body to be particularly examined, and on dissection a large quantity of water was found within the ventricles of the brain.—A case somewhat similar, related at large in the Appendix, No. 20. affords, in my apprehension, as extraordinary a proof of the excentricity of the disease as can be imagined.

FROM what has just now been stated, it must appear, how difficult a task it is to draw a faithful portrait of this truly Proteiform distemper; or even to point out any single feature, or combination of them, which may be depended upon as truly characteristic of it.—At first vomit-

F 2
ing,



ing, costiveness, shooting pains in the head, aversion from light; and afterwards dilatation of the pupils, strabismus, and irregularity of the pulse, do indeed most frequently appear, but we now see that many of these symptoms, nay most of them, may withhold themselves, and leave us to found our opinion of the case on bare conjecture.

BUT as it is of the utmost consequence that the *diagnosis* should be decided on as early as possible; the most minute inquiry ought to be made into every circumstance, capable of throwing light on it.—When a patient is found to be affected by vomiting, head-ach, and costiveness, the symptoms which most usually appear on the commencement of *Apoplexia Hydrocephalica*, it is difficult, while these are the only evident complaints,



plaints, to determine whether they may not arise from weakness of stomach, or incipient fever (but more especially in the case of young children,) from dentition, or worms in the intestines: if however they do not in some degree yield to an emetic immediately administered, and followed by a few mercurial purgatives judiciously repeated, we shall generally find, that some of the other symptoms mentioned above in the general detail will very soon present themselves; of these aversion from light, pain between the scapulæ, and screams, suddenly interrupting sleep, may be considered by the Physician as very alarming signals of an impending disease of the brain; but although the circumstances last mentioned should not be observable, the obstinate continuance of acute head-ach, vomiting, and costiveness may afford strong grounds for decision as  
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to the nature of the patient's disease, wherever it is known that children of the same family have been affected by *Aplexia Hydrocephalica*.

It will be useful also, towards the forming an early *diagnosis*, to recollect, that in cases of this kind, (at least in the earliest stage) spasms of the limbs are of much less frequent occurrence than where the distress proceeds from worms. If indeed during its first approaches, the disease is disregarded, and suffered to gain ground before proper medical assistance is called for; strabismus, irregularity of the pulse, coma, and even blindness, too frequently serve at once to portend death, and to point out its cause.

It appears that most writers on the subject, being led by the supposed analogy  
between



between this disease and other Dropsies, have ascribed it to the same remote causes. Thus a *serous colluvies of the blood, ruptured lymphatics, cachexy, suppressed discharges, &c.* have been set down by Whytt, and other Authors, as remote causes of dropfy in the brain; I must agree with them indeed in attributing to those, and such like circumstances, the origin of that disease to which, in the beginning of this Treatise, it has been proposed to confine the name of *Hydrocephalus*; that being evidently a chronic complaint, and in every circumstance of it's phænomena a genuine Dropfy.

BUT when the appearances, progress, and duration of *Apoplexia Hydrocephalica* are candidly considered; when it is recollected, that the patients attacked by it, are usually of very lively intellects, and remarkably  
healthy



healthy constitutions ; such in short as are the most remote from any degree of *Cachexy* ; a suspicion will necessarily arise, that it's causes are of a very different nature from those of Dropsy, and much more closely allied to the causes of acute diseases.—That this is really the case, I shall hereafter endeavour to prove, by deductions from an extensive series of facts, which (as I apprehend) amount to a demonstration, that the disease in question, always owes it's origin to a morbid accumulation of blood in the vessels of the brain, sometimes proceeding to a degree of inflammation, and generally (but not always), producing an extravasation of watery fluid before death.

IN the first place it is to be observed, that at the period of the disease, wherein the head-ach is most acute, every symptom of fever, arising from an increased action of  
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the vascular system, is evident ; secondly, the majority of patients who are attacked by it exhibit on inspection, strong appearances of *plethora* in the superficial vessels of the head ; and in some instances they have been subject to bleedings at the nose previous to the attack : vid. case 16 in the Appendix, and *Whytt's Observations on Dropsy in the Brain*.—These perhaps would be deemed but weak proofs of my assertion, if no others could be adduced in support of it ; but when they are strongly corroborated by arguments, deduced from the phænomena which have presented themselves in dead bodies ;—the theory, it is presumed, will no longer appear to be a matter of speculation.

THE first dissections I shall particularly take notice of, are those of a young woman, who died at Edinburgh, while I was there,



in the year 1777; and that of a boy, attended by my father many years ago in Dublin: in both of these patients the symptoms preceding death were to all appearance so unequivocal, that the Physicians not only pronounced the disease to be water in the ventricles, but likewise foretold the symptoms, which were to be expected a few days before dissolution: the looked for changes did accordingly take place, and the patients died: in both cases, to the astonishment of those who were present, and prepared to find on dissection a great redundancy of water within the cranium; none could be discovered in any part of the brain: but the blood vessels were so unusually distended, that the whole of the *cerebrum* and *cerebellum* resembled an anatomical preparation, in which the utmost force of injection had been employed.

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IN the next place, the reader is referred for a further confirmation of what has been advanced to the cases No. 12, 13, 16, 20 of the Appendix, wherein the quantity of fluid found in the ventricles was very considerable ; but at the same time, there were signs so visible of an increased flow of blood to the brain, that in all of them the vessels were remarkably turgid ; in most of them a degree of inflammation had taken place, as appeared at the time of dissection, either by preternatural adhesions of the meninges, or by a partial opacity, and increased thickness of them, together with patches of inflammatory crust, very similar to those which are found on the *abdominal viscera* of persons whose death has been the consequence of *Enteritis* ; or on the lungs, and pleura of those who have sunk under pulmonic inflammation.

THE



THE last dissections to be referred to are those mentioned in the cases No. 5, 6, 8, selected from many others of the same kind to be found in the writings of *Morgagni*; in these the symptoms previous to death are not very particularly described; and perhaps, on account of the age of the patients, the disease in some points assumed an appearance, different from that which is generally seen in younger subjects, under the influence of the same cause: but in all of them, after death a morbid effusion of serum was discovered in the ventricles, and between the membranes of the brain, accompanied by the most unquestionable proofs of uncommon distention, and violently increased action of its blood vessels.

THE principal facts, on which the foregoing theory is founded being now clearly stated; I apprehend it may be fairly asserted,



ed, that (even if no dissections were adduced to illustrate the subject,) the appearances, and general symptoms are much more obviously accounted for on the principles I have endeavoured to establish, than on any others.—For if the disease, (as it was formerly imagined,) be a pure Dropsy; there is no one circumstance, to which we can recur for an explanation of the symptoms, except mere mechanical pressure on the brain, arising from the gradual increase of water within the ventricles, and the consequent enlargement of those cavities beyond their usual dimensions.

*Morgagni*, it is true, seems to be of opinion, that the various effects of the same cause, viz. water extravasated within the cranium, even in small quantities, may depend on the various degrees, in which



which the fluid is saline, and therefore stimulant; but it is now well known, that the water found within the brain of *Hydrocephalic* subjects, is in general most remarkably pure, and free from any saline impregnation whatever.

LET us then, in the next place examine, what are the usual symptoms attending known injuries of the brain from violence. The late Mr. Pott, in his excellent *Treatise on Surgery*, takes notice of some circumstances very much in point.—“*The symptoms,*  
 “*says he, attending an inflamed sloughy state*  
 “*of the membranes, in consequence of ex-*  
 “*ternal violence, are pain in the head, rest-*  
 “*lessness, want of sleep, frequent and hard*  
 “*pulse, hot and dry skin, flushed counten-*  
 “*ance, inflamed eyes, nausea, vomiting,*  
 “*rigor, convulsions and delirium; and these*  
 “*come on so gradually, as not to be observed*  
 “*until*



“ until some days have passed after the acci-  
 “ dent shall have happened: all the com-  
 “ plaints produced by extravasation, are such  
 “ as arise from pressure; viz. stupidity,  
 “ loss of sense, and voluntary motion, labo-  
 “ rious and obstructed pulse, and respiration,  
 “ and these usually appear immediately, or  
 “ very soon after the accident.

Now it must appear at once, that no  
 inconsiderable weight is added to the  
 theory I have offered, from the above ob-  
 servations, made by a singularly sensible,  
 and experienced Surgeon.—The symptoms  
 which after a very few days occur in  
*Apoplexia Hydrocephalica*, are very closely  
 allied to those enumerated by Mr. Pott,  
 as the effects of inflammation in the mem-  
 branes of the brain; and the symptoms  
 which mark the last stage of the disease,  
 are as nearly connected with those ob-  
 served



served by him, to arise from compression.

THERE is indeed one circumstance, which may seem very much to invalidate the reasoning I have fallen into through the course of the present Treatise. An opponent may ask : If your position is true, that the *Apoplexia Hydrocephalica* arises in the first instance from a morbid increase of blood in the vessels of the brain? why do the symptoms in any respect deviate from those undoubtedly proceeding from the same cause in *Phrenitis* and *Apoplexy*? To this objection I confess no very satisfactory answer can be given; nor is this at all to be wondered at, while we are so ignorant, as we surely are, of the operations of the brain, and nervous system; so completely in the dark with respect to the mode, by which their influence is extended



tended to all the vital and animal functions: besides *Apoplexy* and *Phrenitis* already mentioned, it is an undoubted fact, that palsy, epilepsy, madness, delirium, and head-ach, very frequently arise from the same cause: this no one will deny; though no reason can well be assigned for the varieties that occur in the symptoms of these several diseases.—The age however of patients most liable to be attacked by *Apoplexia Hydrocephalica* will, in my humble apprehension, suggest a very material cause for the difference between the symptoms of it, and those of the true *Apoplexy*, as it is known to affect adults.

It seems highly probable, that the brain of children is much less sensible to the effects of stimuli or pressure, than it afterwards becomes at a more advanced age.—There can be no doubt but that this is

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the case at the time of birth ; for the violent compression which the brain undergoes with impunity at that time, (even so great as totally to change the form of it,) is such, as must be immediately fatal if applied to the brain of a grown person. for this reason perhaps, as well as the want of firm connection between the bones of the cranium in children, which it is well known frequently subsists for some years after birth, the progress of disease arising from a morbid accumulation of blood, is in infants gradual, and the stimulus less injurious ; in adults the effects are instantaneous, and the disease more immediately fatal.

To give further scope to reasoning, or speculation on a subject which can effectually be illustrated by facts only, would be inadmissible ; I shall therefore proceed  
to



to what now remains to be treated of, the  
*Prognosis* and *cure*.

So little has hitherto been discovered with respect to the cure of the disease here treated of, that in the present state of our knowledge the *Prognosis* must be extremely unfavourable :—Dr. Whytt freely owns, that he never had been so fortunate as to cure any one patient, whose symptoms denoted its existence with any degree of certainty ; and adds, that he suspects those who imagine they have been more successful, have mistaken another distemper for this.—Here however I must beg leave to differ from him ; for it has appeared from the testimony of Dr. Percival of Manchester, and Dr. Dobson of Bath, that they have (even in their own families) been fortunate enough to recover some children, who were as evidently affected by it, as



others to whom it had been fatal.—These recoveries they have attributed to a mode of treatment, which certainly since their recommendation of it, has been tried extensively with but little success; therefore I am rather inclined to believe, that the event depended upon the very early attention paid by them, to the diseases of their own children; apprized as they must have been by their former losses, that future attacks of this dreadful malady were reasonably to be expected.—Certain it is however, that under the care of the gentlemen above mentioned, some patients have been restored to health; and in addition to the cases stated by them, I can add three; one of which fell under my own immediate care in the year 1781; another shortly afterwards, under that of my father; and the third I was witness to in April, 1787. In all of these, every symptom



tom was as distinctly marked as it usually is in the worst cases ; and much more so than in some, where death afforded an opportunity of ascertaining the cause by dissection.—The three histories are particularly related in the Appendix, No. 14, 15, 22, to which I think may very fairly be added, as a case fortunately treated, No. 9, from *Epiphanius*.

THE death of Dr. Dobson has, for the present, deprived the world of an enlarged edition of his former publications on this subject, which by a letter I received from him in the year 1785, I understood he was preparing for the press; such a work, I have no doubt, would have afforded great assistance to Physicians in forming their *Prognosis*, as well as regulating the mode of treatment in simular cases.

I HAVE



I HAVE indeed been led to suggest my suspicions, that the good success of the two gentlemen above mentioned was the effect of the very early and solicitous attention of a father to the health of his child, by a very strong conviction, that the *Prognosis* in this disease would by no means be so unfavourable as it is at present, if assistance were called for sufficiently early to prevent the first cause from proceeding to the fatal extremities, to which it is too often suffered to run : it must be confessed however, that the disease is often so insidious in it's first attacks, and so gradual in it's advancement, that those most conversant with children may be easily deceived as to it's cause, or inobservant as to it's existence ; in short, it is almost necessary, that the disease should have formerly manifested itself in a family, before the persons most interested,



ed, can be on their guard against it's future attacks.—In such cases the smallest appearance of any one symptom of the disease, not otherwise obviously to be accounted for, should give the alarm, and instantly urge the parent to call for medical aid.—But hitherto that aid has seldom been sought for, until the existence of the distemper has been as evident, as the consequence has been fatal.

FROM what has been already stated, and I hope tolerably well supported by facts; the rational mode of cure, or rather indeed the rational course of attempts to be made for the relief of the patient, readily presents itself.—During the first moments of the disorder, there necessarily must be a degree of doubt with regard to the cause of the symptoms: vomiting, costiveness, head-ach, and feverishness, may



may depend on worms ; in younger patients on dentition ; and in those of any age, on foulness of the stomach. For this reason the first step to be taken is to empty the stomach ; for which purpose, the less powerful the emetic given, the less danger there will be of doing mischief, by forcing the fluids towards the head in the strainings to vomit, which are usually the consequence of antimonial emetics : generally warm water alone, or the infusion of camomile, answers every purpose that can be looked for from vomits in this disease.—In the next place, as costiveness is a very general symptom in the beginning, a strong purgative ought without loss of time to be administered ; calomel appears to be the most proper instrument to be employed ; as it is a remedy well adapted to the removal of worms, and equally well suited to incipient *Apoplexia*  
*Hydro-*



*Hydrocephalica.* It must be observed however, that in the latter disease, a very large dose of the medicine is required in order to produce any effect, a treble, nay a much larger dose has frequently been given, without at all promoting the expected evacuation: vid. Appendix, Nos. 12, 16, 17, 18, 21.—If after these first steps have been taken, the symptoms still continue, and more particularly, if a larger dose of the cathartic has been necessary, than from the age and strength of the patient we should expect to be effectual, the Practitioner is then justifiable in suspecting the head to be the seat of the disease, and having recourse to such means, as are best suited to counteract the cause.

