

Medical and surgical observations / by Aug. Gottlieb Richter, M. D. professor of medicine in the University of Goettingen, &c.; &c.; Translated from the German.

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Richter, August Gottlieb, 1742-1812.
Spens, Thomas, -1842.
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Publication/Creation

Edinburgh : Printed for T. Duncan, and G. G. & J. Robinsons, London, 1794.

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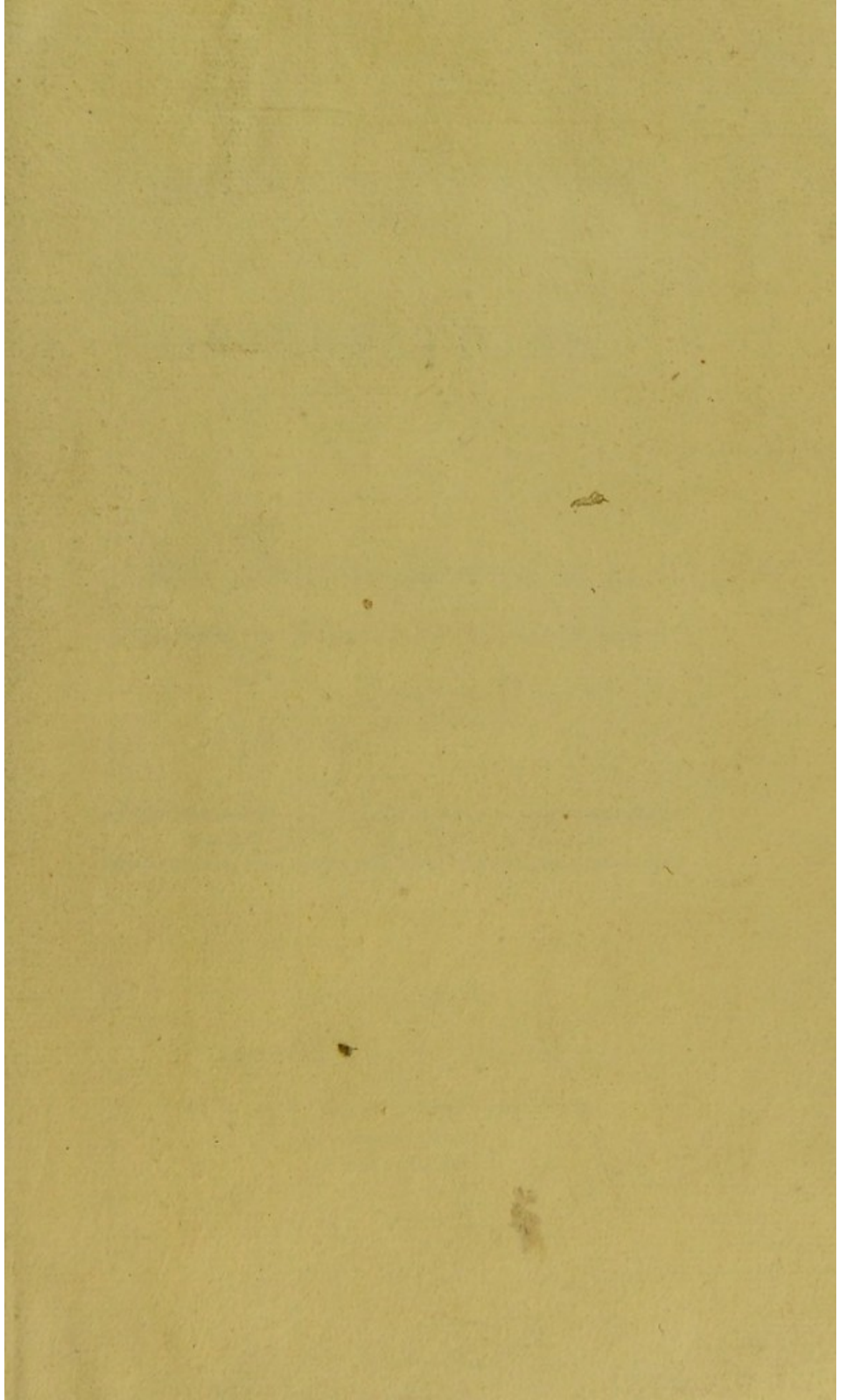


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MEDICAL AND SURGICAL

OBSERVATIONS.

BY

AUG. GOTTLIEB RICHTER, M. D.

PROFESSOR OF MEDICINE IN THE UNIVERSITY
OF GOETTINGEN, &c. &c.

TRANSLATED FROM THE GERMAN.

EDINBURGH:

PRINTED FOR T. DUNCAN,
AND
G. G. & J. ROBINSONS, LONDON.

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OF BRISTOL
MEDICINE



TO THE
ROYAL COLLEGE OF PHYSICIANS
OF EDINBURGH,

TO WHOM THE ORIGINAL HAS BEEN
DEDICATED,

BY THE CELEBRATED

RICHTER,

THIS TRANSLATION

IS RESPECTFULLY INSCRIBED

BY

THEIR HUMBLE SERVANT

AND

FELLOW MEMBER,

THOMAS SPENS,

THE
ROYAL SOCIETY OF LONDON
AND
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MUSEUM OF NATURAL HISTORY
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GEOLOGICAL SURVEY OF GREAT BRITAIN
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MUSEUM OF THE YOUNG
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MUSEUM OF THE OLD
AND
THE
MUSEUM OF THE MIDDLE
AND
THE
MUSEUM OF THE FUTURE

TRANSLATOR'S PREFACE.

THERE is nothing that more eminently raises mankind, or gives them a greater advantage over the lower animals, than the power which they possess of collecting the discoveries, and improving on the experience both of their predecessors, and of those who are coeval with themselves. This lays the foundation of their progressive improvement from rudeness to refinement in the various branches of physics, of morals, legislation, and politics; and in all the arts, which contribute to the embellishment and comfort of society.

In order to avail ourselves most effectually of the knowledge and discoveries of our own times, and to collect into one focus the rays of science scattered over distant regions of the learned world, it should seem to be an object much to be desired, that men were appointed, whose province it should be to translate into their own language, and to communicate to the public, whatever is done in other countries, towards the improvement of that department of science, to which they more immediately belong.

If it be important in general science that new observations be thus quickly made known, much more interesting must it be that we should watch over the science of physic with peculiar care, that not a moment be lost in availing ourselves of new observations, which may enable us to save
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the lives, or preserve the health of our friends and fellow citizens.

The whole science of medicine is founded on observation, the ground-work of which was laid by the diligence of the ancients, but which the industry of modern physicians is daily called forth to work upon and improve, as the science is still in a very imperfect state, and as new diseases or new modifications of diseases seem to arise with every succeeding generation of men, according as their manners, occupations, pleasures or luxuries change.

It must likewise be very interesting to the medical gentlemen in this country to be acquainted with the state of their profession in one of the most celebrated universities abroad.

On these general grounds, joined to the consideration of the original language not being much known—perhaps too little cultivated by men of learning in Britain, the translator presents to the English reader this collection of observations, which was published last year by one of the most eminent physicians on the Continent of Europe.

The translator's approbation or rejection of the author's doctrines can be of little importance either to the author or to the world. Yet it might look like ignorance or carelessness not to warn his reader, that the learned professor still retains many doctrines, which have been long since exploded in this country. In every page, however, he shews himself an attentive observer, and a man of sense. His intimate acquaintance with all the learning of the ancients is too well seen, since it often confounds his own purer notions

tions and gives a bias to his judgment. But while he has thus studied the ancients, he has not neglected modern authors. And it cannot fail to be highly flattering to the physicians of this country, and a compliment peculiarly pleasing to the many judicious practitioners, who contribute from all parts of this kingdom, to the periodical publications now so much esteemed, to observe how carefully this distinguished physician has studied every detached paper of theirs, how often and how successfully he has tried the medicines which they recommend, and how much he values their knowledge and respects their opinions. The translator has no doubt but this compliment will be mutual, that his countrymen will, in return, read the accounts of his author's practice, study his observations, give a fair trial to the different modes of cure which he proposes, and that they will have the candour to overlook those

those singularities in doctrine, which are less to be imputed to the illustrious author, than to the country in which he lives.

The translator has thought it his duty to adhere, in most cases, to the precise terms in which the author delivers himself, from the persuasion that plain language and a faithful interpretation are the chief qualifications necessary for the task he has undertaken.

EDINBURGH, }
APRIL, 1794. }

AUTHOR'S

AUTHOR'S PREFACE.

HAVING for twelve years superintended and directed the public hospital of this place, I here lay before my readers a few of those observations I have had occasion to make, chiefly in the hospital, sometimes in private practice, always at the bedside of the patient: and I present to my readers not merely what I have seen, but likewise what I have thought; they will therefore see not my patients only but myself also.

I hope my readers will forgive me for not always mentioning whether my patients be of a melancholic, sanguine, or phlegma-

tic

tic, temperament. I deliver what is essential only, for nothing, in my opinion, is more tiresome and prolix than a dry history of a case, copied from the daily registers, with a number of trifling circumstances of no importance whatever.

I have related minutely the history of one case only. It is one in the chapter on dropsy, where every occurrence seemed to me of value, and yet I fear the importance of these circumstances will not support the patience of my readers through the whole detail.

There are many to whom it were in vain to present a picture, unless one explained at the same time what was chiefly to be observed in it; and it is for a reason of the same kind, that I have added my own remarks and opinions to the history of each case.

The

The histories of the diseases are faithful. The cases which I relate have most of them happened under the eyes of many of my pupils and others. I must be believed in all that relates to facts. With regard to the reasonings upon these facts, every one will judge for himself. It is not to be expected that all should think alike.

I have carefully avoided general maxims, and have seldom asserted any thing with certainty in all cases. What attentive practical physician is there who has not found his theoretical structure, which he had built upon twenty-nine instances, totally overturned by the thirtieth case? In no science do self-sufficiency, or bold and general assertions and decided axioms more certainly mark ignorance and want of experience, than in the science of physic.

Seldom,

so little pretensions to the title of an experienced practitioner, that I would even deny he had any experience at all. Truly, nature is not so complaisant that she will unveil herself at once to whoever merely casts his eyes upon her.

In our hospital, all important cases, whether medical or surgical, find ready access, and are attended to with most particular care.

The hospital in itself is, I may affirm, remarkable for cleanliness, and order, and I flatter myself it is one of the most useful institutions at this university.

GOETTINGEN,

1793.

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MEDICAL AND SURGICAL
OBSERVATIONS.



CHAP. I.

OF DISEASES OF THE BREASTS.

I THINK it will appear from the two following cases how difficult it is to distinguish carcinomatous from other kinds of tumours of the breasts, how probable it is that people often believe that they have extirpated cancers, when they have only removed a tumour of a benign nature, and how it comes to pass that some boldly affirm that a cancer of the breast may be successfully extirpated, while others, (HILL, MONRO) say that this attempt is very seldom successful.

OBSERVATION I. A WOMAN of 30 years of age, with rather a pale complexion, but in other respects healthy, came to me by the advice of her physician, who had informed me, that she had an occult cancer in her breast which required immediate extirpation.

The tumour in the breast was as big as a large hen's egg. The patient told me that it was entirely spontaneous, that she had had it for three years, that it had always been quite hard, but perfectly free from pain, that it had increased quickly the first year, having in that time attained the half of its present size, that it had afterwards continued to increase, but slowly, that it had begun to be painful about a month ago, and that every physician, whose advice she had asked, had declared it to be an occult cancer.

The whole lump was painful to the touch, and quite surrounded with varicose veins. The skin above it was of a dark red colour, and a little

little inflamed. The pulse indeed was not feverish, but somewhat quick and tense. The whole therefore had pretty much the appearance of an occult cancer.

However I put the operation off, as the pain was general throughout the lump, not very violent, and neither burning nor lancinating, and the pulse was a little irritated; but chiefly from an obscure fluctuation, which I thought I felt at one point. I caused emollient poultices to be applied.

The very first evening I evidently observed some degree of fever, which confirmed me in the idea, that the swelling was not of a cancerous nature. I was perfectly convinced of this the third day, for the fluctuation increased, and became quite distinct. The pains were altogether trifling.

I now considered it as a scrofulous tumour, which had gone into an indolent tedious suppuration, in which I was confirmed by some other general appearances and symptoms. I made

warmer and more irritating poultices be applied, to promote the suppuration, and intended not to open it till all hardness was quite gone, and till the fluctuation was general in the whole swelling.

This happened in the third week. Upon opening it, a quantity of granulated pus flowed out, and nothing more either of swelling or hardness was to be felt. It healed in twelve days without any one occurrence worth mentioning.

Indeed when the patient came to me, the tumour had such an appearance, that it might well have been taken for an occult cancer. But the principal symptoms of the occult malignity, its being near breaking out without sensible fluctuation, and its being very painful without fever or inflammation, were wanting. When I do not meet with these two symptoms I always have great hopes.

The tumour was undoubtedly scrofulous. But it might have been made to assume a bad and
cancerous

cancerous appearance, if it had been opened too early, that is before all hardness had been dissolved, and before the whole lump had gone into suppuration. These indurations do not at all admit of being opened early. The hardness which remains after opening such tumours often continues with the greatest obstinacy, the matter becomes bad, and the ulcer becomes malignant and tedious; besides the opening may safely be delayed, for the matter is of so indolent a nature, that there is nothing to be apprehended from it.

It is also very advisable to evacuate the matter by a small opening. The cavity of these abscesses does not bear the admission of air.

THE following observation shews, that there is a disease which may be taken for a schirrus in the breast and treated as such, which does not in the smallest degree partake of that nature.

OBSERV. II. A LADY of 40 years of age came to me, and shewed me an indurated tumour in her breast, which she wished to have cut out. It was not at all painful, was of the size of a small walnut, was hard and equal, pretty immovable, and lay rather deep in the substance of the breast, just about an inch and a half above the nipple.

The patient, who in other respects was in perfect health, told me that she had had the lump about five months; that for a while after its first appearance it had increased, and had gradually grown harder, but that for three months past it had remained the same as it now was.

She had been about eight months before delivered easily of a child, which she did not suckle. The milk went away in eight days after delivery, without having caused her much uneasiness. She repeatedly assured me, that the lump had not been occasioned by lying-in, that upon recovery her breast was perfectly well, and that
the

the lump had first made its appearance some weeks after.

I determined upon cutting out the tumour, but previously desired the patient to remain quiet for a few days, and to observe a proper regimen. However on the evening before the day appointed for the operation, as I once more examined the lump, which was pretty deep and firm, and while (chiefly with the intention of trying its mobility) I griped it on both sides deep and firmly, it vanished suddenly from my fingers, and a yellowish thick milk flowed from the nipple.

This was really a milk tumour, which I and others had taken for a true schirrus, and it is remarkable, that although it felt hard and solid, it was occasioned by fluid milk, and it had not begun to gather till about eight weeks after delivery, after the milk had been long gone from the breast, and when we should have thought that nature must have long forgotten all tendency to secrete milk.

But I have observed in several cases that nature does not so soon forget her tendency to secrete milk, that sometimes the secretion of milk continues for a long while secretly and unobserved, and that it can again return after having entirely ceased for a time.

OBSERV. III. A WOMAN six weeks after having weaned her child, was attacked with a very obstinate chronic ophthalmia. To cure her of this ophthalmia she was advised to put the child again to the breast, which she did in the eleventh week. The milk returned, and in such quantity, that she suckled the child for several months, and the ophthalmia disappeared.

From some cases I am also inclined to believe, that the internal use of the Peruvian bark may contribute something to restore the secretion of milk, after it had ceased for a long while. I shall mention one of them.

OBSERV,

OBSERV. IV. A LADY of 27 years of age, who gave her child to a nurse immediately after birth, and who after delivery, easily and without any inconvenience stopt the secretion of milk, asked me, after she was perfectly recovered, for some strengthening medicine, as she felt herself rather weak, and wished to make a journey. I prescribed the bark. She set out upon her journey at the beginning of the ninth week. At the end of the tenth she returned with a considerable milky lump, which was inflamed, and afterwards suppurated.

I advise every practitioner at least to be attentive to the breasts, when he gives bark to a lying-in woman who does not nurse her child.

Women who do not suckle their children, and who stop the secretion of milk immediately after delivery, frequently after this stopping of the milk is completely and happily accomplished, still retain
for

for a long time a slight discharge of a milky fluid from the nipples, which is often not at all observed, or only taken notice of from stains upon the shift. As long as this oozing out continues, and it frequently continues long, they are never out of danger of this milk tumour.

Milk tumours which happen during the first days of lying-in are not easily mistaken. But those which take place at a later period are frequently mistaken, and very improperly treated.

However hard a milk tumour may feel, yet we cannot always be sure, that it is occasioned by a thickened coagulated milk. The case just mentioned proves this. External solvent deobstruent medicines, which people generally employ, are often therefore less effectual in dissolving such a tumour, than emollient sedative medicines, and frequent rubbing and sucking the breasts.

MILK

WHEN milk tumours and indurations suppurate, they often occasion obstinate and painful ulcers, which not unfrequently acquire a truly bad appearance. There the surgeon is generally to blame by opening the abscess too soon, and making his opening too large. I make it a rule never to open it till the whole lump be melted by the suppuration, till it be soft throughout, and has discovered fluctuation, and always to make the opening small; and I can affirm, that by observing these rules in a number of cases of this kind which have occurred, difficulties in healing the abscess have not happened to me in a single instance. In most cases it healed in a few days.