IN the first stages of the complaint, while it may be supposed that no watery effusion has yet taken place, every remedy that

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promises



promises to remove the *Plethora* of the head is clearly indicated ; but the symptoms, which are likely to attend the disease in its progress, require that much attention should be paid, even in the earliest moments, to the choice and management of the *antiphlogistic* remedies, which are generally adopted in other cases of *Plethora*.—For the more accurate consideration of these several articles, I shall submit to my readers a table of the usual means employed for the removal of *Plethora*, particularly that of the head ; and endeavour, by treating of them separately, to point out what appear to deserve a preference in the management of *Apoplexia Hydrocephalica*.

*General*



*General Means of removing Plethora.*

- I. Venesection.
- II. Cathartics.
- III. Blisters.
- IV. Setons.
- V. Proper position of the head.
- VI. Cold applied to the head.
- VII. Pediluvium.

I. WITH respect to blood-letting.—The freedom with which it may be employed must be determined, by attending to the symptoms of the disease, the constitution, but I imagine more particularly the age of the patient. At the early period at which children are usually seized with this disease, however strongly we may suspect that a congestion of blood in the brain has been the cause of the symptoms,



it is very evident that blood cannot be drawn in large quantities, without the hazard of increasing the great degree of debility, which a continuation of the disease always induces ; therefore, as the remedy now under consideration, can be recommended only in as much as it may contribute to the relief of the head ; and as a smaller quantity of fluid, drawn from a part contiguous to the seat of the disease, will have more immediate effect than a larger portion taken from the general mass, I should decidedly, in all cases where the patient is very young, prefer local evacuation to a more general bleeding ; by means of leeches, or cupping and scarifying, a considerable discharge may be procured from the temples, and where the operation can be performed with safety, the jugular vein, or perhaps the temporal artery, may be opened with advantage.



tage.—And from the authority of *Morgagni*, *Advers. Anatom. Chap. vi. Animadv.* 83, we have great reason to believe, that deep incisions in the occipital veins will be of service, as he relates two cases within his own knowledge, where persons were evidently relieved by this operation from comatose affections.—I cannot conclude this article without recommending to the perusal of my readers, the 16th paragraph of the 6th Epistle of *Morgagni*, *de causis & sedibus morborum*, wherein much is to be found with respect to blood-letting in diseases suspected to owe their origin to distention of the vessels within the cranium.

II. It is not always necessary to have recourse to cathartics; as it sometimes happens that the bowels are naturally very free in this disease; the contrary state  
however



however is infinitely more common ; and whenever it occurs, calomel may be given, and frequently repeated in such doses as are found sufficient to keep up a regular discharge ; all additions to it being carefully avoided, which are likely to produce nausea ; as by them vomiting may be brought on, or increased to such a degree as to hasten considerably the progress of the disease.

III. It is a difficult matter to decide upon what principle the application of blisters to the head in the early stages produces its good effects ; probably by giving greater activity to the external blood vessels of the cranium, a check may be given to the flow of blood into those more deeply seated ; and by that means the accumulation of fluid within the brain may be in some measure prevented.—It is also  
probable



probable that the quantity of serous fluid separated from the blood in the neighbouring parts by means of blisters, may, by diminishing the volume of the fluids circulating within the cranium, diminish the degree of pressure on the brain, which must take place where the vessels are unusually turgid.—However inaccurate this speculation may be, I depend on facts when I recommend the immediate application of a large blister to the whole head, whenever it appears morally certain that the disease has commenced, the facts above alluded to are these: Doctor Cullen of Edinburgh, whose remarkable sagacity, and almost incredible ingenuity have long been the admiration of the medical world, has asserted in one of his Courses of Clinical Lectures, delivered in the University of Edinburgh, that in one case of *Apoplexia Hydrocephalica*, the history of which

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he relates with accuracy, the patient was restored to health by means of the remedy here proposed ; he confesses however, that in others equally decided as to the cause, the same treatment had not succeeded.— It will also appear from the consideration of cases No. 14 and 22 of the Appendix, which I myself was concerned in, that the recovery most probably depended on the same application, managed according to Dr. Cullen's plan ; the discharge being kept up by means of the *unguentum vesicatorium* for a considerable time after the blisters had operated in the usual manner ; for in these two cases, the active medicines administered were too inconsiderable in quantity, to claim any share in the happy effects which attended the general treatment.—Perhaps the case No. 15 of the Appendix, may likewise be appealed to for additional proof of the efficacy of long continued



continued discharges from the head by means of blisters.

A circumstance well deserving attention occurred as a sequel of the disease, in Nos. 14, and 15; of the children whose cases are set forth in those articles of the Appendix, the former after recovery, was for many months subject to constant, profuse perspiration from his head; and the latter, for several years after the primary disease was removed; had frequent and copious discharges of purulent and other fluids, from an eruption which affected his head and the adjacent parts.—This phænomenon is the more worthy of note, as the patients were two of the only three I have been acquainted with, who were so fortunate as to throw off the disease, after it had made a very alarming progress: concerning the state of health which the person, whose case is stated in



No. 22, has enjoyed since his recovery, I have not been able to procure any information since he ceased to be my patient.

It is to be lamented however that, altho' like my respected preceptor, I can mention some instances of success, probably arising from the repeated application of blisters, like him also I am obliged to confess, that in several other cases, the same mode of treatment, assisted occasionally by the use of other medicines, totally failed of giving relief: yet, in a disease so generally fatal, a remedy which has more than once been crowned with success, surely ought not in any future case of the same nature, to be omitted.

IV. It is well known that setons, or issues made in the neck, or parts adjoining the head, have frequently been of service  
in



in preventing the recurrence of *Epilepsy*, *Apoplexy*, &c. when those disorders have manifestly arisen from a morbid increase of blood flowing towards the brain: but in the *Apoplexia Hydrocephalica* it generally happens, that when once it's symptoms are clearly evident, their progress is too rapid to admit of our applying to setons or issues, for that dilatory relief, which might be expected from them in other cases of disease depending on a similar cause; it seldom therefore happens, that a practitioner can prescribe them in the management of the disease now treated of, except in cases where prevention, rather than immediate cure should be his object.

For instance; in a family where one child or more shall have already died, affected by the usual symptoms of *Apoplexia*



*plexia Hydrocephalica* ; if on any subsequent occasion, some other child should complain of head-ach, costiveness, and weakness of stomach, none of them yielding to the usual remedies for such complaints ; although matters do not immediately, and obviously become worse, there is great reason to suspect, that symptoms of a more dangerous tendency will by degrees unfold themselves ; here setons or issues may have time to operate with good effect, and therefore ought to be recommended. And in like manner it sometimes happens, that where no family propensity to the disease can be traced, symptoms, such as those just mentioned shall be observed ; which however slowly they advance, by their obstinacy threaten future mischief : in such cases, the remedies, whose operation will be most permanent, viz. setons or issues, are perhaps  
best



best adapted to the effectual relief of the patient.

V. THE head ought undoubtedly at all times, while the patient is in bed, to be as much raised as shall be found consistent with his ease ; for when this precaution is attended to, the weight of the blood will in some degree mechanically counteract the *impetus*, with which it is driven towards the brain.

VI. As to the application of cold to the head, the remedy to which this article has a reference ; I must confess it is rather a wish that it should be tried, which has led me to propose it, than any experience I have had of it's good effects ; for no case of this nature has occurred to me, in which the use of it has been adopted.—But if we may be allowed to reason from analogy, the  
experiment



experiment seems to be justifiable; for it is certain, that the application of a clay-cap, or indeed of cold in any form, to the heads of phrenitic patients has been frequently recommended, and the practice has sometimes been successful.

VII. I HAVE been induced to mention pediluvium in this place, as one of the antiphlogistic remedies applicable to the first stage of *Apoplexia Hydrocephalica*, nearly by the same motives as those which urged me to recommend the trial of the remedy treated of in the preceding article. The similarity which I have endeavoured to prove exists between the causes of *Phrenitis*, and of the disease here particularly considered, suggested the idea of attempting to attack the proximate cause in the one case, by the same means as have sometimes been effectual in the treatment of the other: when the use  
of



of the pediluvium is proposed, it is offered as a remedy singularly effectual in fevers for the diminution of head-ach, and for procuring rest; both of them objects of great consequence in the management of *Hydrocephalic Apoplexy* in it's first stage: but it must be confessed, that (whatever advantages may be expected from the use of the pediluvium at this period,) it seems to have been ineffectual, if not injurious, when the disease was more advanced, as appears by the report of case No. 11 of the Appendix.

HAVING thus, with all the accuracy I was master of, laid before my readers what has occurred to me with respect to the medical treatment of patients in the first, I shall proceed to point out what appears to be worthy of attention in the management of the second stage of the disease.

HERE



HERE it appears probable, that after the vessels of the brain have been for a time oppressed by the excessive congestion of blood, they gradually lose their tone; and in consequence of their relaxation, the same change takes place with respect to the distribution of the fluids, which from a similar cause produces Dropsy in other parts of the body: the aqueous particles are discharged too abundantly into the adjacent cavities, and the absorbent vessels, not less injured in their tone than the exhalants, are rendered incapable of removing the superfluous serum.

WE are generally enabled to mark this period by one or more of the symptoms, which have been set down in the history at large, as characteristic of the second stage; those which most frequently occur, are great irregularity of the pulse, very  
evident



evident strabismus, stupor and general insensibility.—For the removal of these symptoms, our chief dependence must be on such remedies, as by stimulating the absorbent vessels, may relieve the brain from the oppression it labours under.—On this principle blisters may still be applied to the head with propriety, if they have not already been prescribed at an earlier period.

DIURETICS for the most part are uncertain in their effects; those, which if they fail to increase the flow of urine, are often found to act as purgatives, are unquestionably improper medicines in this case; as they may diminish, rather than excite the action of the vascular system. But amongst all the remedies capable of giving the desired stimulus to the absorbents, mercurials seem to claim the first

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rank: many watery collections in other parts of the body have been removed by the use of them, but they seem to be particularly indicated in the second stage of *Hydrocephalic Apoplexy*, since it appears, that of the few who have been known to recover from that disease, by far the greater number have taken mercury in one form or another; many of them to a very great extent, unattended by the usual effects on the salivary glands, which very inferior doses are known to produce in patients, not under the influence of this very singular disorder.

THE above mentioned facts seem to have led some Physicians to a general conclusion, that the success attending the exhibition of mercury in this disease, may be expected to be proportional to the degree of salivation which the medicine excites.



cites.—Be this matter as it may, it is an established truth, that mercury has sometimes been of service ; it ought therefore without hesitation to be employed, and even in large quantities, by friction and every other possible mode of administering it. Doctors Percival and Dobson, who first recommended this course in the *Medical Commentaries*, Vol. VI. page 219 and 224, were so fortunate in their first attempts, that the prospect of a specific remedy for this dreadful distemper seemed to open on the medical world ; how far they have since succeeded is not ascertained ; as I believe no publication on the subject has appeared from the pen of either of them since they first communicated their discovery : but whatever success may have attended the practice of others, I think it will appear clearly, from the detail given in the Appendix of nine cases, in which it



was administered, that even the liberal use of mercury cannot be depended on as a source of relief. The patients it is true who recovered, did use this remedy in the form of calomel, but the quantity was so inconsiderable, when compared with the astonishing doses which were taken without the smallest effect by others, that (as I have already stated in a former paragraph) it appears more reasonable to attribute their cure chiefly to the discharge procured and maintained by blisters.—Satisfied in my own mind that this was the fact, I confess I never did but once adopt the mode of using mercury, which is strongly recommended by Doctors Dobson and Percival, viz. the application of the ointment to the patient's head; for to this part I have rather wished immediately to apply a large blister, than appropriate it to the purpose of mercurial friction, which probably may  
be



be performed on more remote parts with equal advantage: in one case however, No. 18, after the head had ceased to yield any discharge from the blistered part, a large mercurial plaster was applied to it, and repeatedly renewed, but without effect.

AFTER what has been said in the first part of this Treatise, concerning the great irregularity which often prevails in the symptoms of the disease itself, and the proofs which have lately been given of the remarkable inactivity of mercury in the system of patients affected by it, we shall be the less surprized to find, that the effects of other remedies, which have occasionally been beneficial, are not easily to be accounted for.

Mr



My father once visited, with another Physician, a patient who had many strong symptoms of *Apoplexia Hydrocephalica*, at length proceeding to continued stupor; large doses of the *flores zinci* were prescribed, prodigious quantities of urine were soon afterwards discharged, and the patient recovered.—I have since seen the same remedy tried more than once without any effect.

BUT the question will now naturally arise, if the disease is in it's latter stage confessedly a dropsy; and if diuretic remedies have sometimes been of service, why should we not seek for assistance from the most powerful medicines of that class? many of them have certainly been employed, and I fear in general as ineffectually as those of any other description; the *Digitalis purpurea*, however, had not I believe



believe been prescribed with this view, until it was administered under my immediate inspection to a patient, whose case is related in No. 17 of the Appendix; it did not at all relieve him from the distressing symptoms of his disease; but it fully answered my expectations of its diuretic qualities, which were here as evident, as in some other cases, in which I have had recourse to it; the particulars of those, as well as the general account of the success which has hitherto attended my experiments on it, are annexed to this Treatise, which I shall now conclude with a few observations concerning the most rational mode of prevention.

IN this part of the treatment, (if I am not much mistaken) infinitely greater confidence may be placed, than in the best directed



directed efforts to subdue the disease, when it's existence can be ascertained.

CONSTANT moderate exercise, and a temperate diet, with the occasional use of purgatives, if the patient is naturally costive, will, it is apprehended, frequently prevent that tendency to fulness in the vessels of the head, which has been already mentioned as a circumstance, usually to be observed in children who have been attacked by *Hydrocephalic Apoplexy*; and in addition to these general cautions, if a child of a family, wherein there is suspicion of a tendency towards this disorder, is often affected with head-ach, however slight, where no cause can be assigned for it; it is highly proper to procure without loss of time a discharge from parts near the head by means of blisters, which may be from time to time renewed at proper intervals,



intervals, if the symptom does not abate; or perhaps the more effectual mode would be by means of a seton in the back of the neck: to this there can be no objection where the patients are males, but it is often difficult to persuade mothers to consent to this operation upon their daughters, being almost universally repugnant to it, on account of the cicatrix which a seton sometimes leaves behind it.

LASTLY, it has occurred in three or four instances, that I have been consulted on the best mode of prevention, when the subjects (being children of parents who had already lost some of their offspring by this disease,) were liable to a frequent bleeding at the nose; now from what has been already said concerning the origin of *Apoplexia Hydrocephalica*, I have thought myself justifiable in giving positive direc-

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tions



tions never to use any means towards checking such an hemorrhage; in children it is seldom considerable in quantity, and therefore can do no harm, and I rely on the justice of the principles herein laid down, for my belief that it may be salutary.

OBSERVA-



## O B S E R V A T I O N S

*On the Use and Effects of the FOX GLOVE,  
or DIGITALIS PURPUREA in Dropsies.*

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DURING my residence at Edinburgh in the year 1779, an account was given to the Royal Medical Society, of the singular success which had attended the exhibition of the *Fox Glove* in hydropic cases, under the inspection of Dr. Withering of Birmingham: in consequence of this information, an infusion of the leaves was shortly afterwards prescribed for a patient, on whom it had not evidently any diuretic effects, but excited much nausea, and giddiness in the head.

THE



THE event of this experiment, and the reports afterwards circulated, that the medicine was very frequently used in Scotland with no better success, deterred me from making any trial of it in this kingdom, until the year 1786, when the recent publication of Doctor Withering's Observations, pointed out the most efficacious mode of preparing it, and likewise ascertained the dose which might be prescribed with safety, if not always with success.

THE great respect I had for the abilities and integrity of the learned Author, as well as of those amongst his correspondents, with whom I had been personally well acquainted, gave me hopes, that by strict attention to the selection of proper plants, the preparation of the medicine, and the regulation of the dose, I might have the good fortune to succeed, as well  
as



as Dr. Withering and his friends, in my experiments on a medicine, which in their hands appeared to be almost a specific for the dropsy.

My situation as Physician to two Hospitals, the one destined for the reception of the sick soldiers of the Garrison of Dublin, generally consisting of five regiments of infantry, and one of cavalry; the other for that of the sick of 400 resident invalids, shortly afforded me opportunities of administering the *Digitalis*, of which I collected a considerable quantity for my own use, at the season recommended by Dr. Withering; and distributed it likewise amongst my medical friends, whenever they applied for it.

IN the third part of the Appendix will be found some notes taken during my attendance



ance on eleven patients, who used the *Digitalis* under my immediate inspection. The cases now published are selected from a considerably larger number, because they afford satisfactory examples of the various degrees in which the medicine has been efficacious, or inactive. Of the eleven patients three were completely cured; one of them, viz. No. 28, most unexpectedly indeed. Of the others some received temporary relief from the diuretic quality of the *Fox Glove*; although where the patients suffered a relapse, the medicine appeared to have lost it's former powers. The remaining histories serve as proofs that the same remedy, which in some cases has almost performed miracles, does in others apparently similar, either produce no effect at all, or give rise to symptoms so untoward, as to induce a cautious Physician



Physician to desist from the further use of it.

THE evidence lately given by Dr. Lett-som, in the *Memoirs of the London Medical Society*, Vol. II. is undoubtedly very much at variance with the commendations bestowed on the *Fox Glove* by Dr. Withering.—On the one hand, we are presented with a most melancholy detail of unfortunate experiments; on the other we are informed that the remedy seldom fails to effect a cure.—The following conclusions, however they may differ in substance from the sentiments of either of the above mentioned gentlemen, appear to me to be justified by the facts stated in my narrative of the cases, which suggested them. Vide Appendix, Part III.

#### I. DROPSIES,



1. DROPSIES, though sometimes removed by other means, are most frequently cured by diuretic remedies.
2. ALL diuretics are uncertain in their effects; what is diuretic in one case, and under certain circumstances, being purgative, or diaphoretic in others.
3. THE *Fox Glove*, with every precaution of selection, preparation, and regulation of the dose, is perfectly ineffectual in a large majority of cases, where it's diuretic effects are wished for.
4. BUT in some cases it is most singularly effectual; and generally where the patients are exceedingly exhausted.
5. BY due attention to the necessary precautions, it is in the power of the Physician



fician to prevent mischief from too extensive a use of it, by desisting when it produces bad effects.

6. THEREFORE in all hydropic cases, if other approved remedies have been ineffectually applied, the Fox Glove ought to be used—but with discretion.

To these aphorisms I shall only add, that a remarkable circumstance occurred in case No. 23, not taken notice of by Doctor Withering or his correspondents, which is that after I had desisted from the use of the *Digitalis*, in consequence of the swelling of the abdomen having nearly subsided, and the medicine apparently producing a nausea, the patient was for some weeks afflicted with a constant discharge of limpid water from his mouth, amounting on some days to a great degree

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of



of salivation.—My friend Mr. Renny, Surgeon to the Royal Hospital, observed the same appearance of salivation, attended with a diminution of swelling, in an old man of a worn out constitution, who had taken the *Digitalis* for an hydropic complaint: neither his patient nor mine had taken mercury for a long time before recourse was had to the *Fox Glove*. —It is possible the discharge by the salivary glands might have been very serviceable to my patient No. 23, in preventing a fresh accumulation in his thorax, as the man continued to be perfectly healthy after the salivation gradually subsided, and his strength was recruited by good food and tonic medicines; as to Mr. Renny's patient the salivation was only of temporary service; his constitution was too much reduced to be effectually relieved by any



any thing, and I believe he died not long afterwards.

I SHALL conclude this part of my subject with an hint to every Physician, who wishes to make use of medicines so powerful, as to admit of their being exhibited only in very small doses, and of course mischievous if given in larger quantities; it is that very particular attention be paid to the selection of the remedy if it chance to be an indigenous production; I confess I have been so cautious in this point with regard to the *digitalis purpurea*, that I never have used any which I did not collect with my own hands; the plant in question is not to be found in many counties of England, or of Ireland; for the botanical characters of it, I refer my readers to Linnæus, and more particularly to Dr. Withering's publication,

to



to which a coloured engraving is prefixed, so accurate as to make the most superficial botanist acquainted with the appearance of the plant; for the information of my medical brethren in Ireland, it will perhaps not be thought amiss to observe, that it grows in great abundance between Dunleer and Dundalk: in all the mountainous parts of the county of Armagh: from the pass called the Scalp, in the county of Dublin, onwards towards the Water-fall: and in great perfection in the county of Wexford, near Gorey; and I make no doubt in many other parts of the kingdom, which I have not had an opportunity of visiting; if I were to make a conjecture as to the comparative efficacy of different kinds I have tried, I should prefer that which grows on the poorest soil, and is least luxuriant in the size of the leaves.

A P P E N -



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## A P P E N D I X.

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THAT the chain of facts and arguments in the foregoing pages might not be broken in upon, by the occasional introduction of Cases and Extracts into the body of the work, I have thrown together all such documents into an Appendix, arranged under three distinct heads; the first containing a few histories, not hitherto published, of Cases wherein the *Hydrocephalus*, properly so called, evidently existed.

IN the second Class are recorded several cases of *Apoplexia Hydrocephalica*, which  
fell



fell within my own observation, a few communicated to me by my father, and likewise extracts from *Morgagni*, *Borellius*, and *Epiphanius*, which appeared to me applicable to the subject.

IN the third Class the reader will find the result of some of the trials I made with the *digitalis purpurea*, for the relief of hydropic patients.

WITH respect to some of the extracts given in the second Class of Cases, it must be observed, that as that able Physician, and Anatomist *Morgagni* declares, he had no opportunity of attending to the whole progress of the disease in some of the subjects, and did not accurately inspect others until a short time before death; the appearances on dissection are what chiefly entitle the extracts from his work to a place



place in this Appendix; though at the same time I conceive, that the symptoms related in those cases, wherein the progress of the disease was at all attended to, are such as fully justify me, in ranking the histories I have selected from his book, in the same Class with others of a more recent date, where the symptoms and the dissections leave no room for doubt as to the nature of the complaint.

# APPEN-



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# A P P E N D I X,

## PART THE FIRST.

*Containing Cases of Hydrocephalus, properly  
so called.*

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### C A S E I.

Communicated by an eminent Surgeon in Dublin.

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“ ——— was born with a  
“ very large head, but seemed well in  
“ health, increased in strength, and grew  
“ fat.—The head soon became so unna-  
“ turally



"turally large, and the features were so  
 "much altered, as to leave no doubt con-  
 "cerning the nature of the disease; the  
 "child however increased in size, grew  
 "strong in his limbs, and took food: he  
 "could both hear and see well, and so  
 "continued until he was eighteen months  
 "old; he then died suddenly, without  
 "any convulsive attack.

"ON opening the cranium, more than  
 "five quarts of very limpid water were  
 "found within it, there was not the  
 "smallest trace of membrane or brain,  
 "except opposite the orbits and meatus  
 "auditorius, where something like me-  
 "dulla still remained."



## C A S E II.

Communicated by Doctor Henry Quin.

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“ ——— a boy aged seven  
 “ years had been scrofulous, and com-  
 “ plained of violent excruciating pains in  
 “ his head for above three years; his head  
 “ during that time gradually increased in  
 “ size, so as nearly to equal that of an  
 “ adult.—By degrees his limbs were con-  
 “ tracted, so that he could not extend his  
 “ legs; the spine became curved, and his  
 “ head was thrown backwards, as in an  
 “ *Opisthotonos* :—His understanding seemed  
 “ also to be impaired, and his speech be-  
 “ came remarkably slow and drawling.—  
 “ When I visited him, viz. October 10th,  
 “ 1768, he had a blackness round his  
 “ eyes,



“ eyes, and his pulse was immeasurably  
“ quick.—The next day he died—On re-  
“ moving the scalp, the futures appeared  
“ as if drawn asunder, and separated from  
“ each other by the distending force of the  
“ contents of the cranium, which en-  
“ larging daily, required more space than  
“ the natural size of the skull afforded.—  
“ By this protrusion the *Fontanel* remain-  
“ ed open, and the skull was rendered  
“ extremely thin; on opening the *dura*  
“ *mater*, some serous humour issued out,  
“ which had lain between it and the brain,  
“ the vessels of which were extremely  
“ turgid.—On opening into the left ven-  
“ tricle, above a pint of a remarkably  
“ bright limpid fluid, like the most pure  
“ water, flowed out, on which the right  
“ lobe of the brain subsided, and its ven-  
“ tricle was found empty; both ventricles  
“ communicated with each other.”

IN



IN this case it is remarkable, that the patient was never affected with the least degree of lethargy, or drowsiness; and that his pulse was remarkably quick. It is to be observed, that during the whole of his illness, nay indeed of his life, he had a very great appetite, and drank (for his years) a large quantity of wine.

### C A S E III.

Communicated by an eminent Surgeon.

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“**I**N the year 1764, I was called  
“to see the child of ———, it was then  
“three days old, had not taken any  
“nourishment, and was in a lethargic state;  
“the head at least one third larger than  
“the



“ the natural size—it died that night ; on  
“ opening the head I found it contained  
“ near one quart of clear water, there  
“ were scarcely any appearances of mem-  
“ branes or nerves, the skull was not form-  
“ ed, and ossification had only commenced,  
“ so that it is probable this disorder began  
“ very early.”

APPEN-



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# A P P E N D I X,

## P A R T II.

Cases of APOPLEXIA HYDROCEPHALICA,  
collected from the Works of Medical  
Authors, and other Sources.

### C A S E IV.

Vide Petri Borelli Historiæ et Observationes Medico  
Phyicæ, Edit. Francof. A. D. 1676, Observat.  
xxxviii.

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“ *MARIA* Cueillere, puella  
“ duodecim annos nata, temperamento pitui-  
“ toso et pingui habitu prædita, anno 1648,  
“ mense



“ *menſe Maio, maximo dolore fixo verticis*  
 “ *laboravit per 4 menſes; vocatus fui ad*  
 “ *ejus curam, eam fere ſine febre inveni,*  
 “ *ſed omnia alimenta rejicientem, aquâ au-*  
 “ *tem ſolâ, cum ſaccharo per multos dies vi-*  
 “ *tam traduxit, de nullâ enim aliâ re, præ-*  
 “ *ter de dolore futuræ coronalis conquereba-*  
 “ *tur. Remedia omnia quæ mihi utiliora*  
 “ *viſa fuerunt, admovenda curavi, phlebo-*  
 “ *tomia brachii celebrata fuit, inunctiones*  
 “ *et ſotus partis dolentis, &c.—Sed omnia*  
 “ *ſine ullo levamine, nullus tamen aderat*  
 “ *tumor vel rubor, tandem ad remedia effica-*  
 “ *ciora deveni, et veſicantia præſidia pone*  
 “ *aures, et occipitio admota fuerunt, quibus*  
 “ *cum non levaretur ipſi parti dolenti, etiam*  
 “ *potens veſicans applicandum eſſe cenſui,*  
 “ *quod cum pari ſucceſſu peractum fuit,*  
 “ *tandem cucurbitula cum ſcarificatu, et ul-*  
 “ *timò cauſticum potentiale regioni dolenti*  
 “ *applicata, nihil profuerunt. Mens adhuc*  
 “ *et*



*“ et sententia mea erat crucialem celebrare  
“ incisionem, imo et trepano uti, sed mors  
“ finem miseriis et doloribus ejus, antequam  
“ hæc remedia celebrarentur, imposuit.*

*“ Tandem morte hac auditâ, causamque  
“ ejus agnoscere cupiens, ut posteritati res  
“ adeo admiranda transferri posset, parentes  
“ renuentes exoravi, eorumque amicos, dicens  
“ caput puellæ aperiendum esse, non solum  
“ ad morbi cognitionem, sed etiam ut cæteris  
“ familiæ, si eodem morbo quandoque detine-  
“ rentur utile foret. Apertum ergo fuit  
“ caput puellæ, me præscribente, omniaque  
“ optime conformata, et sine corruptione,  
“ (præter spem tamen) reperta sunt; existima-  
“ veram enim pus copiosum intus latere, præ-  
“ cipue quoniam paulo ante obitum, per ocu-  
“ lum dextrum purulentum aliquid emisisset,  
“ sed cum de causâ agnoscendâ desperaremus,  
“ dum curiositatis gratiâ rete mirabile et  
“ alias*



“ alias partes chirurgus discipulis suis de-  
 “ monstrare voluisset, digitis abscessum rupit  
 “ natibus et infundibulo cerebri inhærentem,  
 “ e quo statim aqua clarissima, cum impetu,  
 “ et ad libras duas exivit, quasi e fonte sca-  
 “ turians, et in altum prosiliens.—Non  
 “ parum potuit ad hunc morbum conferre quod  
 “ quinque vel sex ante morbum mensibus,  
 “ scabiem capitis passa erat puella nostra, et  
 “ male a monachis quibusdam curata re-  
 “ pellentibus remediis, et unguentis frigidis  
 “ fuerat.”