Yet it not unfrequently happens, that the wound after some time does not at all discharge any pus, but only a milky fluid, which changes the ulcer into a true milky fistula. In this case the healing is sometimes for a little retarded; it generally
however

however soon heals, when the patient is put upon a spare diet, and is directed to compress her breast a little.

HOWEVER late milk lumps and indurations may happen, milk metastases sometimes happen as late; and these late milk metastases are also frequently mistaken. Although it is not here the place to speak of these at length, I shall mention in a few words a singular case of metastasis which I had occasion to observe.

OBSERV. V. THE milk of a woman went suddenly away nine days after delivery, in consequence of a violent fright, soon after which she was seized with most severe headachs, especially in the lower part of the forehead. Various kinds of medicines were tried in vain. The pains continued for a long time without interruption. At last an evacuation of a milky fluid appeared very unexpectedly at the nose, and from this time forth the
pains

pains disappeared, and she felt herself well, only she had at times a flow of mucus resembling pus from the nose, which was always accompanied with some headach.

It appears even that abscesses from milk may sometimes happen in the breasts of men.

OBSERV. VI. A YOUNG country man of 16 years of age, came into the hospital on account of a swelling in his breast. The swelling occupied the whole region of the left breast, was not very prominent, but its circumference was as large as that of a small plate. It was not painful, only when it was strongly pressed the patient felt some pain at the bottom of it. Fluctuation was evident. The skin was not at all discoloured. No particular cause could be assigned for the swelling, which had taken place altogether spontaneously.

It was singular with regard to it, that a prominent rim was felt round the whole external circumference, so that it seemed as if the whole place upon which the swelling rested, and in which fluctuation was felt, lay in a concavity. His breathing was natural, and the patient was in other respects perfectly well and free from fever.

I made an incision into the lower part of it, where the fluctuation was most sensibly felt. A great quantity of fluid came out, which had exactly the appearance of *serum lactis* full of cheesy particles, but was without smell, and without any observable acrimony. Not the smallest purulency was to be seen in it.

During the cure, which was assisted by external compression, nothing particular happened, and after it the young man found himself quite well.

Was this really milk? and was this secretion of milk an effect of puberty?

I saw

I saw in the hospital one other case of this kind, which I could ascribe nearly to a similar cause.

OBSERV. VII. A COUNTRY boy of 15 years of age, the perfect picture of health, and from the most attentive examination without any fault in his constitution, sweated blood from the region of the pudenda in considerable quantity. Not a trace of the source of the blood could any where be found; the skin was there perfectly sound. The dens arquebuse water externally applied stopped the flow. I examined the patient fourteen days after, and he was very well.

The following case has perhaps some analogy with the above.

OBSERV. VIII. A LIVELY healthy woman with a good appetite and digestion, now 60 years of age, used formerly to observe at the time of her menses, a hemorrhage from the mammæ. She had never had children, After the cessation of the
menstrual

menstrual flux, the hemorrhage from the breasts still continued for a time, only it did not appear so regularly at certain periods as before.

It at last went totally away, when a hard swelling perfectly void of pain appeared in her left breast, which gradually increased to the size of the fist. This swelling continued with her for several years without further inconvenience.

But at last another phenomenon made its appearance without any particular cause. The whole breast began to swell, and finally increased to a great size. It did not feel hard, but elastic, and equally so in every part. Fluctuation was nowhere to be felt; with regard to scirrhus, of which I had been so much afraid, I was now perfectly at ease. Neither was the breast upon the whole painful.

At last a place at the side of the nipple became very prominent, tense and red, which however was not in the least painful, and after a while
threatened

threatened to burst. As I felt an evident fluctuation, and foresaw that it would very soon burst of itself, I opened it with a lancet. To my great astonishment not a drop of purulent matter appeared, but only a great quantity of blood, partly coagulated, partly fluid, partly black, and partly pure red.

As on account of the great quantity of blood, some of which was apparently fresh, the great age of the patient, and the surprise occasioned by the unexpected sight of the blood, I had reason to fear a syncope, and great debility, I stopt the discharge, and covered the wound.

For four days I removed the bandage twice a day, and each time a quantity of blood of the above description issued out. After this the discharge changed to a reddish watery ichor. The preternatural swelling of the breast was now gone. The schirrus had remained unchanged during this whole process.

The ichorous discharge continued for six weeks, but at last it became more purulent; and the schirrus gradually lessened, till at the end of that time it was entirely gone.

The abscess then gradually contracted, and at last turned into a small, narrow, shallow fistula, which remained open many years, indeed as long as the patient lived. It generally discharged only a small quantity of ichorous fluid, but sometimes a considerable quantity of pure blood.

As the woman with this discharge felt herself otherwise well, and as I was afraid that an evacuation to which the patient had been accustomed for so many years could not be stopt without danger, I had not the courage to attempt any thing decisive in order to obtain a complete cure.

I HAVE cut out of the breasts various painful tumours which had all the properties of real occult cancers, with lasting success,

I shall

I shall circumstantially relate one case of this kind, because it appears to me particularly worthy of notice, and because I continued to receive frequent accounts of the patient for several years after the operation, and therefore can answer for its having made a permanent cure.

OBSERV. IX. A LADY of 28 years of age, who had never had children, came from a very considerable distance to consult me on account of two hard tumours in her breasts.

She had had these tumours for six years. — They had increased only during the first year, after which they had remained unchanged till about six months before she came to me.

They had come on altogether spontaneously, neither could I discover any thing in her habit to account for them, for she was in other respects in perfect health.

There was an indurated tumour in each breast,

of the size of a very large hen's egg. She had felt burning pains in these tumours for half a year past. The pains had been extremely violent and constant for some weeks, and on her journey to this place they had been so intolerable, that she could only travel two (*German*) miles a day, and arrived here very much debilitated.

On her arrival I found her without fever, with a small, tense pulse. The tumours were surrounded with varicose veins. On each tumour was a part somewhat prominent, on which the skin was thin, shining, and of a dark red colour, but there was not the smallest vestige of fluctuation to be felt.

I performed the operation on both breasts, and not only extirpated the indurated tumour, but at the same time removed the greater part of the glandular substance of the breast on both sides.

The patient felt herself pretty well the first day after the operation, excepting a little pain, restlessness and fever. The fourth day I was not a little embarrassed

embarrassed upon accidentally discovering an indurated gland in the arm-pit, which I had overlooked before the operation, and the more so as the patient told me at the same time, that she had observed that lump for a considerable while, and that it was a little painful. I however concealed my embarrassment, (though it was not small,) that I might not alarm the patient.

Suppuration appeared on the fifth day. On the eighth day both wounds were in the finest state of suppuration, and the patient was quite free of fever.

On the morning of the ninth day I suddenly found a great and unexpected change in the wounds. They were both dry, emitted a peculiar kind of smell, were painful, and appeared inflamed. Besides there was in the wound in the left breast a swelling which had the shape and size of a hen's egg cut longitudinally. The pulse was at the same time a little feverish. But my uneasiness was not of long continuance. The menses appear-

ed towards evening, and next day the wounds again began to discharge pus, and all preternatural swelling disappeared.

The wounds healed perfectly in five weeks, without any bad symptom. But what is most remarkable, the lump in the arm-pit had during the suppuration entirely vanished. I have since heard of the patient several times, and now, nine years since the operation, I know that she is in perfect health.

From all the symptoms these two indurated tumours merited the name of occult cancers. And on cutting into them after the operation, I found them very hard, and as if interwoven with fleshy threads, and interspersed with cartilaginous particles. They had been painful about half a year. They appeared even as if they would soon break out. The pains were of the most suspicious kind, burning and lancinating, constant and very violent. Moreover one of the glands in the axilla was swelled. There was a tumour in both breasts, which

which had taken place in both without any external cause, and in short there was every symptom of malignity, so that the hopes of a successful operation were greatly diminished. And yet this operation succeeded; a proof that in occult cancer we may undertake the operation with hope of a happy issue, and a refutation of the idea of there being such a disease as that called *NOLI ME TANGERE*, at least at this period, before the tumour breaks out.

The indurated glands in the axilla are not so much to be dreaded as is generally believed. They appear, like venereal buboes, sometimes to arise from sympathy, and at least do not always contraindicate the operation. In the above case they disappeared gradually after the operation. I shall by and by relate a similar case. In the *Chirurgische Biblioth.* Vol. IX. p. 417, another such case is related. I have even seen these swellings of the axillary glands alternately come on and disappear.

The sudden change of the wounds on the ninth day evidently proceeded from the near approach

of the menstrual flux. It is therefore always advisable so to choose the time for the operation, that the monthly period may not soon follow.

It was singular that in neither tumour, though they had been of such long duration and so very painful, and appeared to be so near breaking out, was there the least vestige of any ulceration to be found. It is therefore probable that the occult cancer is frequently to be ascribed to a kind of carcinomatous inflammation, and that the use of leeches, which Fearon (*Chirurg. Biblioth. Vol. X. p. 415.*) so much recommends, really deserves some confidence. At any rate this case establishes a considerable degree of hope of success in the operation for the occult cancer.

In several painful schirri I have not found the smallest trace of ulceration, and on the contrary I have found ulceration in perfectly indolent and favourable schirri. I have also sometimes found ulcerated cavities where I did not suspect them. I cannot say that I like to find any such appearance after
the

the operation, but I know also from experience that I may very safely affirm, that such an ulceration does not always forebode an unsuccessful operation.

OBSERV. X. THREE years ago I cut out of the left breast of an unmarried woman of 30 years of age, a tumour which was indurated but not painful, in the middle of which I found two ulcerated cavities, the one of the size of a pea, the other of the size of a hazel-nut, which were filled with a dark brown ichor. The cure went on without difficulty, and the patient continues still well.

I HAVE laid it down as a rule, when the schirrus of the breast is not of very considerable size, always to remove the whole glandular substance of the breast, never the schirrus alone. My reasons for this are the following.

With regard to the pain of operation I think there is no great difference. I even believe that
it

it is more painful to extirpate a large schirrus alone carefully and neatly, if at the same time it is firmly fixed in the substance of the breast, than to take out the whole glandular substance of the breast along with the schirrus.

What remains of the substance of the breast after the extirpation of a considerable schirrus, is of no use to the patient. The breast is generally unfit for suckling a child. After the operation it seems commonly as if divided into two parts, and is so deformed that it cannot even flatter the vanity of the patient to retain it.

When the whole glandular substance of the breast has been removed, the wound closes more conveniently, and heals more easily *per reunionem* than when the schirrus alone is carefully cut away from the glandular part. In the latter case the wound is generally uneven, and it is rarely possible to approach the two surfaces properly to one another, and to retain them in that position.

But

But above all I believe that the recurrence of the disease after the operation is not so much to be dreaded when the whole breast is taken out, as when the indurated lump alone is extirpated. I am convinced that the unhappy issue of the operation is frequently owing to nothing but solely the sparing of the breast too much. I have very often, when in such a case I had removed the whole glandular substance of the breast, found it uncommonly firm, and interspersed with tendinous and cartilaginous fibres and granules, though before the operation nothing preternatural had been felt in it, except the indurated lump.

Indeed the glandular substance of the breast is often diseased, though it cannot be felt externally, especially when it is covered with much fat; and hence it is always most secure to remove it in such cases entirely, since it can be of no use after the operation.

THOUGH

THOUGH the hemorrhage in the extirpation of the breast is for the most part slight and easily stopped by pressure, I have however made it a rule for some time past, always to tie up the bleeding vessels.

Often the hemorrhage returns some hours after the operation, apparently from this cause chiefly, that the movement of the ribs displaces the *punctum compressionis*. The surgeon is therefore under the necessity of drawing the bandage tighter to increase the pressure, which is very inconvenient and painful to the patient, or he is obliged to take off the bandage repeatedly, and to apply his compresses anew, or employ other means for stopping the blood, by which the intention of a speedy cure is disturbed and retarded.

Nay further a great hemorrhage may take place without its being observed, either because the blood, while the patient lies upon the back, flows downwards and backwards from the lower corner of
the

the wound, without staining the external bandage, or because the blood cannot penetrate through the wound to the bandage, on account of its being collected under the skin, which is drawn together by an adhesive plaster.

Those who, notwithstanding this warning, chuse to content themselves with compression, must at least be very attentive for some hours after the operation, and particularly must examine carefully the lower corner of the wound, and the lower parts of the breast, in order to discover whether there is any hemorrhage.

The following case, where I was actually in danger of losing my patient by the hemorrhage, proves how important this rule is.

OBSERV. XI. A HEALTHY but delicate lady, of 40 years of age, had three indurated lumps in her left breast, on account of which I cut out the whole mamma. In the operation I saved so much skin, that after the operation I could easily draw

draw the lips of the wound together, and by means of an adhesive plaster, perfectly unite and close the skin.

As the patient was weakly, and would have suffered much by a suppuration, the speedy healing of the wound was so much the more desirable. I only left the lower corner of the wound a little open.

The bleeding stopped immediately. After the bandage was applied I entrusted the care of the patient to a surgeon, with the charge to be particularly attentive to the hemorrhage. The operation was performed in November about mid-day. At three o'clock in the afternoon the surgeon sent me notice, that the patient felt herself well, only a little fatigued; no bleeding was observed. At five o'clock I received accounts that the patient was much fatigued, and that she complained of *tinnitus aurium*. No bleeding was seen.

I hastened to her, and how was I terrified on
entering

entering the room at seeing her as pale as death, extremely debilitated, and her lips white, with her nose cold, a weak pulse, and almost fainting. I immediately suspected a hemorrhage, tore off the bandage, which was quite dry, and not at all discoloured, and saw the whole skin in the place from which the breast had been extirpated, swelled up and distended in such a manner, that the patient appeared to have got another breast of uncommon size. A small quantity of fluid blood from the under corner of the wound had flowed down over the belly.

I tore the plaster off, and found the whole space between the skin and pectoral muscles filled with an immense quantity of coagulated blood. To remove this blood with the fingers, to take it clean away from the pectoral muscles, to find out the bleeding orifice, was, with candle light, a business which lasted near half an hour.

I am convinced the patient would have bled to death if I had been an hour later of coming to her;
and

and I think my reader will wish to avoid such a scene by adopting the sure means of preventing such accidents which I have already suggested, I mean tying the arteries with the needle.

IN the operation of extirpating the breast, much depends on saving so much skin as to be able to heal the wound *per reunionem*. I am much persuaded they are mistaken who, by a suppuration long kept up, think to evacuate any carcinomatous matter that may perhaps remain, and so ensure success; on the contrary they do the very thing which is most likely to frustrate success.

When no morbid part of the skin obliges me to give the incision another direction, I always make it such that one corner is upwards and the other downwards. I generally make the threads of the ligature hang out from the upper corner, and from the lower corner, whatever purulent matter is formed, flows freely out.

As

As soon as the skin is divided by two incisions of the form of a crescent whose points meet, I separate the external flap of skin from the glandular substance of the breast; then the inner surface of the breast from the pectoral muscles; and lastly the glandular substance of the breast, from the internal flap of skin, proceeding from within outwards. It will be found that in this manner the operation goes on much more quickly, than when both skin flaps are in the first place separated from the breast, before the breast be separated from the pectoral muscle.

The ease or difficulty of the operation depends chiefly on the perfect mobility of the breast, or on its greater or less degree of adhesion to the subjacent parts. The adhesion is in a small degree, when the attachment is to the external pectoral muscles only, and in a greater degree, when it adheres to the intercostal muscles, to the pleura, or periosteum of the ribs. If the breast can be moved backwards and forwards, whether the shoulder lie forward, or be drawn back, there

is no preternatural adhesion. If the breast can be moved backwards and forwards, when the shoulder lies forward, but is fixt when the shoulder is drawn back, it adheres to the external pectoral muscles. If it be firm and immovable, whether the shoulder lie forward or be drawn back, the adhesion is in a higher degree.

When the breast adheres to the external pectoral muscle, there is room for a mistake, which indeed with regard to the operation (which is still performed notwithstanding of this adhesion) produces no particular danger, yet it occasions difficulties which are not expected. For the breast may adhere very firmly to the pectoral muscle, and yet be quite moveable, even when the shoulder is strongly retracted, if only the breast be moved in a direction transverse to that of the fibres of the pectoral muscle; and so it happens that the breast is thought perfectly moveable, while in the operation it is unexpectedly found to be adhering and quite firm; but with care this may be perfectly ascertained before the operation, merely by
moving

moving the tumour backwards and forwards in a direction parallel to the fibres of the pectoral muscle, *i. e.* from the top of the shoulder towards the under and middle part of the sternum.

I HAVE also performed the operation in several open cancers, but with bad success. I shall relate a few cases of this kind, partly because they were not altogether unsuccessful, and partly because they give occasion to some important reflections.

OBSERV. XII. A COUNTRY woman, apparently about 40 years of age, the mother of several children, came into the hospital with an indurated lump in her left breast, of the size of a hen's egg, which, as she assured me, had been first observed about five years before, after a blow upon the breast; it still was pretty moveable; some months ago it had begun to be painful, and there was now actually a small opening, which discharged a reddish ichor.

But this woman had at the same time short breath, cough, purulent expectoration, could not lie on the left side without great uneasiness, and was evidently in a consumptive state.

In these circumstances therefore I was naturally averse to undertake the operation. But as she intreated me in the most earnest manner to do it, and assured me that the idea of a cancer was dreadful to her; as the cancerous tumour was already open, and not a moment was to be lost, if any thing was to be attempted; as the schirrus was occasioned by an external cause, and was pretty moveable; as (according to the patient's account) the above mentioned pectoral complaints were occasioned by a peripneumony, and appeared to have no connection with the cancerous tumour; and besides, as the patient was pretty stout, and without any observable fever, I allowed myself to be persuaded to perform the operation, with a conviction that at least I could not make the condition of my patient worse.

I did

I did not extirpate the whole mamma, but only the indurated lump, with the neighbouring substance of the breast, and the wound suppurated. Already about the seventh day after the operation the pectoral complaints diminished, and by the eighteenth day there was not even a vestige of cough, expectoration, or difficult breathing remaining. This continued till the healing of the wound was completed, so that we all believed she was really cured of her phthisis.

In the tenth week she went out of the hospital to appearance perfectly well. The wound was quite healed, and all her breast complaints were gone.

She returned nine weeks afterwards, and informed us, that her pectoral complaints had again made their appearance. We recommended to her the use of various medicines, but heard that she had died of phthisis four months afterwards.

From this history we are at least assured of the efficacy of great external ulcerations in diseases of the lungs. Brambilla saw a phthisis totally vanish after the amputation of a leg. Mudge cured himself of a phthisis by an issue which contained thirty peas.

OBSERV. XIII. A COUNTRY woman of 53 years of age, came into the hospital on the twenty-third of June. After the cessation of the menstrual flux, an induration in the left breast had appeared, which had gradually increased, become painful, and some months before had turned into an open carcinomatous ulcer.

The ulcer emitted an intolerable stench, and was very painful. The pains were lancinating, and for the most part deprived the patient of her night's rest. In the left axilla there was an indurated but moveable lump of the size of a hazel nut.

As the patient had had much distress of mind, and

as

as other symptoms gave reason to suspect an accumulation of atrabilious obstructions and acrimonies, I prescribed for her some deobstruents, emetics and cathartics. I caused the ulcer to be covered with a carrot poultice. I then ordered Belladonna in a dose of three grains, which after some days was increased to four grains.

The fætor and pain disappeared in a short time, from the use of these medicines. The belladonna occasioned thirst, vertigo, and at times slight nausea and faintness. It is however remarkable that the menstrual flux again appeared during the use of the belladonna,

After she had taken the belladonna for fourteen days, the ulcer was quite free from pain, its size less, and it discharged good matter. But by the continuance of the belladonna, the patient became exceedingly weak, and her eyes particularly suffered much; she saw every thing double, and as if through a fine net. The tumour in the axilla was quite gone.

I therefore omitted the belladonna, and ordered china with elixir of vitriol; and as the edges of the ulcer had become painful, I applied leeches to them; upon which the pain and inflammation again disappeared.

When the patient had again recovered her strength, I tried the cicuta both internally and externally, but without any effect. After various other means had been tried in vain, I determined on the operation.

During and after the operation nothing worthy of notice happened. The wound suppurated well, began soon to contract, and at the end of the fifth week was all healed, except a small place not larger than a lentil, which had a clean and good appearance.

For fourteen days I tried every kind of means to bring this part to heal; I caused an issue to be
made

made, and allowed the woman only milk diet, but all in vain.

As the woman at last wished much to return home, I gave her leave to go, with the advice to keep the arm quiet, and to dress the wound with saturnine medicines, and to return to the hospital again to shew herself in a few weeks.

She came back the fourth week. The open part was still the same, not painful, soft, and uninfamed; only it appeared a little foul.

For this reason I applied a little burnt alum and red precipitate, upon which it quickly grew worse.

Next morning the whole ulcer was inflamed, very painful, and twice as large as it had been the day before, and a watery reddish ichor flowed from it.

Whatever I did to quiet all this again, was to

no purpose. In eight days, it was as large as a crown piece. The woman died in the ninth week in the greatest misery.

I caution every one against the use of medicines purely stimulating in such a case. Actual caustics would have been far preferable. But they must be used in such a decided manner, that the whole extent of the ulcer to its very bottom be not merely irritated, but completely destroyed. Every thing which merely irritates, even caustics, when they do not act deep and strongly, do harm, while the hot iron should perhaps be preferred to caustic.

In the *Chirurg. Bibliothek* Vol. IX. p. 417, a case is related from the *Journal de Medecine*, where by the employment of the red hot iron three times, a perfect cure was effected.

Would not this have been a very proper case for the trial of arsenic?

THOUGH

THOUGH I cannot boast of any extraordinary success in the extirpation of open cancers from the breasts, I would have every surgeon boldly undertake the operation, when the local state of the disease and the general health of the patient at all permit it.

The state of the patient cannot be rendered worse by the operation. Even in the most unhappy event, the patient after the operation is only in the same predicament that she was in before it, incurable and without relief. For if open cancer has ever been cured by medicines, we may be sure that it has also been cured by the operation. And if the operation properly performed be without success, I think I have every reason to affirm, that no other means would have been of any avail.

Besides there are in the breasts open ulcers of bad kinds, which from every external appearance we may reckon carcinomatous, but which, tho' they

they are not so, are nevertheless incurable, from our not being able to discover their cause.

I shall give the history of two cases of ulcers apparently cancerous, which proceeded from internal causes, and which with every appearance of malignity, were yet of a benign kind; and who can deny the reverse of this, viz. that apparently malignant ulcers are sometimes occasioned by local causes of a mild nature,

OBSERV. XIV. I ONCE cured a bad ulcerated cancer in the breast, (so named at least by every physician and surgeon who had seen it, and I would have also called it so, if I had not cured it) merely by deobstruents, emetics, and purgatives.

The patient was a poor woman, who lived in misery and wretchedness. The ulcer in her breast was very painful, had thick curling edges, and bled very easily. The skin around it was red. She could give me no satisfactory account of its cause or origin, but said, that according to her apprehension,

prehension, it had been occasioned by her having often carried wood up stairs in her arms. It had been in the present state for four months.

The woman had a yellowish appearance; the white of her eye was particularly of a dirty yellow colour. She complained of itchiness of the skin and vertigo. Her tongue was foul, and her appetite and digestion disordered. All this, and the rosy kind of inflammation which surrounded the ulcer, and the miserable life which the patient led, suggested to me the use of the above mentioned medicines.

After the two first emetics, by which much yellow stuff was evacuated, the pain in the ulcer disappeared, together with the rosy kind of redness which surrounded it. By the tenth day the ulcer was in a fine state of suppuration. She afterwards got Schmucker's visceral pills, and now and then a cathartic, which generally evacuated fæces like pitch. In three weeks the ulcer resembled a
clean

clean wound with the most laudable pus, and it was perfectly heal in eight weeks.

OBSERV. XV. A LADY between 30 and 40 years of age had an indurated lump in her left breast, of the size of a pigeon's egg, which had come on spontaneously. She sometimes felt flying pains in it, was otherwise in good health, and told me that some years before she had a similar tumour cut out from the other breast. I cut this also out at her desire. Nothing particular occurred during the operation.

The seventh day after it, hard chords which felt like tendons, made their appearance round the wound, some of them as thick as a crow-quill. I looked upon this as a very bad prognosis, but I was mistaken, for the wound healed easily and soon. After the wound was completely healed, it appeared that the patient was venereal.

I HAVE employed *Arsenic* in cancerous ulcers of the face with much advantage, and without any bad or remarkable effect. I have generally used Bernhard's mixture. See Chir. Bibl. Vol. VII. p. 482. or Journ. de Medec. Vol. LVII. p. 258*. I lay it on of about the thickness of the back of a knife. The pain which it occasions is for the most part inconsiderable. I have even applied it to the point of the nose, where there is little fleshy substance, and to the forehead of a child nine months old.

* For the sake of those who may not have an opportunity of consulting the books referred to, it will be proper to mention the FORMULA published by Bernhard, and his manner of using it.

Prenez Cinnabre artificiel ʒ ij. Cendre de Semelles de vieux Souliers brulés gr. viij. Sang dragon gr. xij. Arsenic blanc gr. xl. Mettez le tout en poudre fine, et faites-en un melange exact dans un mortier de verre ou de fayance; renfermez ensuite ce tout, pour pouvoir vous en servir au besoin. When it is used, some of it is mixed with so much water as to form a thin paste, which by the means of a small hair pencil is applied to the whole surface of the ulcer about the thickness of a piece of six liards; after which the whole is covered with agaric or byffus.

It

It makes a crust. If after the separation of the crust, the ulcer does not look clean, or if it become again suspicious after a few days, I apply it a second time. In some cases I have applied it, at short intervals, six times successively, before the ulcer healed. I have never seen any bad effects from it.

Arsenic has not been employed of late in a more determined manner, nor with better success, than in the following case, for which I can with certainty vouch. I have it from a respectable physician, and besides it passed almost under my own eyes.

OBSERV. XVI. THE patient, the wife of a country man, had an open cancerous ulcer in the left breast, whose appearance and smell were terrible. It was of an oval form, and extended from the sternum nearly to the axilla, and from the nipple to the clavicle. The edges of it were turned back and very hard. The fluid discharged from it was thin and ichorous. Stimulating medicines
externally

externally applied ten weeks before, had been the cause of its breaking out. Several glands in the axilla were hard and immoveable.

Arsenic was applied in the form of Bernhard's mixture three different times. The first time a part of the ulcer was covered with it, which had particularly a bad appearance, and made nearly a fourth part of the whole ulcer. The second time it was laid over the whole ulcer. The third time it was applied only to some small places, which still looked ill. In six days after the first application, a slough separated, which was a quarter of an inch thick. The second application had more effect. After seven days a slough separated from the whole ulcer, which was between two and three inches thick, and weighed twelve ounces.

After this second sloughing with such a large separation, the bad smell vanished almost entirely, the ulcer put on a clean appearance, and most of the indurations disappeared. It is singular and

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worthy

worthy of remark, that though the arsenic was in this case applied to a very large surface, no particular bad effects followed. Only from the third and last application, where it was laid upon some still remaining hard and bad-looking places, convulsions took place, which however soon subsided.

The ulcer now became evidently better, and as it amended, the axillary glands became smaller, softer, and more moveable.

A considerable surface of the ulcer cicatrised in a short time, and the remaining part discharged the most laudable pus. The patient also regained strength and good spirits, and appeared lively.

When the ulcer was all healed, except a very small part, she thought she could manage the rest herself, and went home. Since then we have had no accounts of her, which is much to be regretted.

Each time after the application of the arsenic, till the separation of the slough, the carrot poultice

tice with aq. saturn. was applied. She took cicuta internally.

I HAVE tried almost all the medicines which are celebrated for curing cancer. I cannot praise any of them. The Cicuta sometimes stops the progress of the symptoms, renders the discharge better, and lessens the pain; but these good effects seldom continue long. I have tried the Aqua Laurocerasi in various ways, to the extent of from forty to sixty drops; but since seeing it once occasion bloody urine and stools, I have no longer confidence in it.

Where the operation is not admissible, the physician for the most part can only employ a palliative method of cure.

When from the general health of the patient, or the external state of the ulcer, I discover no indications for any particular medicines, I dress the

ulcer with tar, and I can affirm, that this dressing is of great service. It keeps the sore clean, diminishes the pain, ameliorates the matter, and takes away the fætor. I prolonged the life of a lady, who had a large open carcinomatous ulcer, for two years, and I believe chiefly by this means.

ABSCESSSES are sometimes generated in the cellular membrane of the pectoral muscles, and in the glandular substance of the breasts, which in women are very difficult to discover, but somewhat more easy in men. See Chir. Bibl. Vol. X. p. 601. I shall give my readers the history of one case of this kind, in which I mistook the disease till the very last moment, and which appears to me to be particularly worthy of notice.

OBSERV. XVII. A LADY of about 50 years of age came to me and shewed me her breast, which was of a monstrous size. A schirrus as
large

large as a goose's egg was plainly to be felt in it, which however was not painful, and she had had it for many years. The breast was otherwise equally distended, not painful except at the bottom, and pretty hard. Fluctuation was nowhere to be felt. She had at the same time a little dry cough, some oppression at the breast, and a feverish pulse.

At her earnest sollicitation I resolved to remove the breast. After the external skin was cut thro' and separated, and while I was employed in separating the breast from the pectoral muscles, a great quantity of purulent matter suddenly burst out, and I penetrated into a cavity in the substance of the breast, which seemed to be as large as the fist. When the breast was separated, the whole outer surface of the pectoral muscle was found covered with a slimy caseous matter. The breast weighed fifteen pounds. The schirrus in it was neither ulcerated nor inflamed. All the rest of the found part of the substance of the breast was interspersed with a viscid fluid, and as if it were oedematous.

On the surface of the breast which was removed from the pectoral muscles was an ulcerated cavity of the size of a small fist, whose internal surface was covered with a slimy caseous matter.

For the first twenty-four hours after the operation the woman felt herself tolerably well, only the wound discharged an unusually great quantity of fluid. The second day the cough, and oppression at the breast seemed to increase. She died suddenly the third day, while she was writing.

There was found in the cavity of the thorax a great quantity of a fluid similar to that which had issued out of the abscess during the operation, and a caries of the ribs in two places, and some small holes in the pleura and muscles, through which apparently the pus had penetrated from the abscess into the cavity of the thorax.

CHAP. II.

OF THE JAUNDICE.

IT has always been a matter of dispute in what manner the bile in Jaundice enters the blood. It is now pretty generally affirmed that this disease is occasioned by the bile from the gall-bladder alone, and that its flow from the gall bladder into the duodenum being obstructed, it is, by the absorbent vessels, carried back into the blood.

This opinion always appeared to me improbable; for if the absorbents of the gall bladder could convey bile that was actually secreted and fully

prepared into the blood, they might do the same at all times, since there is always a considerable collection of bile in the gall bladder, whether its discharge into the duodenum be obstructed or not.

If an obstructed evacuation of bile into the duodenum were absolutely necessary to occasion jaundice, we should then always find the gall bladder in people labouring under that disease preternaturally full and distended, which however is not the case.

And if this obstructed flow of bile into the duodenum and preternatural accumulation of it in the gall bladder were the chief causes of jaundice, we should always observe the highest degree of jaundice in the *hydrops vesiculae felleae*, where this viscus is so monstrously distended with bile,

For some time past I have totally disbelieved this theory, and the following case I think will incontrovertibly prove that the accumulation of gall in
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the gall bladder is not absolutely necessary to occasion jaundice.

OBSERV. XVIII. A WOMAN died in the hospital in the highest degree of jaundice. On inspecting her body, no gall bladder was found, but in its place only a skinny substance of a very small size, in which no cavity could be discovered. The whole liver was full of white concretions apparently of the nature of calcarious earth, of different sizes, from the size of a cherry to that of a pea, and which floated in water.

That an obstructed flow of bile into the duodenum is not necessary to produce jaundice, and that the hepatic bile can be so saturated as perfectly to resemble cystic bile, and consequently when carried back into the blood may occasion a complete jaundice, the following case in my opinion fully proves, and as it appears to me a very important one, I shall relate it with all its circumstances.

OBSERV. XIX. CHRISTIAN SCHORRMAN,
aged

aged 40 years, a nailer, was admitted into the hospital on the 11th of February 1792. He had had the jaundice for four years, but had for a long time paid no attention to it. He said that for some time before it had appeared, he had been frequently subject to colics and to rheumatic complaints to such a degree that he had become lame of one leg, and he had had a bilious fever. After that complaint was removed he found himself pretty well. He caught the itch in Michaelmas 1791, which was cured by the ung. fulphuris. About Christmas of the same year he began to be often troubled with heartburn, and rheumatic and gouty pains through all his limbs. The jaundice now increased, and he often felt pains about the pit of the stomach, and he was feverish at night. Such is the account which the patient gave of himself,

On his admission into the hospital, his whole body was of a dark yellow colour, and in some places even of a dark brown; he had a cough without any pain in his breast, pretty good appetite, but bad digestion. He had daily two or three stools

stools, which were perfectly white, and every evening a slight feverish paroxysm came on. Ipecacuanha in small doses was prescribed for him.

Feb. 12. He was tolerably well the whole day, his urine was of a dark brown colour and tinged paper of a deep yellow. He had three white stools. He got pills composed of ass. fætid. fell. taurin. gum. guaiac. and castor. He was ordered the liniment volat. camphorat. to rub on the region of the liver.

14th. His urine was somewhat cleaner and the stools were slightly coloured.

15th. Pains in his limbs which frequently shifted from one place to another. Serum lact. tamarindinat. was ordered for his common drink,

16th. The stools were perfectly yellow, and the urine still clearer. The pains this day were chiefly

chiefly confined to the region of the liver. A blister was applied to that place.

21st. The stools became always more and more coloured. The abdomen which had been much swelled and violently distended for twenty-four hours, subsided after the friction with the volatile liniment, and after he had had three watery stools.

22d. The patient had a very restless night. In the evening he had a feverish fit, which was issued in with shivering. Tartar, solub. was prescribed for him.

24th. In the afternoon he became very sleepy, which was attended with vertigo and blindness, and in the evening he had a cold fit followed by a great degree of fever. He had two coloured stools. The yellowishness of his skin not in the least diminished.

25th. The blindness and vertigo returned in the afternoon and the feverish paroxysm in the evening.

ing. He had afterwards six stools which were strongly coloured. From this time he continued always sleepy and flumbered constantly. The abdomen became distended and the feet swelled.

28th. He had four yellow stools. Abdomen still tense. Complete insensibility, constant flumbering, and spontaneous vomiting.

March 2d. Pulse very small and intermittent. The abdomen very hard and tense. Delirium. Cold extremities. Tendency to vomit. Tenesmus. Towards evening short breathing, convulsions and death.