P CASE



## CASE V.

Vid. Morgagni de Causis et Sedibus Morborum, Edit.  
Venet. A. D. 1761, Epistol. 1<sup>ma</sup>. Artic. 2<sup>da</sup>.

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*“ P U E R annos tredecim natus  
“ perspicaciori ingenio præditus, cujus soror,  
“ fraterque ex phthisi interierant, cum ipse  
“ anno superiore pulmonis sinistri inflamma-  
“ tione laborasset, corripitur dolore capitis,  
“ supra oculos, atque horum etiam dolore,  
“ circa quos viscida effluebat materia; pos-  
“ tridie delirat, oculos in adstantes defigit,  
“ nonnihil viscidum evomit. Deinde ex im-  
“ proviso convulsionibus præhenditur, a qui-  
“ bus in affectionem quasi soporosam incidit;  
“ sæpius tamen convulsione cum difficili re-  
“ spiratione*



“ *spiratione conjunctâ excitatur. Denique*  
 “ *moritur——. Cranio exsecto dura me-*  
 “ *ninx ad sanguiferorum vasorum latera in-*  
 “ *venta est cinereo colore infecta.—Dum au-*  
 “ *tem hæc a cristâ galli ut vocant avellendo*  
 “ *abrumperitur, paululum erupit seri sanio-*  
 “ *si; seri autem limpidi quasi uncia inde*  
 “ *exivit, qua ferebantur nervi optici.”*

## C A S E VI.

Morgagni eadem' Epistol. Artic. 14<sup>ta</sup>.

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“ *MULIERIS* diffecui caput  
 “ *ineunte anno 1717, affecta primum vene-*  
 “ *reâ lue, hinc febre cum atrocibus capitis*  
 “ *doloribus, et delirio correpta fuit; et ex*  
 “ *his*



“ *his in Nosocomio Patavino decesserat.—*  
“ *Hujus exsectum cranium, alicubi appa-*  
“ *ruit ex rubro nigricans. Duræ autem*  
“ *meningis ea pars, quæ superne mediæ re-*  
“ *gioni sinus lateralis dexteri proxima erat,*  
“ *multo crassior facta, cum altero meninge*  
“ *atque adeo cum cerebri substantiâ omnino*  
“ *coaluerat, erantque hæc tria in eo loco semi-*  
“ *putrida, et lurido quodam colore, ex sub-*  
“ *flavo cinereo, in corticali præsertim cerebri*  
“ *portione, deturpata.—Quinetiam extima*  
“ *cerebelli subjecti substantia, quanquam ad*  
“ *minorem tractum, ad duos videlicet trans-*  
“ *versos digitos, cum meninge utrâque adeo*  
“ *coaluerat, ut cum e duræ cavo cerebellum*  
“ *extraherem, hujus ibi substantia duræ me-*  
“ *ningi adhærens, relicta sit.—Porro cerebri*  
“ *vasa per tenuem meningem repentia, æquo*  
“ *latiora conspiciebantur, nigroque sanguine*  
“ *distenta, qualis et in duræ sinibus fuit.—*  
“ *Per medullarem autem cerebri substantiam*  
“ *assulatim*



“*assulatim dissectam, crebra passim, et evi-*  
 “*dentiora quam soleant, sanguifera vascula*  
 “*se ostendebant.—Laterales ventriculi aquâ*  
 “*plenissimi subfuscâ, quo colore et eorum*  
 “*facies infecta erat.—Denique pinealis*  
 “*glandula firmior, et major, et albidior*  
 “*quosdam quasi loculos intus habere visa est.*”

## C A S E VII.

Vid. Morgagni de Causis & Sedibus, &c. Epist. vi.  
 Art. 6.

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“*A*dolescentulus annorum quin-  
 “*decim, vertigini obnoxius, ex improvise in*  
 “*terram cadit, suppressis omnium sensuum*  
 “*functionibus.—Post horam ad se redit,*  
 “*linguæ motu nonnihil læso.—Paucis post*  
 “*diebus*



*“ diebus in febrem incidit acutam, cui soporosa affectio supervenit, cum levibus motibus convulsivis.—Facies rubet, tandem moritur.—Multum seri in cerebro stagnantis invenitur.”*

## C A S E VIII.

Vid. Morgagni de Causis, &c. Epist. vi. Art. 8.

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*“ VIR ebriosus, qui ad annum accedebat sexagesimum, febre acutâ laborans, in nosocomium ultimo duntaxat morbi tempore illatus, hebes jacebat, ut interrogantibus vix responderet.—Stragula sæpius abjiciebat, quasi ingenti ureretur calore, qui si tangeres vix tepidus, imo*  
*“ ad*



“ *ad extrema corporis frigidus percipiebatur.*  
 “ *Pulsus interdum omnino latebat; interdum*  
 “ *prodibat; sed durus, parvus, intermittens;*  
 “ *respiratio tamen erat naturalis; per hæc*  
 “ *novissimis transactis diebus, prope quartum*  
 “ *decimum est mortuus.—Cranio recluso,*  
 “ *dum crassa meninx inciditur, et dum ce-*  
 “ *rebrum eximitur, limpidum, sed non mul-*  
 “ *tum prodit serum: sub tenui quoque meninge,*  
 “ *quæ leve inflammationis præbebat indicium,*  
 “ *sulci qui inter cerebri aufractus descen-*  
 “ *dunt, eodem manabant sero; denique in*  
 “ *lateralibus ventriculis aliquantum seri, co-*  
 “ *lore sanguineo infecti repertum est.*

C A S E



## C A S E IX.

Vide Epiphanii Ferdinandi Historiæ Medicæ, Edit.  
Venet. 1621, Histor. xviii.

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“ A. D. 1599, Mense Junii  
“ Joan: Baptista Simeon Messapiensis,  
“ puer decimum tertium annum agens,  
“ temperamento alioquin calido & humido,  
“ incidit tempore anni calidissimo in in-  
“ gentissimum capitis dolorem, præsertim  
“ secundum posticam ejus partem et frontem.  
“ Dolor erat gravativus, et ex phlogosi po-  
“ tius proveniebat, quam ex verâ inflamma-  
“ tione cerebri, ejusque membranorum, et  
“ partium adjacentium. Hæc 1<sup>ma</sup>. morbi die;  
“ aderat febris non acuta sed ignava potius,  
“ vigiliæ,



“ *vigiliæ, pulsus rari, urinæ salubres, et*  
 “ *rectè coloratæ, anxius tamen erat, caput*  
 “ *incalescebat ad tactum. 2<sup>da</sup>. die eadem, et*  
 “ *oculi dolebant; 3<sup>tia</sup>. clausit dextrum oculum;*  
 “ *4<sup>ta</sup>. 5<sup>ta</sup>. & 6<sup>ta</sup>. eadem symptomata; 7<sup>ma</sup>.*  
 “ *clausus fuit sinister oculus, dolores capitis*  
 “ *acerbi et maximi; 11<sup>ma</sup>. pessimè habuit;*  
 “ *semper enim ob doloris vehementiam for-*  
 “ *titer clamabat; 14<sup>ta</sup>. visus est melius habere*  
 “ *ex dolore, sed penitus non videbat ex am-*  
 “ *obus oculis, nihil tamen in ipsis apparente,*  
 “ *pupilla tamen mihi aliquantulum dilatata*  
 “ *videbatur.——Sanus ex dolore, sed in-*  
 “ *faustum symptoma, videlicet cæcitas reman-*  
 “ *sit, quæ nullis medicamentis potuit expug-*  
 “ *nari.*”

THE train of symptoms recorded in the  
 above case, drawn up nearly 200 years  
 ago, I submit to the consideration of my  
 brethren of the present day; *Epiphanius*

Q

gives



gives the above history to the world as that of a patient, labouring under the *Amaurosis*, or *Gutta Serena*; yet I cannot possibly doubt but that the Physicians of this age, who are aware of the various symptoms which arise in the disease of the head, first specifically described by Doctor Whytt, will on comparing his account of *Hydrocephalus* with the history just now given, decide with me, that the blindness was but the consequence of a morbid accumulation in the brain.—That the accumulation was such as I have endeavoured to prove is the primary cause of watery effusion within the ventricles, will appear highly probable, when the remedies used for the relief of the patient, as hereafter quoted, are duly considered:—Before I proceed to recite *Epiphanius's* mode of treating the above case, I cannot avoid observing, that the symptom, viz. blindness



ness which remained in his patient, renders the case somewhat analogous to that of Master ——, Case 15, whose situation was very accurately attended to by two most eminent Physicians; and the symptoms by them pronounced beyond a doubt to indicate the existence of what is called in the foregoing pages *Apoplexia Hydrocephalica*.

I NOW add the mode of cure adopted by Epiphanius.—“ *Statim facta fuit sanguinis*  
 “ *missio ex mediâ, nam hæc magis apparebat—*  
 “ *et licet Galenus ubique locorum dixerit, pueros*  
 “ *non esse phlebotomandos nisi pertransierit*  
 “ *decimus quartus annus; tamen quoniam hic*  
 “ *puer erat prægrandis, et validas habebat*  
 “ *vires, et erat peccatum in sanguine, et*  
 “ *morbis magnus, viriumque robur, fuit*  
 “ *facta sectio venæ——tertiâ die iterum fuit*  
 “ *secta vena capitis in sinistro brachio; san-*  
 “ *guis*



“ *guis non erat putridus, sed adustus; quintâ*  
 “ *fuere cucurbitulæ scarificatæ spatulis\* ad-*  
 “ *mota; sextâ hirudines naribus, et octavâ*  
 “ *fuit facta venæ sectio in fronte, cucurbitu-*  
 “ *lis non scarificatis spatulis, et ligaturis*  
 “ *sæpiissime utebatur pro capitis dolore aufe-*  
 “ *rendo.——Sed dum hæc exercebantur, ecce*  
 “ *pejor priori novus pullulavit affectus præter*  
 “ *naturam, videlicet cæcitas seu gutta serena*  
 “ *circa undecimam diem; cui statim, nullâ*  
 “ *interpositâ morâ, maximopere incumbuimus,*  
 “ *dubitantes ne figatur humor, et incurabilis*  
 “ *fiat affectio, et ita evenit. Statim igitur*  
 “ *ut hoc symptoma apparuit, Scil: de sero*  
 “ *undecimæ diei, facta fuit venæ sectio ex*  
 “ *temporibus, et ex angulis oculorum, fuit-*  
 “ *que admota cucurbitula magna scarificata*  
 “ *occipitio, et cauterium in nuchâ, quamvis*

\* *Spatula* is by some barbarous Medical Writers, as well as the Author of the above detestable jargon, used instead of *Scapula*.

“ *setaceum*



*“setaceum proposuimus, sed languens renuit.*

*“—Devenimus ita urgente necessitate ad*

*“sinapismos cincipiti, et vesicatoria eidem*

*“parti, et occipiti.——*

*“Denique ut omnem lapidem moveamus,*

*“ac nihil intactum derelinquamus, deveni-*

*“mus ad illum excellens collyrium, quod*

*“tanti facit Galenus.——*

*“Verum prohi dolor, omnia fuerunt ir-*

*“rita.”*



## C A S E X.

Communicated by Doctor Henry Quin.

---

“ M A S T E R ———, aged  
“ nine years, of a scrofulous habit, had  
“ often been seized with an inability to  
“ utter: a scrofulous fistula appearing un-  
“ der his right eye, with a small *caries*  
“ of the bone of the orbit, he was sent  
“ to the salt-water.—At the end of some  
“ months, in August 1768, he was at-  
“ tacked with an epileptic fit, and imme-  
“ diately afterwards complained of pain in  
“ his head, became feverish, and vomited  
“ for some days almost constantly, being  
“ withal drowsy. He was bled, a blister  
“ was



“ was applied between the shoulders, and  
 “ he was purged with the *oleum ricini*,  
 “ which brought off stools that were ex-  
 “ tremely bilious, by which he seemed to  
 “ be relieved; raved less, complained less of  
 “ pain in his head, and vomited less fre-  
 “ quently, viz. but twice in twenty-four  
 “ hours, and what he threw up was fre-  
 “ quently bilious.

“ ABOUT the 11th day he was in  
 “ this state, with such an abatement of  
 “ quickness in his pulse, as would in-  
 “ duce a Physician (if that circumstance  
 “ only were attended to) to pronounce his  
 “ fever to be subdued. I judged diffe-  
 “ rently of this; and declared it to be a  
 “ morbid slowness of pulse; for I still ob-  
 “ served him drowsy and stupid, his skin  
 “ was still very hot, his vomiting had not  
 “ ceased, and the following night he rav-  
 “ ed



“ ed much, and appeared more than usual-  
“ ly distressed. On the 12th his pulse was  
“ still slower, and his stupor greater.—A  
“ blister was applied to the occiput; his  
“ friends were advertised of his danger,  
“ and he died at night.