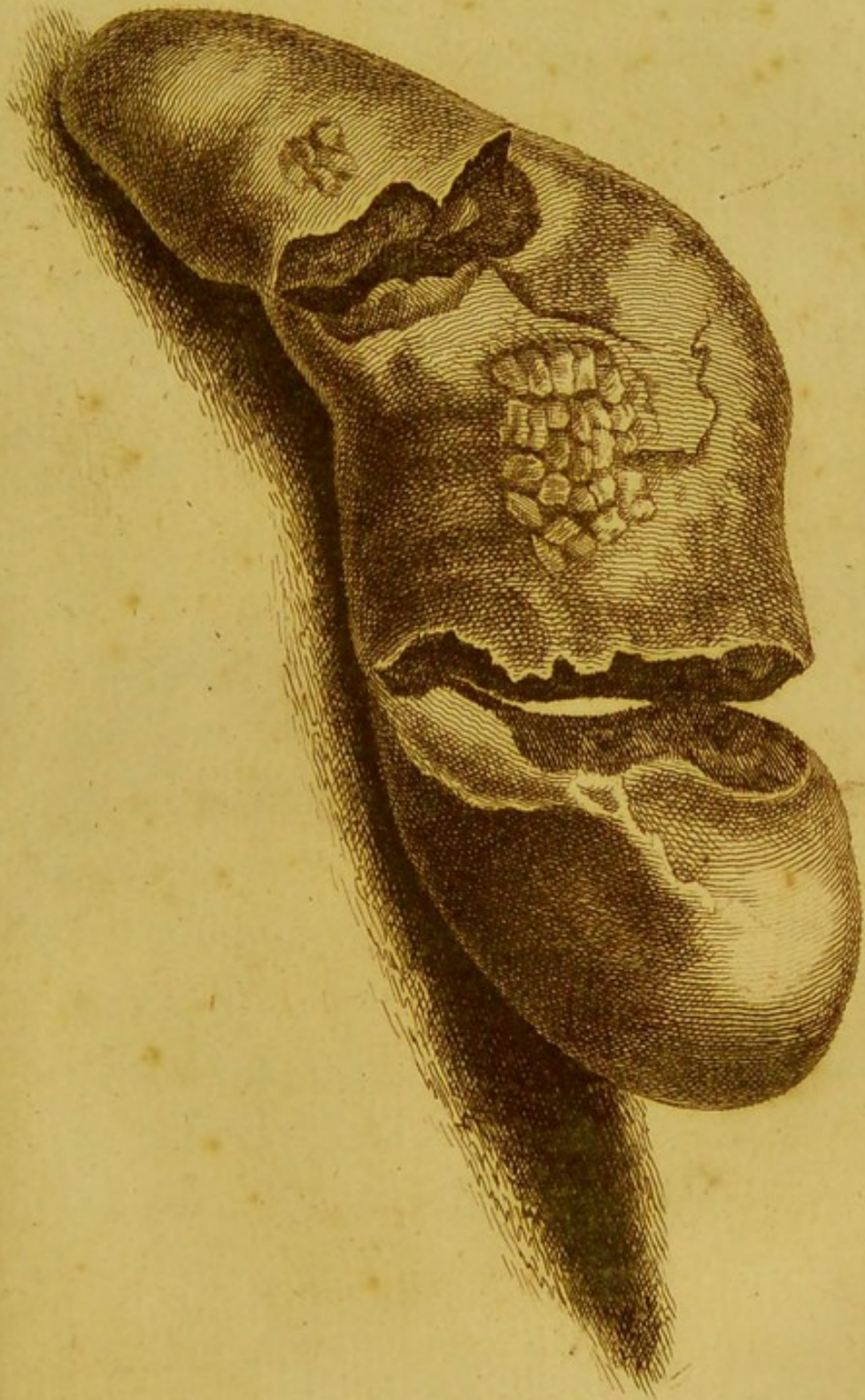
On opening the abdomen, there flowed out about five pints of a yellow watery fluid. The intestines were in a state of inflammation. The liver adhered so strongly to the peritonæum that it was with much difficulty separated from it.

The gall bladder was five inches long and two broad, quite full of dark bile, and contained thir-

ty gall stones. The ductus choledochus and parts about it were preternaturally distended. On cutting into the substance of the liver a very great quantity of dark brown bile issued as from a sponge, of the same nature with that which was found in the gall bladder.

There was a stone in the ductus choledochus, which, on account of its uncommon size I have caused to be engraved on the annexed plate. It weighed three ounces five drams. All round the stone there was fluid bile, so that this fluid had evidently passed by the stone into the duodenum. It fell into three pieces on being taken out. The external surface resembled a very firm extract of liquorice. On some places there are evident marks of smaller stones adhering to it. The thick end of the stone was in the duodenum, the most pointed was turned towards the neck of the gall-bladder.

The pancreas in some places was as hard as bone. The spleen had no appearance of disease.





To me it seems probable that the most common cause of jaundice is a stimulus or irritation acting upon the hepatic system, which prevents the afflux, secretion and excretion of the bilious fluids, or rather so deranges the circulation in the hepatic system, that the several parts do not reach their destined places according to the laws of health, but are again mixed with the general mass of the fluids.

I am as indifferent about discovering the way through which the bilious fluids return to be mixed again with the blood, as I am about the rout which other morbid matters take in getting into the system. Nature has many ways unknown to the anatomist. And indeed what purpose would it serve to know them in the treatment of diseases. It is sufficient to say that the cause of the jaundice is a stimulus, which prevents these fluids from taking their right course; it is this stimulus which must be fought out and removed, or if this cannot be effected, its action upon the liver must be moderat-
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ed or destroyed by sedative and antispasmodic drugs.

I am also indifferent whether the bile which again finds its way into the blood, and occasions the general yellow colour, be merely that which is already secreted and fully prepared, or whether it be bilious fluids which should have become bile, but whose secretion and preparation had been prevented.

The proximate cause of jaundice may indeed sometimes be a real inverted peristaltic motion in the hepatic system, for sometimes not the smallest quantity of gall flows into the intestines. It appears however that sometimes the irritation which deranges the hepatic circulation, does at the same time increase the secretion in it, and occasions the preparation of a preternatural quantity of bile; for many jaundiced people have their stools not only of the natural colour, but of a preternaturally deep tinge.

The

The woman without the gall bladder, whose case I mentioned above, had actually the jaundice in the highest degree; her urine appeared black, her sweat tinged her linen, her whole body was of a dark yellow colour; and so far was the efflux of the bile into the intestines from being obstructed, that on the contrary it was so much increased, that the stools were always preternaturally coloured, and the patient threw up at times an immense quantity of bile. Here then there was not even the slightest reason to suspect the flow of bile into the intestines being obstructed. It was irritation merely which not only deranged the hepatic circulation, but at the same time increased the secretion of bile in an extraordinary degree.

I am persuaded that the cause of jaundice is for the most part of a spasmodic nature, and these are my authorities and proofs.

Respectable physicians have already grounded this opinion on experience and well founded reasons. Chaux in the 74th volume of the Journal

de Medecine proves by experiments that the jaundice can be cured by sedatives alone. Selle (*Medecina Clinica*, p. 202.) imputes the jaundice also to a stimulus, and Vogel in his *Treatise on Jaundice* published at Wezlar in 1791, has proved in so convincing a manner that the jaundice is occasioned by a state of irritation in the liver, that I can hardly add any thing to the reasons he has adduced.

The essential character of the disease is sometimes seen in the most evident manner through its whole course. The jaundice does not continue uniformly in the same degree, sometimes it is violent, sometimes it is slight, at times it almost vanishes, and again it appears. It is sometimes truly periodical in this evanescence and return.

The sensations which many patients feel in the region of the liver, the tension, the agitation, fulness and uneasiness show clearly a spasmodic state in those parts. I once had a young man of 21 years of age in the hospital, in whom the disease of-

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ten evidently remitted. He could predict every new exacerbation. Whenever he complained one day of a fulness, anxiety, and tension about the præcordia, I was sure of finding him next day as yellow as a quince.

The concomitant symptoms commonly point out the existence of some stimulus as the cause of this disease.

OBSERV. XX. A MAN aged 57 years, a weaver, who had had the jaundice for five months, was admitted into the hospital in November 1784. He was jaundiced to a very great degree, and at the same time stone-blind from the gutta serena. According to his own account he became blind four weeks after the jaundice had attacked him. His pulse was quick and small. He was in other respects pretty well. No certain cause for the jaundice could be found out.

I only prescribed for him the infusion of ipecacuanha, during the use of which the jaundice evi-

dently diminished. On the eight day he complained of headach, bitter taste, and total loss of appetite; he was at the same time feverish, and his tongue was very yellow. The ninth day I gave him a vomit, which evacuated a great quantity of bilious matter. On visiting him next morning he saw a little, his eyes were at the same time become so sensible to the light, that he was obliged to wear a shade; but there was hardly any trace of the jaundice remaining. I then ordered him tartar emetic and valerian. Six days afterwards there appeared on his arm an eruption resembling the itch, which increased for some days. In the mean time his sight improved daily, and the sensibility to the light diminished. By the internal use of crude antimony and dulcamara the eruption by degrees disappeared, and at the end of the fifth week he went out of the hospital in perfect health.

OBSERV. XXI. A MAN of 60 years of age was attacked with colics and the jaundice, on the disappearance of an herpetic eruption, which he had
had

had long had on the hand. Bathing in a sulphureous water freed him from these complaints.

The irritation which occasions jaundice may be of very various kinds, the treatment of the disease must therefore be varied with the cause. The business in each case is to discover the stimulus and to remove it. In the first case just mentioned it was apparently psoric, and in the second herpetic. In the woman without the gall bladder, we found out nothing during life which we could consider as the cause. On dissection a number of white hard concretions were discovered, the most of which lay under the external membrane, some few in the substance of the liver. These probably contained the irritating matter which occasioned the jaundice.

From this indeed it appears, that the cause or stimulus which occasions jaundice cannot always be discovered and removed; but neither in this case is the disease always incurable. Sedatives prevent the effects of the irritation, and frequently

act not only as palliatives, but also as a radical cure. Chaux relates several cases where he performed a cure by opium alone. Vogler from experience recommends a mixture of twenty scruples of lintseed oil and four scruples of laudanum to be applied with flannel to the region of the liver. Bang (See Act. Hafn. Vol. I.) cured it by repeated blisters. And I am sure that I have frequently seen the best effects from ipecacuanha in small doses of the powder or in infusion. A cataplasm of cicuta and hyosciamus, and lintseed tea for common drink very much promote the good effects of the ipecacuanha.

When no particular stimulus can be discovered, we naturally suspect an irritation from the stomach, and thence emetics and purgatives so often produce the desired effect in jaundice.

If the disease be obstinate, a fixt irritation in some of the viscera of the abdomen, or an infarction is suspected, and deobstruents are prescribed; and it cannot be denied but that this disease is
some-

sometimes actually removed by such means; all the celebrated medicines at least against jaundice are of the deobstruent kind.

I am however justifiable in asserting that in such cases too much may be done, that the deobstruents may be pushed too far, and even in cases where they were right at first, they may in the end support and increase the disease.

OBSERV. XXII. A MAN of 30 years of age, who had the jaundice, was advised by his physician to take soluble tartar and at times a purge. After he had used these medicines for eight weeks, he came to me for advice. He assured me that he had evidently grown better for the first weeks during the use of these medicines, but that for a fortnight he was again manifestly growing worse.

He was naturally of a delicate constitution, and was now weak and pale, extremely melancholy and cast down without cause, and he had many

disagreeable sensations in the abdomen, which always increased when he took the purgative salts.

Upon the most attentive examination I could discover nothing wrong but weakness and irritability, and gave him the *infus. ipecac.* by which he immediately grew better. After six days I gave him the *flor. sal. ammon. martial.* with rhubarb and bitters, and in a fortnight he was perfectly well.

It appears to me that the jaundice often arises, like agues, from irritation in the *primæ viæ*. The long continued use of deobstruents and evacuants not only fail in removing these diseases, but by such treatment they even become worse, and require the bark. It appears too that jaundice often proceeds from an hysterical affection of the liver alone.

Real obstructions in the biliary ducts are very seldom the cause of jaundice; when they do occur they occasion an incurable disease; for this cause neither can be discovered nor removed.

Stones

Stones indeed sometimes obstruct these ducts: but the ducts stretch too easily not to allow the bile to pass by the stone, in the same way as the urine passes by a stone in the urethra. If stones sometimes are the cause of the jaundice, they act probably by occasioning irritation and spasm, which stops the biliary ducts, or deranges the course of the fluids in the hepatic system, and in such cases, no other medicines but sedatives are of any use.

CHAP. III.

OF THE FLUXUS COELIACUS.

IF by *Fluxus cœliacus* is meant an *Excretio alvi puriformis vel chyliformis cum tenesmo, febre lenta et consumptione*, then I have seen this disease twice.

OBSERV. XXIII. I ONCE saw it in a young gentleman of 18 years of age, in whom I could not find out the smallest occasional cause, except that he had practised onanism from his eleventh year.

He was pale, emaciated and exceedingly debilitated; he took his meat however with appetite,

tite, and in other respects found himself pretty well. He evacuated by stool a white matter which had the appearance of chyle, of very pure white pus, or of a thickish almond emulsion.

The desire for this evacuation always came so suddenly, and with such a tenesmus, that as soon as he felt it, he was obliged to hasten aside. The evacuation did not unfrequently take place in his breeches. This white stuff was always quite pure, never mixed with faecal matter. I several times saw some streaks of blood upon it.

He had a natural stool generally in the morning, which happened without any tenesmus. For the most part very little and often not the least of this white matter was evacuated with the natural stool, so that this last and the white matter were two evacuations perfectly distinct from one another.

The greatest quantity of this white matter evacuated at a time, amounted at most to a table spoonful

spoonful, but for the most part it was not so much. The disease varied greatly, for sometimes many of these evacuations happened in a day, sometimes very few, and sometimes there were none for several days. The patient was once perfectly free from them for several weeks, so that I thought him cured, but the disease returned.

After I had tried every kind of medicine without effect, I ordered for him a decoction of logwood, and this produced a perfect cure. A year afterwards he had another attack, but it was removed in fourteen days by the logwood. Since that time (and it is now ten years,) he has continued well, though he has since been married.

OBSERV. XXIV. A WOMAN of 34 years of age had for six months a fluxus coeliacus, with all the symptoms as related in the history of the foregoing case. The evacuations happened very frequently and were generally streaked with blood. She had besides violent pains in her bladder, of such a kind as to make one almost believe there
was

was a stone; but there was none discovered by the catheter. By the use of flor. sulph. c. aloë et myrrha, she was in a short time perfectly cured of all these complaints.

I think these two cases entitle me to say that the fluxus coeliacus is merely a local disease of the intestinum rectum, and that the matter which is evacuated is only *mucus puriformis* from the mucous glands of the rectum, of the same nature as that evacuated in fluor albus. The natural fæces were always unmixed with this matter, and the white matter unmixed with fæces; the evacuation was always attended with tenesmus, never with colic pains, and there were frequently streaks of blood upon it. The disease might justly be called *fluor albus intestini recti*. If people chuse rather to call it *hæmorrhoids mucosa*, I have no objection; in both cases all the symptoms which are generally ascribed to fluxus coeliacus were present.

In the first case the disease seemed to be the effect of debility alone; in the second it seemed to be occasioned by the irritation of the piles. Thi-
lenius

lenius saw a similar case. His patient had first the piles and afterwards the fluxus coeliacus.

May not this disease, like the fluor albus, be sometimes occasioned by an acrimony, either external or internal, falling on the mucous glands of the rectum? Gouty complaints at least have been seen to precede the fluxus coeliacus. (See Verzalcha Observ. med. cent. Obs. 1.)

It is now no longer believed that real chyle is voided in fluxus coeliacus since Vogel's publication in 1780, entitled *Diff. flux. coeliaci genuina ratio et curatio*, has shown such convincing proofs of the contrary.

But the opinion of Vogel that the disease is occasioned by a peculiar *Cacochymia cum colluvie ad intestina*, also appears to me improbable. If the white matter came from the blood into the intestines, it would be mixed with feculent matter. And why is there only tenesmus and no colic pains? Why should a matter which originates
from

from colluvies alone appear so pure and white? Indeed most patients of this kind have a cacochymic look, but that is not a cause, but a consequence of their disease, as in fluor albus. And the patient in the second case had very little of it.

Neither can I be of Selle's opinion when he ascribes it to an *Obstructio hepatis, qua bilis suis dotibus privata nequit chylum ex chymo præparare et flavo colore tingere.* (See Med. Clinic. p. 508.)

The white matter was not feculent, but mucous, just as it sometimes is in fluor albus. The true fæces were always of a natural colour. I found no symptoms of a diseased liver in my patients; their appetites and digestion were good, and they had daily natural passage of the belly. Whence the tenesmus? Is the chyle prepared from the chymus by means of the bile? Would not, according to this opinion, all icteric patients have something of the fluxus coeliacus? But liver and bilious complaints are very frequent, the fluxus coeliacus is rather uncommon. If diseases and obstructions of
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the liver occasion fluxus coeliacus, it is in the same way in which they can occasion hæmorrhoidal symptoms.

I am decidedly of opinion that *fluor albus intestini recti* is the name which suits this disease best.

C H A P.

CHAP. IV.

OF DIABETES.

THIS disease appears to me to be generally of a spasmodic nature. According to my experience it is occasioned by a stimulus which acts upon the kidneys, and hence a *secretio urinæ aucta*, sometimes also *perversa* is the consequence. When we cannot discover the particular irritation nor remove it, I believe that antispasmodics are the proper remedies for this disease. The following reasons justify me for holding this opinion.

In ordinary cases the diabetes is only the quan-

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tity

tity of secreted urine preternaturally increased. Increased secretion of urine is the effect of all diuretics, all of which act by an irritation on the kidneys. We may therefore well admit that the increased secretion of urine in the case of diabetes arises from the irritation of some kind of morbid matter on the kidneys.

Stimuli sometimes act in such a manner on the kidneys, that they secrete urine with preternatural properties. Thus in worm diseases the urine frequently has the appearance of milk; the *urina jumentosa* is occasioned by bilious irritation; and thus from asparagus the urine receives a particular smell. We may therefore at least admit it as possible, that the second and less frequent kind of diabetes, in which the urine has an unnatural smell, colour, taste and consistence, may also arise solely from the irritation of some morbid matter upon the kidneys.

Cases have been actually observed, where the disease was evidently occasioned by an irritation.

Whytt

Whytt (V. Opera, p. 597.) saw it occasioned by gouty matter; M'Cormic (Medical Commentaries, Vol. IX.) by the same cause; Sydenham by the healing of an old ulcer; but I will not here mention any more such cases from others, as I only wish to give my own experience.

OBSERV. XXV. I HAVE myself seen and cured two patients where the disease clearly proceeded from an irritation. The first patient had had a fever, which had been very badly treated, indeed quite neglected. It had however by degrees disappeared during the use of a purgative, but he had never since that time been quite well, and fourteen days after, he had first observed the unusually great flow of urine. He made at least 30 lb. of urine daily, which was as clear as water. The disease was of four weeks standing.

Since from the account of the patient, the fever, which had to all appearance caused the diabetes was probably a bilious fever; as I found his pulse small, tense, irritated and quick, as he

complained of an uneasy sensation and fulness in the region of the stomach, and as all his complaints grew worse towards evening, I gave him a vomit. A very great quantity of bilious stuff was evacuated, and I can with truth assert that next morning there was not a vestige of diabetes nor of any other complaint. He remained perfectly well for eight days, when he went out of the hospital.

OBSERV. XXVI. THE second patient was a servant, who had been attacked with the disease after being thoroughly wet while he was much heated. He had flying pains in his limbs and in the region of the kidneys; and as often as these last became violent, the urine always soon after came away in the greatest quantity. He got antimonials and warm baths, by which means the disease gradually diminished, and went away. But it returned in a fortnight. By the repetition of the same medicines it again went off, and the patient now seemed to be perfectly cured, and took some bitters. But the disease appeared a-
gain

gain in two weeks, at first in a mild degree, and it afterwards gradually became more violent. As some scorbutic symptoms were observable in the man, he got wort to drink, during the use of which the disease by degrees disappeared for ever.

The concomitant symptoms generally observed in diabetes also serve to show its spasmodic nature and irritating cause. Most patients have drawing, burning, and other painful sensations in the region of the kidneys, an uneasy tightness or an uncommon heat in the region of the stomach, an irritated pulse, palpitation of the heart, or startings in the limbs. I have seen patients who from these sensations could every time foretel a new attack, or a new aggravation of the disease. These feelings became always more violent a short time before.

Even the violent thirst itself appears to be rather of a spasmodic nature, and not in a particular manner to be occasioned by the waste of watery fluids. The patient is not quenched however

frequently he drinks, and the thirst, as well as the other sensations, is often more violent before the attack of the disease than after.

The spasmodic character of the disease is particularly shewn by its alternate increase and diminution. It even happens at times that it perfectly ceases and again returns.

The diabetes has much resemblance to the lientery. And may we not conclude from this similitude, that it is owing to similar causes? And in all preternaturally increased discharges, is not an irritation generally in fault?

Lastly from the method of cure and from the medicines by which it is cured, we may conclude that it is of a spasmodic nature, or rather that it proceeds from an irritation.

OBSERV. XXVII. To a patient in whom I could discover no precise cause, I gave tartar emetic

metic and valerian, and the disease went away entirely in ten days.

To another I gave ipecacuanha, which easily made him vomit. As often as he threw up the disease disappeared for twenty-four hours.

Stöller (V. Beobacht.) cured a patient with Peruvian bark and opium: Dobson (Med. Obs. and Inquir.) by warm baths: M. Cormick (Med. Com. Vol IX.) by Dover's powder. Brisbane affirms (Select Cases) that almond emulsion in such cases is of great use. Tinct. cantharid. and bark have been variously used with advantage against diabetes. I suppose the first acted by carrying off irritation as in chincough, the second by allaying irritation as in agues.

I am not of the opinion of those who ascribe the disease chiefly to a weakness and relaxation of the kidneys.

It sometimes comes on pretty quickly in people where no marks of weakness of the kidneys were previously observed, in cases where no cause was before noticed that could weaken the kidneys.

During and after diseases, in which distention and relaxation of the urinary vessels must actually have taken place, for example along with and after the mictus cruentus, no diabetes is observed.

The urine in diabetes is generally as clear and limpid as water. Would it not be thick and turbid if relaxation of the urinary vessels were the cause?

Sometimes the quantity of urine in diabetes is not at all increased, but only the qualities of the urine are morbid. And can so different and unnatural properties of urine be explained solely by a relaxation of the kidneys?

Sometimes in this last kind of diabetes, the quantity of urine is even diminished (V. Cowley Lond.

Med.

Med. Journ. V. IX. P. III. Ann. 1788.) Must we not from thence conclude that the kidneys are in a condition directly the opposite of relaxation?

The alternate increase and even total intermissions of this disease, do not I think allow us to ascribe it to weakness and relaxation alone.

Tonics are here seldom useful. Brisbane asserts that peruvian bark and all strengthening medicines are for the most part hurtful. And if they sometimes should have done good, was it not by diminishing irritation and irritability?

Though the kidneys of those who have died of diabetes have sometimes been found preternaturally large and relaxed, it is no proof that this morbid structure of the kidneys may have been the effect of the disease.

I by no means however deny that strengthening medicines may sometimes be useful in this disease,
and

and that whether you consider weakness and relaxation as a predisposing cause, or as a consequence and effect of the disease, the weakness and relaxation must still be held in view in the cure of the disease. Such relaxation takes place in all spasmodic diseases, and in such as are occasioned by irritation. But in my opinion the chief thing is to find out and remove the irritation which acts upon the kidneys, and when this cannot be discovered, to counteract its action upon the kidneys by sedatives and antispasmodics.

Besides the medicines of this kind above named and tried by experience, I would particularly recommend camphor in emulsion.

The opinion of Dr. Dobson (*Med. Obs. and Inq.* Vol. V.) who ascribes the whole disease to an imperfect assimilation, and that of Dr. Brisbane, who imputes it to a peculiar kind of colliquation, have little probability. In most patients no signs of colliquation are found, not even in the
urine,

urine, no previous cause of colliquation, or of impeded assimilation. The disease frequently comes on very quickly. The functions of the organs of digestion are unimpaired, &c.

CHAP.

CHAP. V.

OF THE DYSENTERY.

WHAT I long considered as highly probable from the reasoning and experiments of Akenfide, Stoll and Vogler, I have for some years believed to be quite certain, being well satisfied from my own extensive experience, that the dysentery does not at all depend upon bilious corrupt acrimonies in the intestines, that it cannot at all be cured by emetics, and still less by purgatives, but that it is a rheumatic or catarrhus affection of the intestines, particularly of the great guts, and that the
proper

proper remedies for the disease are sedatives and diaphoretics.

As country physician to the principality of Goetingen, I have observed during the last years three very considerable dysenteric epidemics in the country, in the bailiwicks of Friedland and Harste; I have had various dysenteric patients in the hospital, and some out of it. I have carefully and accurately observed the disease, and am fully convinced that in the said three epidemics the disease was of a rheumatic or catarrhal nature, and that the bilious character which it assumed in some solitary instances was merely accidental and accessory.

I shall communicate to my readers the result of my remarks, which I have collected with care and fidelity from two or three hundred patients.

The dysentery is sometimes preceded by symptoms evidently catarrhal, which vanish as soon as the dysentery comes on.

In Lenglern many people complained for some days before of wandering pains and a sense of weight in all their limbs. They were extremely sensible to cold. This was the usual beginning of the disease, and the warning to the patient that he was to be attacked with the epidemic. Some continued in this condition for eight days before the actual symptoms of dysentery appeared. I know some people who in these circumstances took strong diaphoretics, and escaped the dysentery. Others became worse after their use.

OBSERV. XXVIII. A LADY had a catarrh and cough for eight days. Both suddenly disappeared, and she was attacked with symptoms of dysentery.

OBSERV. XXIX. A WOMAN in the month of January during mild weather, when the dysentery was not so much as heard of, had a rheumatic pain in her shoulder. After some days it suddenly went away, and she was attacked with dysentery.

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The character of the disease may be also discovered from circumstances which follow it. I have had occasion to observe cases of this kind.

OBSERV. XXX. A COUNTRY man who had a very violent dysentery, was suddenly seized with general rheumatic pains in all his limbs, so that he could not move one of them, and the dysentery suddenly disappeared, after he had taken a medicine from a country physician in which I smelt brandy and camphor.

OBSERV. XXXI. A SERVANT had the dysentery for eight days, and was already growing better, when he was seized with an *angina serosa*. The same night in which this happened, what remained of the dysentery totally disappeared.

The dysentery always prevails more in the country, and especially in time of harvest. Who does not perceive that the country people are precisely at that time exposed to be alternately overheated

heated and cold? I think that from this also we may infer the character of the disease.

The environs of Lenglern are somewhat elevated. In the year 1791 the harvest was there so late, that it was long over about Goetingen, when about Lenglern the fields were full of reapers. And just at this time the dysentery appeared in Lenglern. At the same time the weather which hitherto had been long dry and warm, became all at once cold and rainy.

A fortnight afterwards when the dysentery in Lenglern already began to decrease, it began to rage in Ellerhausen and Hellperhausen, two villages which are much higher than Lenglern, and which on this account have generally a later harvest.

We may also draw conclusions concerning the real character of this disease from the nature of the epidemic constitution at the time. When the dysentery prevailed in the bailiwick of Harste in 1791, the prevailing epidemic constitution was
not

not at all in any considerable degree bilious. There had been a very fine summer, early dry cold, and then again moderate warmth to the end of November. The dysentery prevailed in September; in October and November rheumatic complaints alone prevailed. Diseases of other kinds were also at this time united with a rheumatic character. In the middle and end of November I had scarce a patient in the hospital, whose disease was not rheumatic or mixed with rheumatic complaints.

The dysentery attacked people of every age without distinction. It is however worthy of remark, that it was more fatal to males than to females. I can with confidence take upon me to say, that the number of men who died of dysentery was to that of the women as 12 to 1.

The chief symptoms were a fever evidently of the catarrhal kind, which upon the whole was not violent, and in some patients hardly observable. At uncertain times of the day a gentle cold stage came on, which alternated with inconsiderable

heat. The pulse was quick but not full; the smaller and more tense it was, so much the more violent were the pains.

In some the number of stools was very great. Many patients went to stool from forty to sixty times in a night. Most of them voided slime and blood, and the faeces which sometimes came away with these were very hard. The skin was dry. Many had a bad taste, want of appetite and a furred tongue.

Bilious acrimonies were therefore evident in many. It however appears to me probable, that these were not the cause of the disease, but rather the effect of the irritation in the bowels, that they were the consequence of an increased secretion of bile occasioned by a stimulus, which had no farther essential influence on the principal disease. My reasons for this opinion are as follow.

In some patients who had the disease in the highest degree, there were no symptoms of too
much

much or of noxious bile, either in the mouth, urine, or fæces to be observed.

Some were very soon cured without either emetic or cathartic.

In some emetics gave relief without evacuating any bile.

Emetics seldom produced any observable mitigation of symptoms though they evacuated bile. In many they did not produce the smallest change in the disease. I have seen patients who were extremely ill though they had been vomited thrice.

In some emetics and purgatives seemed to increase the afflux of bile or to keep it up. People who had been vomited immediately at the beginning of the disease, were never free of the bitter taste and yellow tongue during the whole course of the disease. I saw some who a few hours after the vomit had the same bitter taste, and as foul a

tongue as a couple of hours before the operation of the vomit.

The symptoms of bile frequently disappeared after a single emetic, without the patient being on this account any better. Frequently the patient became better though these symptoms continued. Some patients without any symptom of an overflow of bile were exceedingly bad, and others with these symptoms were not at all ill.

The cure of this disease principally depended on allaying pain and irritation, and on raising a gentle diaphoresis. Opium and antimony effected this. There was no symptom more favourable than a moist skin. I can affirm that by the use of opium, the bilious symptoms disappeared, and the patient was cured without evacuation.

Opium did not bind up the belly; it lessened the number of stools and made them stercoraceous.

I have

I have seen several cases in which during the use of opium, the dry, yellow, brown tongue became moist, and where an emetic was given at this time with very good effects, after it had been previously given once or even oftener without any evident advantage.

I have cured many by emetic and purgative medicines without any evacuation.

Emetics in small doses had evidently as great an effect, frequently even greater than in full doses, upon the pains and stools. It appears therefore clearly from this that it did not depend on evacuations.

OBSERV. XXXII. THAT the overflow of bile in the dysentery depends upon irritation of the intestines, and that every thing that diminishes this intestinal irritation does good, and that opium in particular diminishes this overflow of bile, or even prevents it, I once had a convincing proof in a young man. Every time he did not take an

opiate in the evening, he had a restless night with many stools and pain, and next morning a dry skin, a parched foul tongue and bitter taste. If I procured him a quiet night by means of opium, the skin and tongue were next morning moist, the pulse soft and calm, and the tongue clean, or only a very little foul.

From all which I think it appears very probable that though there are often symptoms of an overflowing of bile in the dysentery, this bile is not the cause of the disease, but rather the effect of it, and that the cure of dysentery does not chiefly depend upon vomiting and purging, but upon allaying irritation, and upon perspiration being gently increased. The dysentery has been cured without any previous evacuation by emetics and purgatives, by the *ledum palustre* alone. See *Neue Schwedische abhandl.* 3 Band. It is therefore impossible that the disease can be owing to corrupted acrimonies in the intestines.

Every body knows that an overflow of bile accompanies

companies every spasmodic and painful disease of the intestinal canal, every colic; and why should it not accompany the dysentery, which is one of the most painful intestinal diseases? When the eye is irritated tears flow; a salivation is produced in painful diseases of the mouth and throat, and should not an hepatic salivation, an overflow of bile, attend so painful a disease of the intestinal canal? Indeed that physician has no knowledge of intestinal diseases who has not constantly in view an overflow of bile, which is so frequently connected with them.

When we also consider that diseases occasioned by an acrid, caustic, putrid bile (and such must be the bile in dysentery, if it can occasion such violent pain, and its not uncommon consequences inflammation and gangrene,) are for the most part connected with violent general feverish fits, and that the feverish fits in the dysentery, in the common and not complicated cases, are for the most part very gentle, and even not at all to be observ-

ed, it cannot be thought probable that bile is the morbid matter in dysentery.

I do not however reject emetics altogether, but for the most part give one at the beginning of the disease, when there is any indication for it. They evacuate the bile, an accessory irritation, diminish the spasm in the intestines and promote a gentle perspiration. I always gave the preference to ipecacuanha which seemed to me to have more effect upon the pains than tartar emetic.

After the vomit I gave a cathartic at the beginning of the disease, particularly with the country people, where I always suspected an accumulation of accessory stimulus in the intestines. I always preferred manna for this, and with children where there was a suspicion of worms, calomel, which operated so mildly and so powerfully that I afterwards chose it for my usual purge for grown people. I affirm that no purgative operates so powerfully and at the same time so gently as calomel. It even appeared to me to have an
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essential effect on the disease itself; most purgatives increase the pains; calomel frequently diminished them remarkably.

In my opinion no purgative is more prejudicial in this disease than rhubarb, though jalap is not much less so. I have a lively remembrance of several patients who, according to my internal conviction, were killed by rhubarb.

OBSERV. XXXIII. I STILL think with horror of an amiable young woman to whom I was called late in the disease. I found her arms as cold as ice, and every other symptom of internal gangrene. Upon my asking what had hitherto been used, I was told rhubarb. On dissection of the body, all the intestines were found gangrenous; and people consoled themselves for her loss by saying that there had been putrefaction in her abdomen.

Really the violent pains in the bowels, the fever, and the disposition to inflammation and gangrene

grene must deter every physician from making use of rhubarb and other heating purgatives.

After the primæ viæ had been emptied immediately at the beginning of the disease, when it appeared to be necessary, if the patient had a considerable degree of fever, I gave tartar emetic in small doses with sal ammoniac. or sp. minderer. flor. sambuc. mucilag. g. arab. succo liquiritiæ. When the fever was inconsiderable I gave tinct. Thebaic. cum vin. antimon. Huxh. or extract. op. cum ipecac. I did this even though the patient still had a bitter taste and foul tongue, tho' in this case the primæ viæ had only once been emptied. Opium was constantly of the greatest use when perspiration was obstructed.

OBSERV. XXXIV. THE first time where I was under the necessity of giving opium, was in the case of a young man of 18 years of age, and I did it really with great apprehensions. He had already been vomited twice without evacuating any bile, and without finding any good effect from
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it whatever. He had a yellow dry tongue, forty stools in an afternoon, every one of which attended with pains, so violent as almost to occasion syncope, and a prolapsus ani, and which was always increasing.