“ ON opening his head a considerable  
“ part of the orbit of the affected eye was  
“ carious, and a large sebaceous tumor was  
“ formed behind the fistula, which opened  
“ externally.—Innumerable exceedingly  
“ small hydatids, of the size of grains of  
“ mustard-seed, were formed on the coats  
“ of all the blood vessels on the surface of  
“ the brain, and a larger than natural  
“ quantity of serum was found in the  
“ ventricles.”

C A S E



## C A S E XI.

Communicated by Doctor Henry Quin.

---

“ ———, a young lady aged  
“ ten years, was observed for about eight  
“ or ten days to be very heavy, and be-  
“ came costive; as she had been formerly  
“ subject to worms, and often relieved by  
“ the use of common salt, some of it was  
“ now given to her, but without effect.  
“ She soon afterwards complained of gid-  
“ diness and double sight, and was often  
“ attacked by violent pain in the fore-part  
“ of the head : under these circumstances

R

“ I



“ I first visited her Nov. 30, 1771, and  
“ found her pulse slow, unequal and in-  
“ termittent, her skin temperate, her  
“ tongue clean, her eyes clear, and her  
“ face at that time had all the bloom of  
“ apparent health, though in the progress  
“ of the disorder her skin acquired a mud-  
“ dy hue; her breath was very strong, her  
“ urine generally loaded with a lateritious  
“ sediment.

“ IN order to purge her, large doses of  
“ *oleum Ricini* were given, but without  
“ effect. The *infus: senæ cum mannâ et*  
“ *sal: Rupellens:* answered somewhat bet-  
“ ter, but not without the assistance of an  
“ injection: the stool procured by these  
“ means was of a deep bilious colour, and  
“ very foetid. The pain in her head  
“ (which always increased after sleep)  
“ becoming more constant and violent,  
“ some



“ some blood was drawn; the serum was  
 “ apparently bilious, the crassamentum  
 “ not inflamed. A vomit of *vin: Ipecac:*  
 “ *et vin: Antimon: singul: unc: i.* brought  
 “ nothing foul off her stomach, but procur-  
 “ ed a copious bilious stool; notwithstand-  
 “ ing this, the head-ach increased so  
 “ much, that it was thought necessary to  
 “ repeat the bleeding; the serum was now  
 “ less bilious than at first, and the crassa-  
 “ mentum had some appearance of a buffy  
 “ coat. A purgative mixture of jalap  
 “ and nitre given in broth, and after-  
 “ wards, a stimulating injection with *assa-*  
 “ *fætida*, brought off two large stools ex-  
 “ tremely bilious and slimy; after which  
 “ she seemed to be relieved.

“ THE very bilious state of her evacua-  
 “ tions induced me to order a saline mix-  
 “ ture, with three grains of tartar emetic  
 “ to



“ to eight ounces; this had not any fen-  
 “ sible effect. Her giddiness and pain re-  
 “ turning, and some tendency to delirium  
 “ being observed; her pulse also becom-  
 “ ing more uniformly quick, and less in-  
 “ termittent, and the heat of her skin in-  
 “ creasing; a blister was applied between  
 “ her shoulders, her bowels being previ-  
 “ ously opened by means of the purging  
 “ powders.—A strong infusion of *Valerian*,  
 “ with tincture of *Valerian* and stibiated  
 “ tartar, seemed to render her less restless,  
 “ and more inclined to sleep; she con-  
 “ stantly however lay on the right side  
 “ when asleep, and in this situation the  
 “ left eye appeared but half closed.—Her  
 “ preference for acids was manifest, al-  
 “ though she seemed to have no thirst.—  
 “ Her skin hitherto had remained quite  
 “ dry, and her feet were often very cold.  
 “ The quickness of her pulse, the heat of  
 “ her



“ her skin, and more constant delirium, ex-  
 “ hibiting very evident symptoms of fever,  
 “ her parents determined to give her  
 “ *James's Powder*. The third part of a  
 “ paper was first given; afterwards one-  
 “ half, and then two-thirds of a paper,  
 “ but without the least effect.—A stupor  
 “ now began to affect her, she became  
 “ less apprehensive, her right eye became  
 “ more prominent than the left, and the  
 “ pupils of both much dilated; they suf-  
 “ fered no contraction when a strong light  
 “ was brought before them.—It was now  
 “ agreed on, that the *James's Powder*  
 “ should be omitted, and the purging pow-  
 “ ders repeated: they procured a large  
 “ watery stool, which she passed insensi-  
 “ bly.—A blister was then applied to her  
 “ head, and a mixture with musk given;  
 “ her stupor still increasing, Doctor Smyth  
 “ was called in.

“ As



“ As during the whole course of the  
 “ disease she had scarcely sweated, not-  
 “ withstanding that stupes had been ap-  
 “ plied to her legs, and heated bricks to  
 “ her feet, a semicupium was directed ;  
 “ a clyster with *tinctura sacra* was prescrib-  
 “ ed to be injected on her coming out of  
 “ the bath, and to be followed by the ap-  
 “ plication of a leech to each temple ; the  
 “ musk mixture to be continued.—She  
 “ bore the bath well, and spoke a few  
 “ words whilst in it ; but this as well as  
 “ the other operations were of no material  
 “ service.—In the evening her counten-  
 “ ance was of a purplish red, the pupil of  
 “ the right eye was somewhat contracted,  
 “ and seemed to have some small degree  
 “ of mobility.—That of the left very much  
 “ dilated and immoveable.

“ WHILST



“WHILST the right arm and leg re-  
 “mained motionless, and the fingers con-  
 “tracted, (as in an *Hæmiplegia*) the extre-  
 “mities of the left side were in constant  
 “motion ; her breathing was extremely  
 “quick and difficult, her pulse low and  
 “quick, and she could not swallow ; in  
 “this state she remained until morning,  
 “when she recovered the power of swal-  
 “lowing, and breathed more freely ; on  
 “the evening of December 12th the flush-  
 “ing of her face returned, with inability  
 “to swallow, and every other deadly  
 “symptom : she died next morning.”

IT is remarkable in this case, that both  
 eyes were at first equally affected, the pu-  
 pils of both being morbidly dilated ; but  
 two days previous to her death, while the  
 extremities of the right side were evident-  
 ly paralytically affected, the eye of that  
 side



side seemed to have recovered some degree of sensibility; but although the arm and leg of the opposite side enjoyed full power of motion, the eye was completely insensible.

## C A S E XII.

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“**I**—— C——, a girl aged ten  
 “ years, of a cheerful temper, and un-  
 “ commonly sensible for her age, about  
 “ the middle of January 1780 began to  
 “ lose her appetite, and appeared less  
 “ sprightly than usual; she often com-  
 “ plained of chilliness, and at times, espe-  
 “ cially in the evenings, vomited on tak-  
 “ ing



“ ing food. On the 30th her forehead  
 “ was slightly bruised by an accidental fall,  
 “ and on the 31st she complained of  
 “ head-ach, which increased on the 1st of  
 “ February, and became so severe on the  
 “ 2d as to confine her to her bed ; from  
 “ that day it continued without intermis-  
 “ sion to be almost intolerable, attended  
 “ with vomiting of every thing she swal-  
 “ lowed. On the 5th, when I first saw  
 “ her, besides the head-ach, she complain-  
 “ ed of severe pains in her breast and  
 “ belly ; she had no stool since the 1st,  
 “ her urine was passed in small quantities,  
 “ and with difficulty. Her eyes appeared  
 “ heavy and somewhat intolerant of light ;  
 “ but without suffusion, and the pupils  
 “ contracted well. Pulse about 70 in a  
 “ minute, rather full, and slightly irregu-  
 “ lar ; she lay constantly on her left side,  
 “ and was perfectly distinct in all her an-  
 S “ swers.



“ fwers. She was immediately ordered to  
 “ take five grains of *calomel* triturated  
 “ with ten of *jalap*, and an injection in  
 “ the evening, if the medicine did not ope-  
 “ rate. She took the powder, and had a  
 “ small stool of a black colour and very  
 “ foetid smell, without the assistance of the  
 “ injection; she did not sleep, and her head-  
 “ ach was not at all relieved.

“ 6th, PULSE as before; she was ordered  
 “ to repeat the *calomel* and *jalap* ten grains  
 “ of each; she had four stools before she  
 “ took the powder, the head-ach was a  
 “ little relieved in the evening, but be-  
 “ came as violent as ever at night.

“ 7th, PULSE nearly as yesterday, but  
 “ was weaker when she attempted to sit up,  
 “ which soon made her giddy and sick:  
 “ the



“ the vomiting continued, the powder was  
“ repeated this evening.

“ 8th, No stool since the 6th, pulse  
“ still about 70, irregular and weaker than  
“ formerly. A blister was applied to the  
“ whole head, the *calomel* and *jalap* were  
“ repeated ; at night she had two stools.

“ 9th, THE blister rose well, and the  
“ fore was ordered to be dressed with  
“ blister ointment, her head-ach not at all  
“ diminished ; the vomiting continued ; a  
“ slight strabismus was observed, but the  
“ pupils still contracted well. Pulse more  
“ irregular ; she was sometimes delirious ;  
“ a drachm of the strong mercurial oint-  
“ ment was rubbed on the inside of her  
“ thighs this evening, and repeated at  
“ night. Her left temple was cupped,  
“ and



“ and a little blood drawn from it without  
 “ any relief.

“ 10th, HAD three stools, with the last  
 “ of which she passed a *lumbricus* fourteen  
 “ inches long, did not vomit; was fre-  
 “ quently delirious, her feet were colder  
 “ than natural; the mercurial friction was  
 “ applied three times in the course of the  
 “ day, and her legs were fomented at  
 “ night without any apparent effect.

“ 11th, SHE became very indistinct in  
 “ her answers, and her vision seemed to  
 “ be impaired. Pulse about 100, weak  
 “ and irregular. The mercurial ointment  
 “ was applied as formerly, and she took  
 “ ten grains of the mercurial pill at mid-  
 “ day, and the same quantity in the even-  
 “ ing.

“ 12th,



“ 12th, SHE lost her speech, and be-  
 “ came paralytic on the right side. Pulse  
 “ about 110, and considerably quickened  
 “ by a little wine, which was given to her  
 “ at times, and which she swallowed readi-  
 “ ly. As mercury had been used in three  
 “ different forms, without its producing  
 “ any tendency to salivation, she was or-  
 “ dered in the afternoon to take six grains  
 “ of *turpeth mineral*, which vomited her  
 “ slightly twice, and purged her once; the  
 “ insensibility however was diminished,  
 “ and the pulse became less frequent.

“ 13th, SHE took another dose of the  
 “ *turpeth mineral* in the morning, and  
 “ had one stool; about three hours after-  
 “ wards, she moved her eyes at the ap-  
 “ proach of light; but the pupils scarcely  
 “ contracted. Her face was now flushed;  
 “ and her tongue remarkably foul, the  
 “ *turpeth*



“ *turpeth mineral* was repeated at night, to  
“ the quantity of ten grains without effect;  
“ at night she passed fœces and urine in-  
“ voluntarily.

“ 14th, ABOUT mid-day she died with-  
“ out any previous convulsions.

“ 15th, THE head was opened, the  
“ cranium was found to be uncommonly  
“ thin. The *dura mater* was in its natu-  
“ ral state; the *tunica arachnoidea* was  
“ amazingly thickened, several patches of  
“ inflammatory crust appeared on it's sur-  
“ face, and under it was found a confi-  
“ derable quantity of fluid coagulable by  
“ heat; the left olfactory nerve was un-  
“ commonly large. About three ounces  
“ of pure water were found about the basis  
“ of the brain, and about one ounce in the  
“ lateral ventricles, from whence the other  
“ water



“ water appeared to have come through  
“ the *infundibulum*. The *pituitary gland*  
“ had no morbid appearance either as to  
“ it's size or consistence. The *choroid*  
“ *plexus* had several granulated substances,  
“ like small hydatids attached to it. The  
“ *cerebellum* was less uniform in it's texture  
“ than usual. Nothing more could be  
“ observed about the head—The body was  
“ not opened.

C A S E



## C A S E XIII.

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**M**R. —, aged 42, died April 11th 1781, he had been remarkably robust and even athletic in his make, but for more than two years preceding his death had been evidently maniacal, and as such, had been consigned to the management of persons properly qualified to treat people in his situation.

For about ten days immediately preceding his death, he appeared less lively than usual, and the people about him  
had



had reason to suspect, that neither his hearing nor his sight were so good as usual; it was also observed, that although attempts were made every day to procure a discharge by stool, both by means of purgative medicines and clysters; yet it could not be accomplished more than once in the course of several days. He so obstinately concealed any distressing symptoms he might have had, and was so totally silent to any inquiries that were made about his health, that no further particulars could be learned from him with respect to his immediate situation; it was observed however by those who were about him, that his pulse at length became exceedingly quick, and rather weak, and he shortly afterwards died, without any convulsion or struggle whatever.

T

ON



ON dissection\* his brain was found unusually firm in every part of it's substance; (which Mr. Hunter asserts to be the case in all maniacs whose heads he has examined)—the vessels throughout every part of the brain were exceedingly full of blood, and the smaller branches had the appearance of being most minutely injected; there was a considerable effusion of watery fluid between the *arachnoid coat* and *pia mater*, some appearance of inflammation in the *thalami nervorum opticomum*, and about five ounces of water were found in the lateral ventricles. The appearances on dissection are precisely similar in this case, to those that have presented themselves in the brains of patients, who have died under all the symptoms of  
*Apoplexia*

\* At which the Author was present, and took on the spot the account now given.



*Apoplexia Hydrocephalica*; during the life of this patient however, it was impossible to ascertain what his feelings were. The vomiting usually an attendant symptom of his complaint, could not have been concealed by any efforts of his; and therefore it may be concluded, that the tendency to it did not in this case exist: and it is likewise probable, that if the head-ach had been so excessive as it usually is in this disease, neither his resolution, nor his obstinacy could have stifled all complaint.—In this case however I think it is probable, that the want of irritability in the brains of maniacs might have prevented the accumulation of blood in the head from producing those symptoms, which it is most probable it would have done in a patient, whose intellect had not been previously deranged.