The gut at last became very much inflamed, which made me dread the worst consequences. Every kind of enema, even the most mild, stimulated the gut. I gave him succ. liquorit. extract. opii, ipecac. and camphor. The next morning he was as if born anew. He had had only one stool, towards morning, and that easy and natural. The pulse was soft, the skin moist, but the tongue was foul. I gave him a neutral salt, and immediately after the second dose the pains again became violent. I had therefore again recourse to opium, and gave it him by day in small and in the evening in larger doses. The tongue was quite clean the second day. A continued *mador cutis* took place, and the patient was quite well on the fifth day.

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I also remarked in other cases that opium when only given seldom, produced only a short and transitory relief. It must be given constantly and for a continuance to cure the disease radically. And at intervals emetics may be freely given, whenever there is a sufficient indication for them. I can with confidence assert that after I had administered opium for two days the patient was often vomited with remarkable good effect, though he had been previously made throw up without any advantage.

Opium was the principal medicine; a soft pulse and a moist skin were the chief signs of its good effect, and of a certain amendment. And indeed whoever is without prejudice must be led to the use of this medicine, merely from the violent pains, from whatever cause they proceed. Pains are almost the only symptom of the disease; to quiet pain almost the only business of the physician. The ancients called this disease *Tormina*.

Opium was of little use in injections; the mechanical

chanical irritation in giving injections raised and increased the pains; and as long as the disease was violent, the patient seldom retained them so long as that they could have any effect.

Neutral salts evidently increase the pains. Even with sal ammoniac, which I so much wished to use, I was obliged to unite demulcents to prevent its stimulating effects as long as any considerable degree of fever remained. And of demulcents I have more confidence in the succus liquiritiæ than in any other.

For common drink I ordered a decoction of lint or hemp-seed with elder flowers, or of flowers of mallow, wild poppy and liquorice root. This agreed with the patient very well; it did not however produce such mitigation of symptoms as I expected. I always think that these mucilaginous drinks are recommended generally upon the supposition that there is an acrimony in the primæ viæ which must be covered.

Neither

Neither did emollient injections do by far so much good as I expected. They for the most part came off again very soon without any effect. They often increased and renewed the pains. I will however readily allow that the clumsy manner in which they are administered in the country had a great share in these bad consequences.

Warm fomentations to the abdomen with ol. chamomel. et hyoscyan. and frictions with the liniment. volat. camphorat. were of much greater use. These often produced instantaneous relief.

If there was a fixed pain in the belly, or if the pains were constant, so that the patient was not free from them even when he was not at stool, I applied a blistering plaster to the abdomen with the best effects.

Tepid baths could not well be employed in the country, however much I expected they would be of service. I tried them twice in the hospital with evident benefit. But warmth in general was

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of great use. The disease was frequently fatal among the country people, from their often getting out of bed with bare feet on stone floors.

In some cases where the evacuations were fetid, and the patient extremely debilitated, the arnica did wonders.

When the disease was fairly gone, rhubarb in small doses served excellently to strengthen the bowels.

In some patients a lientery remained after it, which was removed by columbo root after all other medicines had failed.

OBSERV. XXXV. A YOUTH aged 14 years, with whom a very violent and obstinate lientery had remained after the dysentery, came to the hospital extremely emaciated and with a slow fever. We tried a variety of medicines for four weeks, blisters, ipecacuanha, baths, mucilaginous medicines, opium, &c. but in vain. Opium stopped the
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the lientery as often as it was prescribed, but it always occasioned at the same time, anxieties, tension of the abdomen, drowsiness, &c. As soon as it was discontinued the disease returned. The patient was in the highest degree of debility and emaciation, when I at last made trial of the columbo root. From the very first day the lientery was entirely stopped. After he had taken it for fourteen days he recovered his flesh and strength, and he left the hospital the third week quite well.

The success of this method of cure for the dysentery which I have just described was remarkable. Of eighty-five patients in Lenglern only five died, and from these five I may deduct two, an old woman, who was late of asking my advice, and who had died before she had taken any of the medicines which had been prescribed, and a child which from difficult dentition died of convulsions. Thirty-five of these patients were cured within five days. Every person who knows the difficulties which oppose reasonable practice among the
country

country people, will surely allow that the success of this treatment was uncommonly great.

For this success I am in a great measure indebted to the unwearied zeal of Dr. Wesely and to the fatherly cares of the Rev. Mr. Wallbaum for his parishioners.

I am far from asserting that the dysentery is always of the nature that I have observed it for the last four years, and as I have now described it. I know that the epidemic character, when it acts upon diseases, can produce a great variety in them; I know that from a hundred cases, no conclusion can be drawn for all possible cases, and that the same disease may be produced by many different causes.

My experience however justifies me in asserting that the dysentery is at least often merely a rheumatic complaint of a catarrhus nature; that the proper medicines for it are diaphoretics and sedatives; that bile in the disease is merely acci-

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dental;

dental; and that emetics and purgatives, though they evacuate the accessory irritation of bile, do by no means remove the principal cause.

And now though others may prove in like manner from experience, that the dysentery is frequently occasioned by bilious putrid acrimony in the intestinal canal alone, and that emetics and purgatives are its proper remedies, I have nothing to say against it.

I shall only observe that the word dysentery is very much misused. When a dysentery prevails, every colic, every diarrhoea is called dysentery, and it is easy to conceive that emetics and purgatives frequently cure such dysenteries.

If any one should be surpris'd at the rheumatism attacking chiefly the great guts in the months of August and September, he should also wonder that at other times out of epidemic caprice it should throw itself upon the eyes, throat or breast. But it does not always attack the intestines in
September

September. I have pretty frequently seen at the time of an epidemic dysentery various other catarrhus and rheumatic complaints prevail. It is not in September alone that it attacks the intestines; single cases of dysentery are also found at different times of the year.

To those who maintain that there is a specific contagion in dysentery I have nothing to say. If they believe that there is in general a specific catarrhus miasma, the influenza has given strong proofs of this. It might also if necessary be asserted that the catarrhus intestinorum is occasioned by a specific contagion.

But the belief of this miasma has not yet made any essential change in the method of treating the catarrh; neither would it have any essential influence on the manner of curing dysentery. The belief of this miasma was rather a reason for the diaphoretic method of cure recommended by me; for I know of no miasma that can be carried off by purging.

The belief therefore or disbelief of this contagion is a matter of no consequence whatever. But I am surpris'd that this dysenteric miasma should never appear except at the end of August and in September.

CHAP. VI.

OF VOMITING OF BLOOD.



IT is well known that vomiting of blood arises from various causes. But it is not so generally understood, that like other preternatural hemorrhages, it is sometimes occasioned solely by the irritation of bile. Every one at least would not have taken the resolution I formed and accomplished in the following case with extraordinary good effects.

OBSERV. XXXVI. A SERVANT maid, healthy and well, at least as far as could be learned by

every inquiry from herself and mistress, without any remarkable disposition to vomit blood, without any symptom which gave reason to suspect an obstruction in the abdominal viscera, was suddenly seized in the evening with a violent vomiting of blood. She had already had two attacks, when I was sent for to see her on the third day.

I found her pretty lively in the morning. She had hitherto always had her menses regularly, and neither in her present situation, nor from what she told us of her former state, could I find any thing to account for the hæmatemesis.

In the evening of the same day she was attacked a third time with vomiting of blood. I was sent for and she threw up in my presence fresh, clear, red blood. She told me that she had had the vomiting at the same time the preceding day, and that each time an hour before the attack she had felt an uneasiness at the pit of the stomach, and soon after a slight shivering. I found also that her pulse was now exceedingly irritated.

Next

Next morning I inquired into every circumstance more minutely. She was indeed not hot, but her pulse was irritated and feverish. Her mistress told me that she was very irascible, and that a few days ago she had particularly been in a violent passion. She was pretty free from complaint about the præcordia, but she confessed that she had some headach, and that now and then she felt a bitter taste. Her tongue was clean and moist. But her face was uncommonly red, her eyes sparkled, and the white of her eyes was somewhat yellow. She had also a dry, short, spasmodic cough and an uncommon restlessness.

I was convinced that my patient had a fever, though it was very obscure, that the vomiting of blood always happened at the time of the exacerbation, and that this fever was of a bilious nature. Under this idea I ordered a cathartic.

The stools which it produced were to all appearance natural. The vomiting of blood returned in the evening at the usual time, with the

same symptoms, but only somewhat more violent. The patient however appeared to me to be less hot.

Next morning she was as well as usual, only weaker than the preceding day. Her pulse also was sunk and more tense. Her tongue was clean, but the bitter taste was increased. She took vitriolic acid the whole day.

In the evening the vomiting of blood returned again at the usual time. And now as she was next morning exceedingly exhausted, her pulse small and spasmodic, and her taste more bitter than yesterday, I had no further hesitation in ordering a vomit.

She threw up half a chamberpotful of the purest grass green bile, which, as the patient assured me, was as sour as vitriolic acid.

The evening after she had not the smallest attack of hæmatemesis, not a vestige of all her former
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mer sensations. Next morning the patient was so well, that she with difficulty took a gentle purge. Her appetite had returned, and the second day after she already betook herself to her usual occupations.

And why should not bilious irritation occasion vomiting of blood, as well as hæmoptysis, epistaxis, menorrhagia, &c.? But it is truly worthy of notice, that the hæmatemesis in this patient happened without any predisposing cause.

It is said that the most common cause of hæmatemesis is an obstruction in the abdominal viscera, and its consequences, impeded circulation, accumulation and regurgitation of blood. I also now very readily believe this; only it seems to me very probable, that in common cases these obstructions of the viscera are seldom the cause of the actual bursting out of the blood through the stomach; that there is generally a *causa accessoria* which causes the actual vomiting of blood, and
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which is chiefly to be attended to during the paroxysm of hæmatemesis.

And what could be effected in a paroxysm of hæmatemesis, which there is reason to ascribe to an obstruction of the viscera, if we attended chiefly to this cause, and endeavoured to remove these obstructions? This object most commonly could not be accomplished, or it would be so late and so slowly accomplished, that the disease would surely be fatal, if it did not of itself stop before this its supposed cause were removed.

Very considerable indurations of the viscera are frequently seen without any vomiting of blood, and vomiting of blood with induration of the viscera often entirely ceases, though the induration remains.

OBSERV. XXXVII. I SEE a man still going about the streets, a dram-drinker, who bears in his countenance all the marks of diseased viscera. About six years ago he had a violent hæmatemesis, which

which continued several days, and which brought him to the brink of the grave. He however recovered, has since that time never again vomited blood, though he has continued to drink as much brandy, and looks as miserable as before.

I by no means deny that in obstructions of the viscera and impeded circulation, blood may be so accumulated in the vessels of the stomach, as at last to flow into the stomach, and that therefore vomiting of blood may arise solely from obstructed viscera, without the co-operation of any accidental cause. But this is seldom the case. For the most part an accessory cause will be discovered; for the most part the stopping of the paroxysm of hæmatemesis depends on the removal of that accessory cause. When it is stopped we may then endeavour to open the obstructions of the bowels.

According to my experience, there are three different states in which patients are found during the paroxysm of this disease, a spasmodic, a hot and inflammatory, or a bilious. The stopping of
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the hemorrhagy for the most part depends on removing bilious irritation, on allaying spasm, or on cooling and quieting. The radical cure then indeed rests upon opening the obstructions of the viscera, but which during the paroxysm cannot be thought of. The following case I think partly proves this.

OBSERV. XXXVIII. ON the 18th of May 1781 a man æt. 38 was admitted into the hospital, who had already been there about six years before on account of a vomiting of blood. He got the better of it at that time, but he remained always in so poor a state of health, that I suspected something wrong in his viscera.

As we were informed by himself and his friends, he had now had for fourteen days great anxiety at the præcordia, with a weight at the pit of the stomach, pains in the back below the shoulders, headaches, want of appetite, bitter taste, with great debility, but he had not yet taken any medicines.

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On the said 18th of May, he suddenly fell down senseless on the street, and immediately a great quantity of blood gushed out at his mouth. He was immediately brought to the hospital, and from his clothes, it was found that a great quantity of black pitchy-like and very fetid fæces had come away by the anus. His countenance was pale, his hands and feet cold, his pulse extremely small and tense, and soon after his arrival at the hospital, he had another, but more slight attack of vomiting of blood.

I immediately caused several injections to be given him, and also prescribed tamarinds with cream of tartar, chamomile tea, made him be warmed, &c. The spasmodic symptoms subsided. The fæces by the use of the above mentioned medicines, continued insufferably fetid till the 23d of May. From that day till the 30th of May, they gradually became natural, the bitter taste went away, and the appetite returned. By the use of soluble tartar, and afterwards of bitters, he by degrees recovered, so that on the 17th of June, he

he left the hospital with the appearance of good health.

It may be that the man had obstructions, and so indeed it appears to me ; but surely the present attack of hæmatemesis was owing to bilious and atrabilious acrimonies. This is proved by all the symptoms which he had for fourteen days before the attack ; it is proved by the cadaverous stools, it is proved by the benefit derived from gentle purgatives, by which alone he was to all appearance restored to perfect health.

The manner in which blood reaches the stomach, I once had an opportunity of seeing very distinctly.

OBSERV. XXXIX. A WOMAN whom I had restored by the use of gentle purgatives to pretty good health from vomiting of blood, returned in three months, complaining of a violent pain in her left side, and of a general uneasiness. I prescribed
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for her a gentle neutral salt, as I did not see any determined indication for any other medicine.

The second day after her admission, she was attacked with violent convulsions and syncope. When she recovered, the blood gushed out of her mouth, and soon after a quantity of blood passed off by the stool.

The next day she had a second attack of most terrible epileptic convulsions which killed her.

On inspection of her body, I found the stomach and intestines full of blood, the vessels of the stomach, particularly the vasa brevia incredibly distended and gorged with blood; the spleen preternaturally large, and so tender as to be very easily torn with the fingers.

CHAP. VII.

OF HYDROCELE,

I HAVE seen many cases of a hydrocele, and have often performed the operation. I have always done it by incision, and always successfully. In this operation not the smallest unlucky accident has ever happened to me, which could have made me chuse any other method of operating.

OBSERV. XL. IT once failed with me from inattention. A considerable hemorrhagy took place after the operation, which the surgeon, to whom I had intrusted the care of the patient did
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not observe. The patient was by this means so much debilitated, that a sufficient degree of inflammation did not follow. The wound closed after a small suppuration, and then the water gradually collected again.

Such hemorrhages happen frequently after the operation, and they may really become dangerous if they are not discovered in time. They are very easily stopt, but seldom stop of their own accord. The vessels from which the blood issues are inconsiderable, but by the preternatural distension of these vessels during the swelling of the scrotum, and by the sudden relaxation of the scrotum after the evacuation of the water, the hemorrhage from them becomes considerable.

These hemorrhages, even when profuse, are readily overlooked. The patient after the operation lies upon his back, and the blood runs down from the lower corner of the wound into the bed. The patient may be drenched in blood, though the external dressings be dry and not discoloured.

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It is therefore an important rule, especially when the hydrocele had been very large, to examine the patient frequently and accurately, *i. e.* not only to look at the dressings, but each time to pass the hand under the scrotum of the patient as far as the buttocks, and to feel if every thing there be dry, and observe whether the hand come out again uncoloured.

It is likewise of consequence to introduce after the operation thick compresses between the thighs of the patient, and to rest the scrotum upon them, in such a manner that it may not be quite horizontal, but at the same time that it hang but a very little down. If it lie quite horizontally the matter does not flow properly out of the under part of the wound. If it be allowed to hang down between the thighs without any support, the under and back part of it often swells, frequently becomes quite hard and very painful, while the external skin lying constantly in dirtiness and moisture is excoriated, and the purulent matter penetrates into its cellular membrane.

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With regard to the dressing of the wound after the operation, there are some not unimportant rules to be taken notice of. I take care to introduce immediately after the operation a couple of dofiles into the tunica vaginalis, by each side of the testicle.

OBSERV. XLI. It once happened that when on the fourth day I removed the first dressing, the edges of the wound of the tunica vaginalis adhered to the testicle, and I could not by any art get at the dofil in the cavity of the tunica vaginalis. The pus gradually accumulated in it, and again made an opening, through which I at last drew out the dofil. But it was always small, and the discharge of the matter was not quite free, so that the healing, after a variety of little difficulties, was accomplished later than common.

Since that time, I have laid it down as a rule, not only to provide the dofil with a thread, which I let hang out of the external wound, but also in the first dressing always to lay in on each side of

the testicle a broad little bandage, which I leave hanging out of the wound, and fix it to the skin on each side of the wound by means of an adhesive plaster.

This little bandage also prevents another troublesome accident. When the external wound is much swelled, the lips of the wound separate from one another, and imperceptibly attach themselves to the testicles. The testicle therefore remains uncovered in the wound, and it costs at last much trouble to draw the lip of the wound together to cover the testicle. One time the healing had already made such progress, that I was afraid the testicle would have remained always uncovered. I gradually indeed, but with much trouble, brought the lips of the wound together, and there remained a very ugly cicatrix and a deep furrow.

This too early adhesion of the lips of the wound to the testicle, is prevented by the two little bandages, which lie between the testicle and lips of the wound. The discharge of the matter
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from the tunica vaginalis is also by that means always freely kept up.

The providing each dofil with a thread, which is allowed to hang out of the wound, serves also to let us know at each dressing whether all the dofiles have been taken out. I have known a dofil remain a long time unobserved in the tunica vaginalis, and prevent the healing. The wound became fistulous, and did not heal, till at last the dofil was discovered.

I once operated upon a singular hydrocele. I reckon it a *hydrocele cystica*, though it differs from it in some respects.