C A S E



## C A S E XIV.

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MASTER ———, aged four years and nine months, complained about the beginning of December 1781 of head-ach and drowfiness; he frequently vomited and was coſtive; rhubarb and ſome other purgatives were given, which operated ſparingly and afforded no relief. On the 12th of December I viſited him with my father, and found his pulſe in general quick, but very irregular; his tongue was foul, he diſliked the light much, and on examination, the pupils were enlarged, and one of the eyes turned ſome-  
what



what inwards towards the nose. He could not be prevailed on to sit up in bed, when raised he inclined his head to one side or the other, as if unable to hold it erect, and in general lay in a comatose state, from which he sometimes started with violent shrieks: his skin was hot, his face rather flushed, and he passed but small quantities of urine.—As it was suggested that in a similar case, considerable relief had been obtained by the use of the *Flores Zinci*, which operated as a *diuretic*; a mixture was ordered, a dose of which containing two grains of the *Flores*, was to be taken every two hours; and as we had little doubt as to the seat and cause of the patient's disease, a blister was applied to the whole head that night, and a grain of *calomel* directed to be given every night and morning. On the 13th the stupor was greater, the enlargement of the pupils



pils much more remarkable, and the medicines had had no visible effect. On the 14th the pupils did not at all contract on the approach of light, and the child was evidently weaker and more insensible; the blister however had risen and discharged well: as his bowels had been confined for two days, a clyster was ordered, and the *zinc* mixture and *calomel* continued. The clyster brought off two large stools, which seemed to give ease, and the child apparently enjoyed more natural rest than hitherto. From the 14th to the 24th the medicines were regularly repeated; the blistered part was dressed with the *unguentum epispasticum*, and during the space of time just mentioned, every day successively held forth the appearance of gradual amendment; infomuch, that on the 24th it was thought unnecessary to repeat the *calomel* and *zinc* mixture; the discharge  
from



from the head however was still kept up for some days, and three grains of *cathartic extract* directed to be taken in the morning, whenever the patient had not had a stool the preceding day. On the 30th no appearance of disease remained but considerable weakness.

IN April following I was applied to by the parents of this child, who then was affected with a *tertian intermittent*, which soon yielded to the usual remedies : I was informed however, that ever since his illness in December, he had been subject to profuse perspirations from his head, without any assignable cause ; this perspiration was most remarkable at nights, and was often so violent, that it was necessary to change his cap before morning.—He has for some years enjoyed tolerably good health ; I am informed however that he is  
of



of an heavy disposition, and subject to head-achs, particularly in the spring and autumn.

C A S E XV.

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**M**ASTER ———, aged four years, had been attended for some days by the late Sir Nathaniel Barry, and on the 17th of February 1782 Dr. Quin, senior, was called into consultation; every circumstance strongly indicated the existence of water in the brain, so clearly indeed that his recovery was absolutely despaired of. He was for several days totally blind, and insensible, but the success which had  
a few



a few days before attended the treatment of Master ———, vid. Case XIV. suggested the trial of the same remedies here; accordingly a large blister was applied to his head, and the sore was kept open for a great length of time, occasionally the actual blistering plaster was renewed; along with this he immediately entered on a course of *calomel*; and on inquiry I found he took about 60 grains in three weeks, beginning with a grain every morning and night, the dose being increased from time to time as it was found necessary. He soon after the commencement of this course shewed evident signs of returning sensibility, and gradually recovered his health, strength, and understanding; the latter is remarkably quick and active.

THE child however was born with a degree of strabismus in the left eye, and

U

whether



whether he ever had perfect use of it is uncertain; it was not until he had been taught to read, which he is remarkably fond of doing, that his mother and friends observed, that when earnestly engaged in this pursuit, he either held the book up to his right eye, or if the book were placed on a table, he turned his right eye towards it, in order to read with facility. Experiments were then made to ascertain the cause of this habit, which his friends then recollected to have prevailed for some time; and it was found that when the right eye was closed, he could discern the form, colour, and distance of large objects, but could not sufficiently ascertain the form of letters, so as to read by the assistance of the left eye only.

THE boy continued for some years to enjoy tolerable health, but was at one  
time



time so much afflicted with a discharge from his head, that for a year or more it was necessary to keep his head constantly shaved; at times he had great discharges from behind his ears, and lately, viz. September 1788, being attacked by the *influenza*, his jaws and external fauces were covered with an eruption, which at first discharged a watery matter, and afterwards a great deal of *pus*; for this he took *calomel*, and had a blister applied to his back, and an issue was made in the left arm, in addition to one he had in the right ever since his illness in 1782; being much reduced by these discharges, and the effects of the *influenza*, he was directed to take *Bark*, by which his strength was manifestly increased, and about the beginning of October 1788, he returned to Dublin from the country, where he had spent the autumn, apparently in good health and spirits.—

He



He had not for a few days on his first return to town read as usual, but on taking up a book October 16th, he found after reading a few lines, (particularly if the type was small) the same difficulty in ascertaining the form of the letters by his right eye, as he had long since experienced when he used the left; the boy's own expression was, that after reading a few lines, the letters either danced before his eyes, or appeared indistinct.—October 21st when I visited him, the pupils contracted sufficiently in both eyes, no apparent defect in any respect could be discovered in either of them, except the squint with which he was born; his appetite was good, he slept well, had had no head-ach or giddiness for some months, and the issues as well as the blistered part of his back discharged plentifully.—He was directed to take *Bark* in substance thrice a day,



day, to use exercise, and to have electric sparks drawn from his temples while he was insulated.—By pursuing the above course for about six weeks, he recovered his strength, and the perfect use of the eye last affected.

C A S E XVI.

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**M**ASTER ———, aged three years, had been a very lively, healthy child, but sometimes lost a small quantity of blood from the nose. In the beginning of October 1785, he became less cheerful than usual, and about the 10th appeared to be feverish; he was costive, sometimes vomited,



vomited, passed but little urine, and often started from sleep with a shriek as if terrified; his illness was attributed to worms, and accordingly some *calomel* was given, but without any effect.—He seemed however to be relieved by evacuations procured by means of *oil of castor* and clysters. On the 18th he grew so heavy and feverish, that he was confined to bed, and the *calomel* repeated, but (as had before been the case) without effect. On the evening of the 22d the drowsiness was so great, that it was scarcely possible to rouse him. At twelve o'clock that night I first saw him; one side of his face was much flushed, the blood vessels dispersed over his temples were remarkably dark coloured, both eyes appeared to be protruded, one of them he seldom opened, the other was turned in towards the nose, and the pupils of both were wonderfully dilated; he



he ground his teeth exceedingly, his pulse was then, (as I was informed it had been for some time,) in every respect irregular; he had had no stool for twenty-four hours.

I IMMEDIATELY gave him two grains of *calomel*, which was ordered to be repeated every eight hours; his head was shaved, and a large blister applied to it. He lay all night in a stupid, comatose state, and never spoke, but made many efforts to prevent the attendants from putting either drink or medicine into his mouth.— At ten o'clock the following morning he had a large involuntary discharge by stool; his eyes seemed now to be quite insensible, as the near approach of a lighted candle did not affect them in the smallest degree; the pupils were in the same dilated state as formerly. A leech was applied to each temple, and the *calomel* continued.—In  
the



the evening no change could be perceived, not even an appearance of sensation from the operation of the blister; cataplasms were applied to his feet: at twelve at night, October 23d, the head was dressed, and the blister was found to have caused a large discharge; for a few minutes during the course of the following morning he appeared to be somewhat sensible, but shortly relapsed into a state of stupor; his pulse was now more quick and regular. At night the blistered part was dressed with the *unguentum epispasticum*; two grains of *calomel* were ordered to be given every six hours, and half a drachm of strong mercurial ointment was well rubbed into his thighs. His jaws, which for some days had appeared to be rather stiff, were so completely locked on the morning of the 25th, that it was impossible to convey any thing into his mouth; in this state he lay



lay until nine o'clock at night, when he died after some slight convulsive fits.

ON the 27th his head was examined, all the blood vessels of the brain were remarkably distended.--On the left side the *pia mater* was preternaturally thick and opaque, and in many parts adhered to the *dura mater*; when by incision we had nearly reached the lateral ventricles, on very gentle pressure a large quantity of clear water burst forth, to the amount of six or seven ounces as nearly as could be guessed.

X

CASE



## C A S E XVII.

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MASTER ———, aged four years, was attacked in the beginning of December 1786 by vomiting, costiveness, and heaviness; he took *cathartic extract* without effect, the vomiting was constant, he gradually became more stupid, and unwilling to speak, but complained of no pain. Two of his brothers had died formerly of *Apoplexia Hydrocephalica*, and as there was in this case strong suspicion that the disease arose from the same cause, the child was directed on the 9th of December



cember at night, to take two grains of *calomel* every third hour until it procured a motion; this had the desired effect, but he still vomited, and refused to speak. On Monday the 11th I saw him, with another Physician; his pulse was then irregular, but tolerably full, leeches were applied to his temples, from whence a good deal of blood was drawn, his head was shaved, and a blister applied at night. On the 12th he appeared more stupid than before, and the *calomel*, now increased to six grains a day, produced no effect. — 13th, the dose of *calomel* was increased to eight grains a day, at night he was a little convulsed, was often much flushed in his face, and sometimes screamed violently.

HE had hitherto passed very little urine, and as none of the remedies employed had  
 afforded



afforded the least relief, it was agreed on that the *Fox Glove* should be administered. He accordingly began on the 14th and took a grain and an half of the dry powdered leaves twice a day; at night a clyster brought off a large stool.—15th, his pulse was still firm, but irregular; his face was at times quite pale, at others flushed, he shrieked often, but scarcely ever opened his eyes: a fresh blister was applied to his head, the *digitalis* continued, and the dose of *calomel* increased to twelve grains a day.—16th, It did not appear that the very considerable doses of *calomel* he had taken produced any effect, not even that of keeping his bowels moderately free; the quantity therefore was increased to eighteen grains a day; copious and frequent discharges of urine however now came on, and at night there was a watery discharge from his nose; notwithstanding these appearances



ances his stupor increased, the convulsions became frequent, and he died the following day ;—he was not opened.

### C A S E XVIII.

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**M**ASTER ———, aged six years, had been since September 1786 subject to swellings near the joints of the arms and legs, which successively suppurated, then burst, or were opened by the surgeon, and afforded a considerable discharge.—He had been for some time preceding March 1787 in a course of *corrosive sublimate*



*sublimate* and *sarsaparilla* broth, by the direction of his surgeon; about the first of March his appetite became bad, he grew drowsy and indolent, and sometimes complained of head-ach, the medicine therefore was ordered to be omitted; during ten days he continued nearly in the same state, but on the 10th the symptoms appeared to be of so alarming a nature, that in the evening I was sent for to visit him; he was in a stupid comatose state, screamed violently at times, particularly when the attendants attempted to move him; his pulse was weak and very irregular, he had no stool since the day before, had frequently vomited, and when sufficiently awake to answer questions, complained of pain in his head.—An injection was ordered as follows:

*Decocti*



R.

*Decocti communis pro enemate unc: vi.**Salis Glauberi**Olei Olivarum, singulorum unc: dimid:**Syr: e rhamno drach: iii.*

A BLISTER also was applied to his head; the injection was retained seven hours, and then brought off two stools.

11th, HE was rather more awake than on the preceding day, but still very stupid, the blister appeared to have given him very little uneasiness; towards evening he sometimes worked the muscles of his face, as if convulsed, and a slight degree of strabismus was observed, in other respects there was no change. He was directed to take two grains of *calomel* every morning, and repeat the dose at night.

“ 12th,



12th, THE strabismus was much increased, the screamings were more frequent, and in the intervals the *coma* was more profound.—The vomiting had ceased, and whatever food he took this day he appeared to swallow voraciously; a swelling on the elbow, such as he had been for some months subject to, had gradually grown less since the beginning of this attack, and was this day very visibly diminished.—He had had two good stools since my last visit, the *calomel* was directed to be given thrice a day, and the blistered part to be dressed with the *unguentum epispasticum*.

13th, THE *calomel* which was now increased to eight grains in the twenty-four hours had no kind of effect on his mouth, and indeed it did not seem to operate in any way whatever, unless the regular,  
though







blind.—On the 20th his breathing, which had been hitherto very free, was somewhat laborious, yet he appeared to be rather more apprehensive of sounds and external objects than he had been for some days; a blister was directed to be applied to the back of the neck, a stimulating clyster to be injected, and wine to be given whenever he could swallow it; he was however very insensible to these operations, the spasms in the face became more violent, general convulsions ensued, and he died on the 23d of the month.—His body was not opened.

C A S E



C A S E XIX.

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**M**ISS ———, aged two years, had been a remarkably healthy child until about the 14th of March 1787, she was then observed to be feverish, vomited every thing she took, and was very costive. The Apothecary who attended her, being apprehensive that her complaints arose from worms, prescribed such medicines as he thought might relieve her from them.—She continued without any material change under his care for about a fortnight,



fortnight, towards the end of which period her strength declined so much, and other symptoms indicated a change in her situation so unfavourable, that on the 28th I was called on to visit her; her pulse I found scarcely to be counted, it was so tremulous and irregular; she seemed to be in general comatose, but at times groaned heavily and struggled much; the strabismus was very great, both pupils remarkably enlarged, and incapable of contraction when exposed to a strong light: although an amendment was scarcely to be hoped for, I ordered a blister to be applied to her head, and two grains of *calomel* to be given every four hours.

29th, THERE was very little appearance of the skin being raised by the blister; after three doses of the *calomel*, she had had one large stool, her eyes were now glossy,



glossy, she had had two convulsive fits in the morning, and her right side was now evidently paralytic, she had not vomited since I saw her the day before; as the blood vessels of her temples and fore-head were very full and deep coloured, I directed two leeches to be applied to each temple, and the *calomel* to be repeated every third hour, unless it brought on too copious a *diarrhœa*; it seemed however to have no effect, the blister on the head had risen but little, and she died early in the morning of the 30th.—She was not opened.

## C A S E



## C A S E XX.

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MASTER —, aged three years, had been from his birth subject to slight complaints in his bowels, which generally yielded to *manna*, or other mild purgatives; in November 1786 he had a violent attack of this kind, which lasted longer than usual, and after the pain was removed, his appetite became bad, his strength and flesh reduced, and from being a very lively child, he became indolent and peevish; at times however he



he was apparently in tolerable health, but his appetite and spirits not so good as usual. About the beginning of March 1787 he became so much weaker, that the person in whose care he was, thought it necessary to take him to town; during the whole of the journey he was frequently seized with a vomiting, particularly when he swallowed any food. He was on his first arrival attended by a Surgeon, who ordered him small doses of *calomel* and *aloes*, which operated well and gave him some relief.

I WAS called on to visit him on the 22d, and found his pulse rather quick, he vomited frequently in the day, was in general very peevish, and unwilling to be moved, but at times for a few minutes would sit up in bed, and seemed cheerful and well; he did not complain of any  
pain,



pain, but when asked where he felt sick, he pointed to his abdomen, which to the feel was in a perfectly natural state. His eyes looked well and clear, his urine was passed in small quantities, with a great deal of white sediment; his breath rather of an heavy smell, he often picked his nose, and had been formerly observed to pass very slimy stools, his breathing was perfectly free: he was ordered to take a somewhat larger quantity of *calomel* and *aloes* every night, which brought away foetid dark coloured excrement in considerable quantities.

ON the 25th I again saw him, his pulse was not so quick, his urine more copious, and more natural in it's appearance, every other symptom as before; I ordered him to continue the *calomel*, &c. and to take occasionally a tea spoonful of *tincture* of  
*roses,*



*roses*, which did not relieve his stomach. 27th and 28th no change whatever could be observed. On the 29th another Physician was called in, and by his advice an infusion of *worm-seed* was ordered, which he soon rejected, having taken but two doses of it. On the 31st he was just in the same state, but rather weaker, and his pulse a little unequal; blisters were applied to his legs, which rose well and discharged, but without relief.—April 1st his pulse was more unequal, but the eyes still clear and in a natural state.—He continued to grow gradually weaker and more comatose, until about the 10th, when he died without any symptom in addition to those already mentioned, except slight convulsion before his death.—For the last twelve days he had nutritive clysters of chicken-broth three or four times a day.



ON dissection most of the mesenteric glands were much enlarged, some of them very hard, and others filled with thick foetid pus. The blood vessels of the head were remarkably full, and in the ventricles of the brain there were above four ounces of water, as nearly as could be guessed.

## C A S E



## C A S E XXI.

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A FEMALE child, aged one year and four months, sister to the boy whose case is given in No. XVI. heretofore healthy, was on the 11th of April 1787 attacked suddenly by a kind of fit; she was at first apparently insensible to every effort made to excite her, her breathing was easy, and her pulse natural, but a blackish circle appeared to surround her eyes and mouth; she gradually recovered after the first half hour, and in somewhat more



more than two hours from the first attack, she was to all appearance restored to her usual state of good health and spirits.—Within a few days after this attack a lump appeared under her chin, hard but not discoloured; it was poulticed, and about the end of May it broke, and discharged good pus. The sore was almost healed about the middle of June.—From the time she had had the fit above mentioned, her bowels had always been very open, at times remarkably so; she had likewise been subject to temporary vomitings, and in general was more fretful than usual; these symptoms were about the 10th of June accompanied by apparent pain in her bowels, which often prevented her sleeping; it was found however that two teeth were just then making their appearance; and as she never complained of any head-ach, her eyes were perfectly clear, and in  
a natural



a natural state, her symptoms were ascribed chiefly to dentition; but as it was thought probable that the violent uneasiness in her bowels might be caused by worms, she was directed to take a grain of *calomel* every second night, and a few grains of *rhubarb* the succeeding morning; this course was pursued for some days, she was often in good spirits and alert, at other times she appeared to be more heavy, and suffer considerably from pain in the bowels. On the evening of the 22d of June, she had a return of the same kind of fit, as had attacked her in April; but as some circumstances accompanied it of a more alarming nature than those which had occurred on the former occasion, I was sent for that night; she was a few miles distant from town, and I could not see her till midnight.

I THEN



I THEN found her eyes distorted, her pulse irregular, sometimes astonishingly quick, at others intermittent, changing in a few minutes to slow, or unequal pulsations both as to strength and interval.—She frequently ground her teeth with violence, and bit the spoon in which her drinks were offered to her. She immediately took some doses of *rhubarb* and *calomel*, a blister was applied between her shoulders, and cataplasms to her feet, all of which had the usual effects, but without relieving her in the smallest degree. After a strict attention to her during the whole night, as I had little doubt but that her's was a case of *Apoplexia Hydrocephalica*, I directed two grains of *calomel* to be taken every three hours.

BEING at that time engaged in attendance on a patient at the distance of forty miles



miles from her place of residence, I took my leave the next morning, after having stated to her friends my opinion of the nature of the case, and my fears as to the event; she was immediately put under the care of my friend Dr. Plunket, by whose directions every possible effort was made for her relief until the 28th, when she died.—Her head was opened, and an extraordinary quantity of water was found in the ventricles of the brain.

CASE



## C A S E XXII.

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**D**—, A private foldier in the 61st regiment, aged about forty, had been subject for many years to sores on his legs which discharged freely, and likewise to a cough, attended with a constant defluxion; both these discharges had suddenly ceased about the end of April 1787, and very early in May he complained of a shivering, succeeded by heat, violent headache, costiveness, and frequent vomiting. He remained under the care of the Surgeon's mate until May the 19th, by which time



time he had grown so much worse, that it was thought dangerous to attempt removing him ; and I was called on to attend him in the barrack.

I FOUND his pulse weak and very unequal, his breathing much oppressed, his eyes apparently protruded, the pupils very much dilated, and not at all affected by the near approach of a lighted candle ; a strabismus likewise was very evident.—The vomiting had now ceased, he could scarcely swallow, and seemed to have totally lost the use of his limbs.—The great difficulty of swallowing induced me to rely chiefly on external applications : after he had been conveyed to the King's Infirmary, his head therefore was shaved, and a large blister applied to the whole hairy scalp. 20th, he remained nearly in the same state ; as there was no discharge from

A a

the



the blister, a fresh plaster was applied to the part, and in the course of this and the next day, blisters were successively applied to his forehead, legs and neck; all these rose well.

ON the evening of the 21st he appeared to have recovered some use of his legs and arms, the pupils were not so much dilated, and he seemed in some degree to have recovered his sight, but did not attempt to utter a word, nor was it thought he could hear: his bowels being confined, a stimulating injection was thrown up, which had the desired effect. 22d, his pulse was weak, but more regular, in other respects there was no material change. 23d, it was found by frequent trials, that he could swallow a little, he was then ordered to have small quantities of wine frequently given to him, and two grains of *calomel* every



every night; this kept his bowels free, he gradually acquired strength and appetite; about the 1st of June he could walk about, but slobber'd much from his mouth, and had all the appearance and manners of an idiot for several days; at this time the following medicine was directed for him:

R.

*Aquæ menth: vulg: simp:*

*uncias octo*

*Tinct: Rhæi: vinos:*

——— *Valerian: volatilis singul:*

*ſeſcunciam*

*M. capiat: unciam: quater de die.*

HE was still both deaf and dumb, the appearance of idiocy however gradually went off, and in about six weeks from the beginning of his complaint he could speak a little, but did not recover his hearing  
and



and perfect power of speech for three months; being discharged from the service, and allowed a pension, he went some time afterwards to Scotland, from whence I have had no further account of him.



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# A P P E N D I X,

## P A R T     I I I.

*Containing Cases in which the FOX GLOVE  
was administered under the Author's In-  
spection.*

### C A S E     X X I I I.

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**H**—, a private foldier in  
the 16th regiment of infantry, was admit-  
ted into the King's Infirmary on the 27th  
of March 1787, he was at that time uni-  
versally anafarcous; his abdomen was con-  
siderably



siderably enlarged, and the cough accompanied by oppression, and difficulty of breathing, was so distressing that he could not lie down in bed. An expectorating mixture composed of *lac ammoniacum* and *oxymel* of *squills* was prescribed for him, and he was likewise directed to take a pill every night composed of *calomel* and dried *squills*, of each two grains.

AFTER he had pursued this course for about a fortnight, the swelling seemed to be rather increased than diminished ; and in no respect was he at all relieved.— It was then determined to try the *Fox Glove*, and he was accordingly directed to take a pill every night, consisting of two grains of the powder of the dried leaves of the *Digitalis Purpurea*, with an equal quantity of powdered *ginger* ; for his usual drink he was allowed a solution of *cream of tartar*, with  
the



the addition of some *spiritus nitri dulcis*; all other medicines were omitted.—Immediately after he had entered on this course, the quantity of urine passed by him was very evidently increased; he was however a good deal distressed by gripings in his bowels, which were removed by the addition of a grain of *opium* to each of the *digitalis* pills.

HE continued to take this medicine until every symptom of dropfy disappeared, which happened in fifteen days after he had taken the first dose; he was by this time considerably reduced in strength, but by means of moderate exercise, a decoction of the *Peruvian Bark* acidulated with *vitriolic acid*, and a daily allowance of a pint of wine, he rapidly gained strength. Very soon after the use of the *Digitalis* was suspended, he complained of a profuse discharge



charge of saliva; I did not think it necessary to pay any attention to this symptom for some days, but at length the salivation became so copious, that it was computed he sometimes discharged nearly two quarts in twenty-four hours: he was therefore directed to take a drachm of *lenitive electuary* every morning, with an equal quantity of *flowers of sulphur*; and in about a fortnight from the first appearance of salivation, he was completely free from complaint; he was accordingly discharged from the Infirmary, as being fit for duty on the 20th of May.

C A S E



## C A S E XXIV.

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**R**—, a private foldier in the 51st regiment, was admitted into the King's Infirmary July 14th 1785, with a large fwelling of the abdomen, and evident fluctuation ; he had had the fwelling for three years past, and ascribed the first appearance of it to a kick from an horse on the left side of the belly, which he thought had been more fwelled than the other since the accident ; the enlargement of the abdomen had frequently abated very much, but never entirely disappear-

B b

ed ;



ed; during a long march in May 1785, fatigue and exposure to rain brought on a more obstinate return of the swelling than he had hitherto experienced; after his admission into the Infirmary, a great variety of medicines were successively prescribed for him; *cathartics* of all kinds, *calomel*, and *squills* both separately and conjointly, infusions of *juniper berries* and *horse radish*, *cream of tartar* in several forms, *sal diureticus*, *spiritus nitri dulcis*, *spirit of turpentine*, and *nitre* dissolved in various drinks; none of these remedies affording him the least relief, I was determined to prescribe the *digitalis* on the 11th of October, when he took at night the dried leaves, and *confectio cardiaca*, of each two grains.

THE medicine made him sick in his stomach, but it was repeated on the night of  
the



the 12th; it then griped him, and gave him three motions; he again took the medicine on the 13th, with the addition of a grain of *opium*. I found on the 14th, that notwithstanding the addition of *opium*, the medicine still purged him, and brought on vomiting; he took no more of it until the morning of the 15th, and repeated the dose at night, with *opium* as before; during the whole of the next day it purged him more than ever, and as he thought the quantity of urine was evidently diminished, I desisted from the further use of the *Fox Glove*. The man could not be persuaded to submit to the *paracentesis*, and he was discharged as being incapable of duty on the 26th.

C A S E



C A S E XXV.

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H—, a private foldier in the 47th regiment, was received into the King's Infirmary February 27th 1786, on account of an intermittent fever, which by the use of the *bark* and *antimony* was speedily subdued; a very evident enlargement of the abdomen however succeeded, the fluctuation was manifest, and the patient complained of constant gripings, and *diarrhæa*; these symptoms yielded to large opiates, but the swelling of the abdomen continued



continued until he began to take the *Digitalis*, two grains of which were given to him every night, until on the 9th from the commencement, when after copious evacuation by urine, all appearance of swelling subsided, and the patient was discharged soon after in perfect health.

# CASE



C A S E XXVI.

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M\_\_\_\_, a private in the 61st regiment, had been for some time in a mercurial course, on account of a venereal complaint, when he was suddenly seized with every appearance of universal *anasarca*, his breathing was very laborious, his extremities, scrotum, face, and in short every part of his surface was *œdematous*. He at first was directed to take a grain and an half of the *Fox Glove* leaves, with the same quantity of *ginger* every night; this did not disagree with him, but as it  
had



had no *diuretic* effect, the medicine was given to him twice a day for a fortnight, during the whole of which time he never evacuated more than three half pints of urine in twenty-four hours ; the swellings increasing, and his breathing becoming still more laborious, we desisted from the further use of the *Fox Glove*, and in a few days the patient died.

## C A S E



## C A S E XXVII.

**E**——, a private soldier in the same regiment, was about the same time affected with a general *anasarca*; for a few days the *Fox Glove* (administered in the same manner as in the last mentioned case) produced every good effect that could have been expected; the quantity of urine generally amounted to three quarts in the day, and all the symptoms of dropy disappearing, a course of *tonic* remedies was prescribed for him; but before he had fully recovered his strength, all his former symptoms



symptoms returned, and the *Fox Glove* was again resorted to; for a few days the quantity of urine was visibly increased, and the swelling in some degree became less; but at length the medicine seemed to be perfectly inactive, the *vis vitæ* was gradually exhausted, and the patient died.

C c

C A S E



C A S E      XXVIII.

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M<sub>R</sub>S. ———, aged about forty-four years, had complained for several weeks of a sense of fulness in the abdomen, and an *œdematous* swelling in her legs. For two successive periods the menstrual discharge had been so profuse, that she imagined the fulness of the abdomen had been caused by pregnancy, and that she had miscarried at the above mentioned periods.—The swellings continued to increase, her appetite grew bad, a violent cough



cough came on, with a considerable tinge of blood in the expectorated matter.

WHEN I first saw her, on the 14th of November 1786, she could retain nothing on her stomach, her complexion and eyes were yellow, her breathing extremely difficult, her pulse weak, irregular and intermitting; the abdomen much enlarged, with evident fluctuation; the face and legs were somewhat swelled, and her left arm, down to the fingers ends, was amazingly *œdematous*; she had taken several *diuretic* medicines, but to no purpose, the urine being high coloured, thick, and passed in very small quantities.