OBSERV. XLII. THE patient was a man of 40 years of age, and otherwise in perfect health. The swelling was altogether on the right side of the scrotum, of the size of the fist, but so very little tense, that fluctuation was quite evidently felt, and by external pressure it could be squeezed

into various forms. It resembled a sack which was only half full of water.

In this there was very plainly felt fluctuating three round bodies, which were quite hard, and of the size of a very large hazel nut. The scrotum was furrowed, and the swelling not painful.

The disease had been taken for a hernia of the urinary bladder, and the hard bodies in it for urinary calculi. But as the patient not only now, but from the beginning of the disease, had never had the smallest urinary complaint, as he could retain his urine for a long time, without the swelling of the scrotum increasing, as pressure did not diminish the swelling, and occasioned no sensation in the bladder, and especially as the swelling was far distant from the abdominal ring, and had not the least connection with it, I declared that it was not a vesical hernia, and determined upon the operation, although I could not explain the real nature of the swelling.

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I opened the tumour by a long incision. A colourless transparent water flowed out, and with it came away three bodies of the shape of an egg, which were of an osseous substance, and covered with a cartilaginous crust, and no where attached, but floated quite disengaged in the water.

When the water flowed out, I examined the cavity in which it had been contained. It was not a condensed cellular membrane, not a ligamentous sack, as I had expected, but an extremely loose and flaccid cellular membrane, which consisted of isolated large vesicles, some of which run across the sack, and divided it as if into different cavities.

I filled the cavity with doils, and dressed it in the usual manner. On the fourth day when I took off the first dressing, no more of the cavity was to be observed, the wound resembled an incision in the skin, which only penetrated superficially into the cellular membrane. I was now sensible of the blunder which I had committed. I

attempted to introduce dofiles and to excite a suppuration, but I could not reproduce any cavity ; a superficial wound remained, which discharged very little matter and closed in fourteen days.

Two days before it closed, the scrotum on that side seemed again to be fuller, than on the healthy side. The patient, a stranger, went away after the healing of the wound, and in six months wrote me, that his scrotum was just as it had been before the operation.

Perhaps at the time of the operation, I should have cut out the greater part of the loose, laminated, cellular membrane from the whole circumference of the cavity, and should have filled it very full with the dofiles, and have produced inflammation and suppuration by means of escharotics.

OBSERV. XLIII. I HAVE three times observed something similar in the hydrocele of the tunica vaginalis testis. After I had divided the skin of the scrotum and tunica vaginalis, in place of water,

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ter, there issued from the wound a loose, laminated, cellular membrane, which was full of water, in the form of many watery vesicles of various sizes. I divided them with the scissars, upon which the water flowed out, and the vesicles collapsed. The cavity of the tunica vaginalis was now empty, its internal surface however was not as usual smooth, but uneven and covered with a loose cellular membrane. The radical cure however, was accomplished by the common treatment without difficulty.

OBSERV. XLIV. ONCE only I cured a hydrocele by internal medicines. The patient, a servant about 30 years of age, was in other respects in perfect health, and could inform me of nothing which I could consider as the cause of his complaint.

The tumour was perfectly oval, and as large as a goose's egg. As he could not immediately submit to the operation, I prescribed a diuretic for him.

After

After that I did not see him again for a fortnight. He then returned and assured me there was not the smallest change. Upon examining the swelling now, it appeared to me so hard, that I considered it as a sarcocele. Besides as the man seemed to be a free-liver and dissipated, I ordered him the internal use of mercury.

He returned in eight days. He had used the mercury the whole time, but the swelling remained unchanged. I was now convinced from a more accurate examination that it was a hydrocele, and as he was not yet determined on the operation, I prescribed for him the former diuretic.

He returned in eight days more, and informed me, to my great astonishment, that the swelling was gone, and that he had made a great quantity of urine. And effectually there was not a vestige of the swelling to be felt.

I have only once employed the lancet in the palliative operation, and a *hernia sanguinis* was the
consequence

consequence. I advise therefore every one against the lancet. Besides the trocar is convenient and safe.

As in the hydrocele of the tunica vaginalis testis we never know for certain in what state the testicle is, the palliative operation should previously always be performed once, that we may be able to examine the state of the testicle. In the method by incision, if the testicle be unexpectedly found indurated, we can at the same time also perform castration, and in that case, this rule is superfluous for those who prefer the incision. It is not however totally so, as we never know beforehand, whether the hydrocele be in such a state as to require castration.

CHAP. VIII,

OF THE EPILEPSY,



DR. VAUGHAN in the second Volume of the Memoirs of the Medical Society of London relates the case of a lady, who till the seventh month of her pregnancy, threw up every day so often, that she hardly retained any nourishment, was extremely debilitated and emaciated, and lay in bed almost constantly in a sweat. She fainted as often as she raised herself up in bed, and she could not take the smallest quantity of any thing without throwing up. A variety of medicines had been tried in vain; even opium failed to procure any relief.

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Dr. Vaughan then imagined that the vomiting was perhaps become habitual to the stomach, and that it now continued from custom alone, that to free the stomach of this custom, eating and drinking, which occasioned the vomiting, must be carefully avoided for some time.

He therefore advised the patient to abstain from taking any thing whatever by the mouth for some days, and to be supported entirely by emollient and nutritive injections.

This plan succeeded perfectly. The patient recovered remarkably during this time. She felt some desire to eat on the fourth day. She took some beer and a bit of beef, and without any vomiting; nor did she throw up after a second trial. In a word the vomiting did not again return, and the patient soon perfectly recovered.

I presume that in all spasmodic diseases, and surely in the epilepsy a similar state is not unfrequently to be remarked, namely that the disease
often

often continues from custom alone, after the original cause had long ceased to act, that frequently every thing depends upon nature being made to discontinue this custom for a time, so that she may come to forget the disease; that every thing depends entirely on several successive attacks being prevented, in order to succeed in hindering it from ever returning.

I know of no medicine which will so certainly prevent an epileptic fit, as a vomit given an hour before the attack. This indeed can only be had recourse to when we foresee the fit, *i. e.* when the disease is periodical, when the fit comes on at certain times, and when the attack is always preceded by a forewarning. In the epilepsia nocturna, a dose of ipecacuanha may be given every night at bed-time.

The following cases prove that this opinion is not without foundation.

OBSERV. XLV. A JEWESS was attacked
with

with a violent epileptic fit every Tuesday. As I could discover nothing morbid about her which I could consider as the cause, I gave her an emetic in the morning of three following Tuesdays. The paroxysm never again appeared after the first vomit, though I kept her in the hospital five weeks, *i. e.* a fortnight after the third emetic. She threw up very little after each dose, and her stomach to all appearance was perfectly clean, but she was so difficult to vomit, that she took each time tart. emet. gr. xij. cum ipecac. ʒ jss. and after all threw up only twice. She went out of the hospital in the sixth week.

OBSERV. XLVI. A BOY of 12 years of age, had for six months past, and also for the last eight days since his admission into the hospital, daily had one, and sometimes two epileptic fits. I could not discover any certain cause, and for the first eight days gave him remedies upon the supposition of a cause, which was not very probable, but in vain.

I then

I then gave him an emetic in a full doze, and the following day two grains of ipecacuanha morning and evening. From the commencement of this plan of cure, the disease disappeared. I continued it for twelve days, afterwards kept the patient fourteen days longer in the hospital, and during all that time, there was not the smallest threatening or remains of the epilepsy to be observed.

OBSERV. XLVII. A COUNTRY woman æt. 23, apparently healthy and strong, had had the itch about a year before, which, as she expressed herself was driven away by unctions. Four weeks after this she was attacked with epilepsy.

As in her younger years, and even very lately, she had passed many worms, as the pupils of her eyes were much enlarged, and as she generally felt, a short time before the fit, pains in the region of the umbilicus, I suspected worms.

The paroxysm had hitherto returned every eight days,

days, and had generally continued half an hour. She had had the last fit on the 4th of July, and on the 8th she came into the hospital.

She continued well till the morning of the 13th at eleven o'clock, when she suddenly fell down senseless upon the ground, without having previously complained of any thing whatever. There was frothy saliva at her mouth, and her thumbs were drawn strongly into her hand. The convulsions continued five minutes, after which she lay a quarter of an hour in a profound sleep.

On the 16th at five o'clock, she complained of some violent pains in the abdomen, and half an hour after, a violent fit came on.

During the 17th she took ten grains of tartar emetic in small doses. In a few days she was able to take one grain every two hours, without being nauseated. The paroxysm never again appeared.

The tartar emetic was omitted on the 3d of August, when her menses came on. On the 8th of August she began again to take the tart. emet.

As she had now been four weeks without any attack, she was dismissed about the middle of August. On the 21st of September I received accounts that she had always remained perfectly well and had never again been attacked.

I think it superfluous to mention any more cases of this kind. It is evident that this method of cure can only be employed when there cannot be discovered any cause requiring a peculiar treatment.

I have no doubt but that the same method of cure would in similar circumstances be equally effectual in other spasmodic nervous attacks.

With regard to agues, even quartans, I can affirm from repeated experience, that the paroxysm generally keeps off, or at least becomes very gentle,

tle, if an emetic be given an hour before; and that the disease is not unfrequently cured when this process is repeated several times successively.

I have oftener than once removed quartans of half a year's standing, solely by the continued use, for fourteen days or more, of tartar emetic in small doses and extract of chamomile flowers.

I have made use of the *flowers of zinc* in epileptic fits, sometimes without advantage, and sometimes with a remarkably happy effect. I cannot however beforehand determine the cases in which this medicine will have success. It is by making the experiment only that this doubt can be resolved, and the experiment surely will do no harm, if it does no good. I shall only copy one case from my register, in which zinc was uncommonly useful. A case which upon the whole is particularly worthy of notice.

OBSERV. XLVIII. C. S. who by her father's account, was a lively and otherwise healthy girl

of 13 years of age, was attacked in her twelfth year with an epidemic fever, which after some time went off, without the use of any kind of medicine. After this she found herself pretty well, but there appeared upon her feet an eruption, which was not itchy, and which was put away by unct̄ion.

About eight weeks ago, she for the first time had an attack of St. Vitus' dance, which has returned every day since. By means of a medicine, which somebody had recommended, a great quantity of worms had been expelled, and since that time the attack had regularly happened every evening at five o'clock.

A fulness in the præcordia and frequent yawning, always announced the approaching paroxysm. At the beginning of the paroxysm, there was always spasm in her internal parts; she breathed with great difficulty, and felt as if exceedingly straitened; then followed convulsions of her external members, then the tightness immediately

ately vanished, and often in these fits her head was so much retracted as to touch her back.

The first fit she had in the hospital was on the 18th of May; it lasted three quarters of an hour. After the fit she became quiet, and began to repeat long songs, during which she made very slight gesticulations; then she sprung up, laughed, beat about her, and attempted to run out. This whole scene continued two hours.

When it was quite over, she complained of nothing. She believed she had slept; she had therefore neither heard nor seen, nor been at all sensible during the paroxysm, and indeed her pupils were exceedingly enlarged while it lasted.

On the 19th of May she complained that every thing tasted bitter. She got tartar emetic and soluble tartar. The paroxysm returned this day, half an hour after nine in the evening, and continued two hours. To convince us that she really did not see, a light was suddenly presented to her

eyes. She did not observe it, and the pupils remained unmoved.

On the 20th she got a vomit which operated three times, but evacuated nothing morbid. At ten o'clock at night she had only a slight attack of convulsions.

On the 21st she was purged by a powder composed of jalap, semen fanton. and calomel. No worms were observed. The paroxysm kept off this whole day, but she was very restless all night.

It did not return till the 25th. This day there spontaneously came on bilious vomiting, headach, shivering and heat. The 27th she complained of fulness in the præcordia and of bitter taste. At six o'clock in the evening she was attacked with convulsions in the extremities, which continued till near night, during which however she retained the use of her senses. At eight o'clock she lay quite insensible. At 9 o'clock she began to breathe freely, when convulsions again appeared, and last-
ly

ly she began to sing. The paroxysm was quite over about ten o'clock. After it she complained of severe pains in all her limbs.

On the 28th she was unable to get up, all her limbs were so weak and painful. An emetic operated three times with much difficulty and without evacuating any thing. The fit returned at nine o'clock, and continued seven hours. She could at first neither speak nor swallow; then she jumped up, ran up and down the room, laughed, &c.

It came back a second time at eight o'clock at night. A burnt feather was held to her nose, after which she sneezed violently and frequently, during which the paroxysm ceased, but she had hardly given over sneezing, when it again returned.

Her father visited her in the hospital on the 26th, and she wished much to return home with him. The emotions of the mind on this occasion brought on a violent fit.

On the 29th she had again uneasiness in the præcordia, bitter taste and a paroxysm.

On the 31st she took an emetic which evacuated much bile. In the evening having washed her feet with cold water, unknown to any body, she fell down and lay five minutes insensible in a deep syncope, and then she was attacked with convulsions which continued an hour.

During the paroxysm she was generally blind, deaf, and without any sensibility, and yet she frequently recited from eight to twelve long songs very accurately during it. Whenever she repeated a stanza wrong, she paused a few minutes, appeared to think, and began again exactly where she had left off, and corrected what she had said wrong. She told long stories without hesitation. Her memory seemed to be remarkably strengthened, while all her other senses were suspended.

Next day she had frequent and some very violent
lent

lent attacks, and again complained of very bitter taste.

On the 2d of June she took for the first time flor. zinci gr. j. three times a day. From that moment the fit never returned. The bitter taste and fulness of the præcordia, of which she had always complained also vanished. After each dose she was sick, and felt pains in her abdomen.

June 11th. The flores zinci occasioned fits of sickness and frequent vomiting the whole day. I therefore diminished the dose to half a grain, and now every complaint disappeared.

The flowers of zinc were continued in the above dose till the 7th of July, and as during all that time, there did not appear even the smallest attack, I permitted her to go out of the hospital.

Three months afterwards her father informed me that she had always continued well, and that she had never had another attack.

It is worthy of remark, that from the day she took the flores zinci, the bitter taste and fulness in the præcordia, which had so frequently troubled her before, never again showed themselves; a proof that bile, when it appears in diseases, is not always the cause of such diseases, but frequently only the effect of the irritation of that disease, and a warning to those who think nothing else necessary to cure diseases where bile appears, except emetics and purgatives. Only to vomit and purge in diseases where there is no overflow of bile, is often really the same as to endeavour to cure a salivation by masticatories; and indeed evacuation in the cases just mentioned never produce any observable change on the disease.

But I shall be more particular about this in another place.

CHAP. IX.

OF THE FLUXUS HEPATICUS.

IT appears to me probable that *vomitus cruentus*, *morbis niger*, *fluxus hepaticus*, and *hæmorrhoids* are diseases of the same nature and origin, and that they only differ from one another in regard to situation and degree of violence.

If the blood issues from the upper parts of the intestinal canal, hæmatemesis happens, if from the lower parts, hæmorrhoids follows; if it issues from the small intestines in small quantity, fluxus hepaticus takes place, and it is the morbus niger when

when old coagulated blood, or even fresh blood in greater quantity flows into the small intestines.

The following case in which I saw all these diseases except the hæmorrhoids in the same patient, justifies this opinion.

OBSERV. XLIX. C. S. a servant of the Count of Br. an Italian by birth, a tall, lean, melancholic man; his face of a brownish yellow colour, otherwise pretty healthy and very temperate, some years above 50, complained to me that he had for some time felt a certain anxiety and uneasiness, and a constant dull pain in the region of the umbilicus, that his head was affected, and his sleep much disturbed.

As he had in his countenance all the appearance of atrabilious obstructions in the abdominal viscera, I gave him solvents, particularly soluble tartar and extractum taraxaci.

The third day, particularly towards evening he

was

was exceedingly distressed and uneasy. I ordered him a purging salt, which he was to take the following day ; but during the night, he became sick and threw up blood. The symptoms however were not violent, and the quantity of blood thrown up, hardly amounted to ten ounces. When I visited him in the morning, the vomiting had perfectly ceased, and he was now more easy and free from disagreeable sensations in the abdomen than the day before.

He took the laxative already prescribed, which evacuated nothing particularly nauseous, and next day again soluble tartar.

On the eighth day the uneasy sensations in the region of the umbilicus began again to be violent ; the belly at the same time became swelled and distended. I gave a laxative without any particular advantage. The sensations about the umbilicus increased.

I was sent for to see him on the morning of the
thirteenth

thirteenth day. I found him upon the night chair, pale as death, with a cold sweat on his face, violent rumbling in his belly, almost without a pulse, and very near fainting. Under him was a pail nearly half full of coagulated blood, which he had voided in about two hours.

This evacuation of blood still continued. The pain in the region of the umbilicus still became more violent after each evacuation, the abdomen more distended, and then rumbling in the belly followed. I ordered cold applications to the abdomen, gave him ipecacuanha in small doses, and an infusion of millefolium, with emollient enemata, and the evacuations gradually became less frequent and weaker, and at last altogether ceased.

In three days he had a new attack, but it was soon quieted by the above mentioned means. From this time he had a true fluxus hepaticus, which lasted ten days, and which was always accompanied with colic pains about the navel, more or less violent at different times, and the fluid evacuated

vacuated had quite the appearance of a *lotura carnis*, more or less coloured, and sometimes more, sometimes less copious. During all this time, the patient took weak tamarind whey.

When this flux had continued eight or ten days, I determined upon giving him a gentle emetic. His head was affected, his tongue covered with a brownish yellow crust, he complained of a disagreeable taste, had no appetite, the sensations about the umbilicus were not diminished, and cathartics never seemed to do any good.