WITH a view to prepare her stomach for the reception of medicines I had in contemplation, I first directed her to take a very weak solution of *opium* in *penny-royal*  
water



*water* occasionally, but particularly at the hour of rest.

ON the 15th the efforts to vomit had not been so constant, and a grain and an half of the dried leaves of the *Fox Glove*, with *mucilage* of *gum arabic*, and a drop of the *essential oil of mint* were ordered to be given at night, and repeated next morning; the two first doses did not cause any nausea; therefore as the case did not admit of delay, a third was given at mid-day on the 16th, and the same number of doses repeated daily until the 22d: she had scarcely taken the first dose twelve hours when the flow of urine was considerably increased; the discharge daily became more copious, the swellings gradually subsided, her pulse became regular, her breathing was less oppressed, the vomiting



miting totally ceased, and she rested tolerably well.

ON the 22d of the month she complained of pains in most parts of her body, and in her head; suspecting that these symptoms might be caused by the *Digitalis*, I laid aside the use of it for the present, with an intention to resume it in a few days, if the swelling should increase, or the discharge of urine become less copious; in the mean time some pills were prescribed, composed of *bitters* and *flores martiales*, with each dose of which she drank a glass of *Pyrmont water* and *hock*. These medicines she took for about a week, her appetite was in some degree restored, the urine was still copious, and in less than a month from the time she first used the *Fox Glove*, all the swellings had



had disappeared, except that of the arm, which was still rather enlarged.

ON the 14th of December no appearance of swelling remained any where, but a slight degree of irregularity in the pulse, a difficulty in lying horizontally, and sometimes a sensation of faintness, creating a suspicion that some water was still lodged in the *thorax*; she was directed to return to the *Digitalis*, and continued for a week to take it thrice a day; it did not on this occasion produce any remarkable increase of urine; she however gradually recovered her health in every particular. I have seen her very frequently during the last three years, and have learned from her, that she sometimes finds it expedient to take a few doses of the *Digitalis*, which she has recourse to whenever she feels any oppression in breathing; but on the whole  
she



the enjoys good health, and has had no return whatever of dropfy, jaundice, or bloody expectoration.

### C A S E XXIX.

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**B**—, a private foldier in the 61st regiment, aged twenty-one years, of a florid complexion, and plethoric habit, was inoculated at country quarters in June 1787, and a very favourable eruption appeared at the usual time; nothing particular occurred in the course of the disease: but after the eruption had entirely subsided, and he had been evacuated as usual,  
he



he complained of a fulness and tension of the abdomen, which when examined by the Surgeon, was found to be manifestly enlarged, and remarkably hard; gentle purgatives were ordered for him from time to time, the abdomen was constantly rubbed and kept warm, he had no swelling in any other part, his appetite was good, and in general he rested well.

ABOUT the beginning of October the swelling increased, and he at times complained of a difficulty in breathing; in this state he was admitted into the King's Infirmary on the 14th of October; I could not distinctly feel the fluctuation usual in *ascites*; but to the touch the containing parts of the abdomen seemed to be preternaturally thickened, so much so indeed, as to resemble in appearance the abdomen of a man I once saw dissected at Edinburgh;



burgh ; in this case an enormous swelling of the abdomen was found after death to have been caused by a large thick sack, attached to the inferior surface of the liver, and filled with innumerable *hydatids* of various sizes. Though I did not entertain a very favourable opinion of the patient's case, I thought it expedient to try what could be done for his relief by means of the *Digitalis*. From the 14th to the 17th he took two grains of it every night with ginger ; and made use of a solution of *cream of tartar* as his constant drink. On the 18th he took two doses daily, but as the medicine griped him, half a grain of *opium* was added to each ; no good effect being discovered from it, and a nausea coming on, he desisted from the further use of the *Digitalis* on the 24th ; he then was ordered to take small doses of *calomel* every night, which was persisted in with-



out any relief until the 3d of November, when two grains of the *extract of cicuta* thrice a day were prescribed, instead of the *calomel*: an infusion of *squills* in a warm solution of *cream of tartar*, to which was added *spiritus nitri dulcis*, he took for several days with no better success than the other remedies.

On the 23d of November he was seized with a fever, which continued three weeks, and at the termination of this fever the swelling of the abdomen was very visibly diminished.—As the man was now a good deal reduced in flesh and strength, and according to the observation of Dr. Withering, the *Digitalis* generally exerts its powers most effectually in such habits; I was resolved to make another trial of it in the case of this patient.—He accordingly began on the night of the 27th of December



ber to take two grains of it, with two of *ginger*, and one of *calomel*, which was repeated without any advantage being gained for seven succeeding nights. He afterwards took a solution of *gamboge* in *mint water*; it purged him but did not reduce the swelling, which about the middle of January was as large as it ever had been. On the third of February he was ordered to have a warm bath, and a drachm of strong *mercurial ointment* was afterwards well rubbed over the whole abdomen; this friction was repeated several times, and other remedies were tried until the end of April 1788, when no hopes being entertained of relieving the patient in the Infirmary, he procured permission to return to his friends in England.

I HAVE been informed by an Officer of the regiment, who has since seen the man  
at



at Winchester, that for some time the disease resisted every remedy prescribed by two Physicians in that city; but that in the course of the Summer 1789, he applied in despair to an Empyric, who gave him two doses of some medicine, which brought on most violent vomiting, and that in a few days he became perfectly free from any appearance of dropfy.

C A S E



## C A S E XXX.

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**M**R. ———, aged about thirty-five, had been for many years subject to an asthma, which he appeared to have inherited from his mother, who died asthmatic and dropfical. Some time in the year 1786 he was several weeks confined to his bed by a severe rheumatic fever, which almost deprived him of the use of his limbs. During the following winter his cough was more severe than it ever had been, his expectoration was copious,



pious, and extremely viscid; and his breathing, particularly when he lay down at nights, was very much oppressed:—Swelling also appeared for the first time in his abdomen and legs, which on the approach of summer, yielded to some medicines which were prescribed for him; the next winter he was attacked in the same manner, but again recovered his health in summer as formerly; about the end of the year 1788, his asthma as usual grew worse, and the swellings in the abdomen and extremities became larger and harder than formerly; the same medicines which he had taken when attacked in this way before, assisted by country air and moderate exercise, afforded him not the least relief; so that on the 30th of May following, when I first saw him, he complained of greater oppression, weakness, and loss of appetite than he had ever before experienced;



ed; his abdomen was very much enlarged and hard, and a fluctuation was easily perceived; his legs and thighs were *œdematous*, and on the former were several large blotches of a blackish brown colour, his complexion was yellow, his appetite very bad, his urine high coloured and small in quantity, his breathing oppressed, and he sometimes complained of violent pains in the abdomen, chiefly when he was costive, and whenever he was moderately purged, excessive weakness followed the operation.

By the account he gave me of the various medicines he had taken, it appeared probable that the usual remedies had already been employed; therefore I immediately ordered for him the *Digitalis*, of which for the first three days he took one grain and an half, with two grains of *nutmeg* once in the day; a second dose was  
then



then given every day for ten days; when finding no salutary effects arise from the use of it, and attributing to it a giddiness in the head, and frequent efforts to vomit, which had attacked him a few days after he began to take the *Digitalis*; I ceased to give him any more of it for the present, and had recourse to bitter infusions with sweet *spirit of nitre*; several other remedies were successively prescribed, of which a decoction of *green broom tops* in porter was the only medicine that appeared to act as a *diuretic*; but even this did not materially diminish any of the swellings, and as it often purged him rather smartly, he became dissatisfied with it, and left it off. A solution of fixed *alkaline salt* in Rhenish wine was substituted without effect: the *semicupium* was equally inefficacious, in short, after giving a patient trial for near four months to every remedy which



which I thought was at all suited to his case, I cannot say that the event encouraged me to persevere in the use of any of them; for at the end of the time above mentioned, whatever change could be observed in the state of the patient's health, was rather unfavourable.

### C A S E XXXI.

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**M**ISS ———, aged ten years, was rather of a delicate make, but had always been a lively healthy child.—Without any previous illness or accident, she was observed about the beginning of June



1789 to be swelled in the region of the abdomen.—She became thin and languid, lost her appetite, breathed with difficulty, which gradually increased as the swelling of the abdomen grew larger, and at length the oppression became so distressing, that she could not endure to lie down in bed.—After she had taken *jalap*, and some other medicines without relief, I was desired to visit her on the 4th of July; when I ordered for her a grain of the *Digitalis*, with an equal quantity of *nutmeg* made into a pill with *turpentine*, to be taken every night, and a solution of *cream of tartar* with honey and sweet *spirit of nitre*, of which she was to take a wine glass full three or four times a day. After she had taken three doses, she passed a great quantity of urine, the swelling was much diminished, her breathing greatly relieved, and her appetite and spirits perfectly restored;



stored ; she continued however to take the medicines five nights more, until the 13th, when the pill was omitted, but the solution continued.—She had now no complaint, but a very inconsiderable enlargement of the belly ; in three or four days the swelling rather increased, her breathing and spirits were somewhat oppressed, and her sleep a good deal disturbed, therefore on the 18th I directed her to take the pills again as formerly ; she took five of them, which produced no apparent effect whatever ; being then anxious to go to the country, her friends thought proper to send her immediately out of town, and I have not since received any account of her situation.

C A S E



## C A S E XXXII.

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**M**R. ———, aged above seventy, had in general enjoyed remarkably good health, until the autumn of 1785, when he was attacked by a tedious and painful disease in his bowels, and some circumstances afforded grounds for suspicion that at this time his liver also was affected; ever since this attack, his strength and appetite have been somewhat impaired, and he suffered more than he was formerly accustomed to from the effects of cold.—In September 1789 he had a severe dry cough, with very considerable difficulty of breathing, swelling of his legs, and



and intermission in his pulse.—A warm plaster was applied between his shoulders, and an expectorating mixture was prescribed for him. When he had continued in this course for about a week, he was for the first time in his life seized with an epileptic fit, which by degrees subsided, and in a few days left him nearly in the same state in which he had been before the attack; there was now however a visible enlargement of the abdomen, and his legs were rather more *œdematous*.

ON the 3d of October I prescribed for him a grain and an half of the powdered *Fox Glove* with *nutmeg*, to be taken every night; in a few days his breathing became free, the swelling of the abdomen subsided, but his hands were *anasarcous*, and his legs were not diminished in size: his urine was more copious than formerly.—

A second



A second epileptic fit, at the interval of about a month from the first, rendered it (as I thought) advisable to suspend the use of the *Fox Glove* for a few days, but his urine becoming high coloured and scanty, he returned to the medicine, and continued to take it until the beginning of December without any material advantage. He now complained of giddiness in his head, total loss of appetite, and oppression on his chest from an abundance of viscid phlegm, from which he was in some measure relieved by a solution of *gum ammoniacum*; but on the evening of the 27th, he had several epileptic fits in quick succession, and died during the last of them.

C A S E



## C A S E XXXIII.

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**M**——, a private in the 48th regiment, aged 23 years, had while on duty in the West Indies, in the autumn 1788, a *dysentery*, which was followed by an *ascites*. The remedies employed for his relief not succeeding, and the man objecting to the operation of the *paracentesis* in a warm climate, he was sent to Europe for the benefit of his health, and admitted into the King's Military Infirmary in Dublin in September 1789.—He was then enormously swelled in the abdomen, but

no



no where else ; he was exceedingly emaciated and weak, with but little appetite, and his pulse weak and quick.—September 26th, he was directed to take two grains of the *Digitalis*, with two of *ginger* every night, which was continued for six nights without any increase of urine, or diminution of the swelling ; he was then directed to take two grains of *calomel* every night instead of the *Digitalis* : from the 2d of October to the 28th several other remedies were prescribed to no purpose ; I then determined to give the *Digitalis* another trial, and he accordingly began on the night of the 28th to take it as formerly, together with a solution of *cream of tartar*, to which some sweet *spirit of nitre* was added.

AFTER pursuing this course for five days, no alteration in the symptoms could be observed, but as no bad symptoms had arisen,



arisen, it was thought advisable to increase the dose of the *Digitalis* to four grains every night, which dose the patient took regularly for three weeks; various *diuretic* infusions &c. being from time to time administered as assistants to the *Digitalis*, the *ascites* resisted every remedy hitherto adopted, I therefore was resolved to make a trial of *sudorifics*;—on the 22d of November, all other medicines being laid aside, he was ordered into the warm bath at night, and after this operation being sent to bed, a scruple of *Dover's Powder* was administered, with a draught composed of *Spiritus Mindereri*, and one grain of *stibiated tartar*; he vomited a good deal at first, and perspired afterwards most profusely, so that on the following day the swelling of his abdomen was most remarkably diminished; the same medicines, without the warm bath, were repeated on



the nights of the 24th, 28th, and 29th of November, on the 1st, 3d, 5th, and 8th of December, and the consequence was a regularly progressive diminution of his abdomen, which was conspicuous by the necessity he found himself under of contracting very considerably the circumference of a girth, with four buckles, which had been allowed to him, when the swelling began to decrease.—At this time he complained of sickness in his stomach, and I directed for him a bolus of the dried *powder of chamomile flowers*, with *sal martis*, which appeared to have so good an effect on his stomach, that on the 12th of December I ordered the *sudorific* remedies to be repeated as usual, but the dose of the *Dover's Powder* was increased to thirty grains; the same dose was given on the nights of the 16th, 18th, and 20th of December; but although the swelling of  
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the abdomen is now by no means so great as it was when the patient arrived from the West-Indies; the remedies which were formerly of use do not now appear to produce those good effects, which they undoubtedly had when administered at first, even in smaller doses.—The patient now takes a preparation of *Bark* with *vitriolic acid*; and so soon as I can venture to return to the *sudorific* course, I have no doubt that it will be expedient to prefer that for his relief, to the use of *diuretics*, which have been here fairly tried, and have certainly afforded no relief.

F I N I S.



the abdomen is now by no means so great as it was when the patient arrived from the West-Indies; the remedies which were formerly of use do not now appear to produce those good effects which they undoubtedly had when administered at first, even in smaller doses.—The patient now takes a preparation of Sarsaparilla with ease, and so soon as I can venture to return to the Venereal course, I have no doubt that it will be expedient to prefer that for his relief to the use of blisters which have been here lately tried, and have certainly afforded no relief.