The vomit evacuated a brownish stuff, with some relief. Next day I gave him soluble tartar and tamarind whey. And now the stools became quite black and like pitch. By the continued use of the above mentioned medicines, these stools continued with evident mitigation of symptoms. The tension and swelling of the abdomen, with the painful sensations in the region of the umbilicus went away, the patient became lively and his strength and appetite gradually returned.

This

This black evacuation by stool continued more than a fortnight, when the fæces again assumed their natural colour.

China with the lichen island. restored his strength. Two months afterwards I had occasion to see the man every day, and he was then quite well. After that he left this place and I have heard nothing of him since.

I should think that the source of the blood, as well as of the bloody water which came away by stool, was in this case evidently from the small guts.

The man never had had the hæmorrhoids, nor any appearance of it during the course of this illness.

CHAP. X.

OF THE FISTULA LACHRYMALIS.

THAT the fistula lachrymalis may often be cured by medicines alone; that it does not always require an operation, is proved by the following case.

OBSERV. L. H. BURRE of Nardheim, a boy of ten years of age, had had an abscess in the lachrymal sack when two years old, which at last corroded the sack, and occasioned a fistula lachrymalis. After some years, the external fistulous opening shut of itself.

Two years ago another abscess took place, which again corroded the lachrymal sack, and occasioned a fistula with which he was admitted into the hospital on the 17th of June.

At the time of his admission there was a great deal of proud flesh around the fistulous opening, which was only got the better of by the repeated use of the lapis infernalis. The whole lachrymal sack seemed to be painful. Out of the opening there flowed green and yellow purulent mucus.

As from the account given by the patient and his mother, there was some reason to conclude, that an ill-treated itch and dried up scald head were partly the cause of the disease, I ordered the external use of Jassers antipforic ointment, and caused the lachrymal sack to be daily syringed.

June 30th. The patient felt an itchy sensation on the skin and head. The external ulcer had a better appearance.

July

July 3d. The external appearance of the fistula still improved, and an eruption appeared.

5th. The fistulous opening grew less. By external pressure there came only clear tears out of the fistula, without any purulent slime. The eruption remains unchanged.

20th. The eruption going off, the fistula almost closed.

Aug. 4th. The patient was dismissed perfectly well.

OBSERV. LI. H. A. O. R. v. R. had a fistula lachrymalis from his very early years, which however had never occasioned him much uneasiness, and had remained in the first stage.

He was about 30 years of age, and for some time past had caused various trials be made to cure it radically by different physicians, which however all failed. He at last came to me.

I found the whole nasal canal perfectly shut up, and in such a manner that I looked upon it as impossible to open it and render it of use. Externally there was a fistulous opening which went into the lachrymal sack. The lachrymal sack was quite found, and the puncta lachrymalia were open.

I perforated the os unguis with Potts' trocar, and introduced into the opening at first catgut, and after some time leaden sounds.

The opening in the os unguis was large and wide, the injections flowed freely into the nose, and the air issued forcibly out of the external opening.

The patient wore the leaden sounds four months, and there was not a vestige of any purulent fluid to be seen, when I at last permitted the sounds to be taken out and laid aside, and the external opening to heal.

But in a few days the new-made channel into
the

the nose was again obstructed. Not the least of the lachrymal fluids passed into the nose, all came out at the external opening and prevented it from closing.

Several years are since elapsed, and he still has a small almost imperceptible external opening through which tears flow. I have advised him to retain this opening, and frequently to press the lachrymal sack. He finds himself well by following this advice. The external opening is invisible, the lachrymal sack does not swell, because it empties itself by this opening; it is not painful, and I believe that the patient is secure from inflammation and all other possible accidents, as long as this little opening remains.

Some time ago he allowed me to pass a sound through the opening into the lachrymal sack. I felt quite plainly that the hole in the os unguis was still as large and open as immediately after the operation, but that it was covered behind by the *membrana pituitaria narium*, and consequently

that it was only the opening in the *membrana pituitaria* which had again closed.

This is probably the reason why the perforation of the os unguis so seldom fulfils the intended purpose. And we cannot wonder that the *membrana pituitaria* should close up again, when we consider how spongy and extensible this membrane is, that it is only pierced by a pointed instrument, that the opening in it is for the most part preserved only by its being forcibly kept expanded, and that it again contracts as soon as the sound is withdrawn, however long the sound had remained in it.

The long continued use of leaden sounds is of no avail. The opening in the *membrana pituitaria* always remains merely an inconsiderable puncture, made by the point of the trocar, and widened by expansion. As soon as the stretching instrument is removed, it returns to its original size, *i. e.* to that of a fine puncture, or rather it closes.

The ancients perforated the os unguis with a
hot

hot iron. The moderns rejected the hot iron as frightful, dangerous and unnecessary. I think we would do well to resume it. It makes an opening in the membrana pituitaria by a real loss of substance, which does not so easily close up again.

I now look upon it as indispensably necessary to perforate the os unguis with a hot iron; or at least after it has been perforated with Potts' trocar, to introduce a hot iron or some kind of caustic. The latter way however is attended with greater difficulty than the former. I would introduce the caustic repeatedly during the first days after the perforation.

This method is not necessary when a canula is introduced, but the canula is easily obstructed, or falls out, and is not at all a certain means.

The operation for the fistula lachrymalis is in general an uncertain operation. It seldom restores the functions of the lachrymal ducts to their former perfection; there generally remains a falling of

tears over the cheek, and several other little complaints, so that in the end the patient derives little, frequently no advantage at all from the operation.

✿ I therefore advise every one against undertaking this operation, unless some symptom attend the disease which is either dangerous or very troublesome. The operation removes these symptoms, and by removing them, does the patient an essential service. In all other cases the disease continues for many years, without causing the patient much uneasiness, and without any danger, if he only pay a little attention to it,

CHAP. XI.

OF THE ISCHIAS NERVOSA.



LUDOVIC FREDERICK ERNST, a weaver from Grohnde, was admitted into the hospital on the 14th of December.

He had been always healthy from his infancy. At the end of June he caught cold, while he was much heated, and soon after he felt pains in his arms, shoulders and back. He took something to make him sweat, by which the pains in the upper parts of his body went away, but remained about the hip-joint, where they continued fixed and increasing

creasing more and more, so that at Michaelmas he could not walk.

At last the whole limb grew shorter, and he became perfectly lame. The pains extended from the hip joint down to the foot. He felt as if ants were running about in the foot. He was totally unable to move the limb to either side, which in other respects was warm and properly nourished. Such was his situation when he came into the hospital.

On the 5th of December I ordered for him pills composed of antimon. crud. et stipit. dulcamar. and the warm bath every evening. He sweated every night, but the pains remained the same.

On the 8th a blister was applied to the most painful part in the region of the loins, which rose very well and was long kept open.

On the 10th a blister was applied to the outer side of the thigh upon the joint.

On

On the 11th he could move the leg a little. In the evening he got a powder composed of camphor, ipecacuanha and opium, and a tepid bath before it. He sweated profusely during the night: the pains in the loins diminished.

14th. The pains in the loins became again more violent. Another blister was applied to the same place, upon which they again diminished. The powders were continued.

16th. He could now move the leg better. The last blister was healed. Another was immediately applied to the inner part of the knee, where the patient felt pains. It also rose very well, and was kept open. The powder with the tepid baths in the evening were continued.

18th. After the last blister an oedematous swelling in the foot made its appearance. The bath was discontinued.

20th. The patient could now walk and move
the

the thigh as well as the leg. He only wanted the necessary firmness, for he staggered in walking, particularly when he rested on the lame foot.

24th. A blistering plaster, four fingers breadth, was applied above the knee on the inside of the thigh, where he felt a painful tension; it was kept in suppuration for twelve days. He was now in other respects hearty and well, and eat his meat with appetite. The powders were continued.

26th. After the last blister the thigh swelled also, and became oedematous, but this soon went away. He now felt pains on the outside of the thigh along the knee, for which reason a blister was applied to the top of the fibula,

Jan. 6. He could walk quite well without a flick, and move the lame leg as well as the other. Only he had still some pains in the loins, which gave way to the volatile liniment.

18th. Perfectly recovered, and he made use of
the

the lame leg with the same freedom and strength as the sound one.

21st. He was dismissed.

OBSERV. LIII. L. A. a married woman in her 35th year, was admitted into the hospital on the 17th of May. She was quite lame of the right leg, and perfectly unable to move either the thigh or foot in the smallest degree. The limb was at the same time at least three inches shorter than the other, cold as ice, and so emaciated that it was not more than half the size of the sound one. At the same time she complained of pain in the whole limb, but chiefly about the trochanter, which was even painful on being roughly touched.

The trochanter was in its proper place and situation. There was therefore no idea of a dislocation. Besides all the motions of the thigh could be freely made, without any impediment. There was neither redness nor swelling to be observed

served about the joint externally. The woman was in other respects pretty well, and without any fever. She could give us no other account of the cause or manner in which the disease had come on, but that she had been in that situation for ten months, that it began with violent pains in the thigh, which extended through the whole limb: that these pains had been less violent for some time, and were now confined chiefly to the hip-joint.

By means of five burning cylinders, (See Oeuvr. posth. de M. Pouteau, P. I. or Chir. Bibl. Vol. VII. p. 305.) and four blisters, this woman was in seventeen weeks so perfectly restored to health that there hardly remained a vestige of the disease behind. I caused the burning cylinders to be applied successively, at intervals generally of ten to eighteen days, always to the place where the pain at the time was most violent. The pain always left the place where a burning cylinder had been applied, in about from eight to eighteen

eighteen days, so that we could always chuse another situation for the next cylinder.

After five cylinders had been in this manner successively applied, all at a greater or less distance from the trochanter, the thigh was quite free from pain : but pains now made their appearance in the leg in different places, which however were less violent than those in the thigh. Upon these places, four blisters were successively applied, each of which was for sometime made to discharge pus. All this took place by degrees and with constantly increasing amendment, till at last there was not a pained part remaining, and the use of the limb was then also perfectly restored. During the whole time of the cure, the limb was carefully rubbed with a mixture of equal parts of the spir. sal. ammon. and tinct. cantharid.

In the same manner a young man aged 21 years was cured ; he had a similar lameness of the left leg, but the limb was not wasted. The second

cond cylinder had already the effect of restoring the use of the limb: but soon after he was attacked with pains in all his limbs, which resembled the *rheumatismus vagus*, and were by degrees removed by antimony, dulcamara and guaiacum.

I could relate a few cases more of this kind, but they are quite similar to those already mentioned. I have employed in various ways the same means in similar cases, sometimes altogether without success. It appears to me that nothing is to be expected from it, except in such kinds of lameness as proceed from the *metastasis* of any kind of stimulating matter, or to speak more plainly, where the lameness is accompanied with pains in the suffering limb and chiefly about the hip-joint.

Cases of this kind, where the limb is shortened are sometimes observed under the name of *luxatio spontanea*. But no dislocation is discovered; the cause of the shortening lies entirely in the muscles, which draw the limb up, and which by the
morbific

morbific matter which acts upon them, as the *sterno mastoideus* in the *caput obstipum*, are stimulated to contract and shorten themselves. This morbid matter is for the most part rheumatic or gouty. I have however seen a few cases of it in boys, where I had great reason to consider it as scrophulous.

I cause the cylinder to be made of cotton or charpee according to Pouteau's model, of about the length and thickness of three quarters of an inch. That they may not be displaced by the blowing of the bellows, I fasten them to the skin by means of a small stripe of sticking plaster. When the cylinder is allowed to be quite burnt to ashes upon the place, the effects of the fire never extend further than through the skin into the cellular membrane. The eschar occasioned by the burn is generally very long of separating, and the wound left after this is long of healing. Upon the whole its employment is not attended with so much pain, as the appearance of it would incline one to believe.

C H A P. XII.

AN ULCERATION OF THE TONGUE.

I HAVE seen several cases of ulcerations in the lips, in the nose, *alæ nasi*, and nostrils, so obstinate, and with such a bad appearance, that they well might have been called carcinomatous, which were yet cured merely by solutive neutral salts, and repeated emetics and purgatives; and hence I think that they frequently arise from irritations in the *præcordia* alone. I believe it is certain that many such ulcerations have been touched with the knife and caustics, which might have been cured merely by medicines which clear the bowels.

Phyfi-

Physicians who know how frequently an eruption on the lips accompanies gastric diseases, will not be surpris'd at this assertion. I shall relate only one case of this kind.

OBSERV. LIV. JOH. PABEL, aged 30 years, was admitted into the hospital on the 28th of April 1787. He had an ulcer on the tongue, which was extremely painful, emitted a very fetid smell, and had corroded the fore part of the tongue. The edges of the ulcer were swelled and hard. He at the same time complained of a cough, a stitch in his left breast, bad taste, and every symptom which indicates impurities, acrimony, and obstructions in the abdomen.

I ordered for him soluble tartar with extract. graminis, and on the third day a vomit, which evacuated a great quantity of bilious slime and gall, with great relief and diminution of all his complaints.

I made these medicines be repeated with the

good effects, and as he now had no complaint except the ulcer, I ordered it to be frequently moistened with a solution of fifteen grains of white vitriol in six ounces of sage tea.

In eight days the ulcer became quite clean, all hardness vanished, and new firm flesh rose from the whole surface. A wash of decoction of Peruvian bark and alum soon dried it up, and on the 26th of May, he was dismissed perfectly well.

It is remarkable that the point of the tongue, which had been entirely destroyed, was completely regenerated.

CHAP. XIII.

A CASE OF ENTROPIUM.

OBSERV. LV. **J**OH. GEO. LINENHOSE, æt. 28, was admitted into the hospital on the 2d of August. He had been affected with rheumatic complaints since his twelfth year, which hitherto had attacked him every year, but at uncertain times, and each time had forced him to keep his bed for three weeks.

The matter always fell chiefly upon his breast, so that cough with bloody expectoration was the consequence. The disease then disappeared with

a sweat, without leaving any complaint behind, except weakness of his breast.

In the last attack the matter had partly thrown itself upon the eyes, and after it, there remained an obstinate inflammation of the eyes, chiefly of the right one, which was at last also accompanied with an entropium.

As the patient was otherwise in perfect health, I ordered for him, without previous evacuations, a mixture composed of an ounce of vin. antimon. and half a drachm of extract. aconit. of which he took 16 drops every three hours.

Aug. 14th. The inflammation of the left eye, in which there was no entropium, was totally gone, and that eye was quite clear and transparent. In the right eye the inflammation was much diminished, and what remained was to be considered merely as the effect of the entropium.

Aug.

Aug. 23d. I operated upon the entropium and united the wound.

31. The wound was heal. The hairs and eye-lids were in their proper position. I made him use a solution of white vitriol as an eye-water, as the cornea of the eye on which the operation had been performed was very opaque.

I have often performed the operation for the entropium, and have for the most part found, that however much skin I had cut away, I still had not cut off enough, and that consequently I had only lessened, not cured the entropium. The external skin of the eye-lid is so extensible that I advise every one to cut off more, and indeed much more of the external skin of the eye-lid than appears necessary.

CHAPTER XIV.

A CASE OF ANGINA PHARYNGEA SUPPURATORIA.

OBSERV. LVI. **G**EO. SCHACHTEBEC, from Diemarn, aged 46 years, was admitted into the hospital on the 23d of August.

A few days before he had been seized with a painful swelling in his throat, which rendered both speaking and swallowing very difficult. His tongue at the same time was very much furred, and he had bitter taste, headach, and a full but soft pulse.

He

He got soluble tartar, and next day tartar emet. gr. iv, which however neither operated upwards nor downwards.

A second vomit of ipecacuanha and tartar emetic, which he took on the 25th, only produced two stools the next day, after which he thought himself somewhat relieved, both with regard to speaking and swallowing.

27th. An ulcer suddenly broke in the throat. The patient spit out a great quantity of matter, but the source of it could not be discovered, nor before on examining the mouth and throat could any swelling be seen. From the seat of the pain the free unimpeded respiration, and the difficulty of swallowing, I supposed it to have been seated in the pharynx.

28th. Little pain, distinct articulation, deglutition more easy, tongue clean, appetite good. Puerulent matter continues to be discharged.

29th. The

29th. The discharge of matter diminished.

30th. Free from complaint : discharge gone.

Sept. 1st. He went out of the hospital.

It is however a very rare thing that inflammation of the pharynx should thus end in suppuration.

C H A P.

CHAP. XV.

OF ACID IN THE STOMACH

OBSERV. LVII. **C.** K. a strong healthy country girl of 27 years of age, had had St. Vitus's dance for half a year, the attacks of which were gradually become more frequent and violent, so that there was seldom a day passed that she had not a fit. The appearances in the attacks were indeed very different, but she commonly at first felt a great anxiety in the præcordia, and then there came on convulsions and strange contortions of the face. She frequently opened her mouth monstrously wide for a quarter of an hour together,
then

100 OF ACID IN THE STOMACH.
then she would grind her teeth for some minutes, shake her head, squint with her eyes, in short there is not a grimace she did not make, and many of them were really frightful. At the end of the fit a great quantity of wind generally came up.

She could not give us the smallest information with regard to the cause of her complaints. She knew nothing of any eruption that had struck in, nothing of having caught cold, nothing of any other probable cause. She only complained that she had constantly a taste of acid, as strong as vinegar in her mouth, that every thing she eat tasted sour, that her appetite was very irregular, sometimes good, sometimes bad, and that she had several times spontaneously thrown up a pure unmixed grass green bile, which was as sour as vinegar.

For four weeks all kinds of medicines were given to fulfil a variety of little indications, but in vain. Vomits always evacuated a quantity of
four

four stuff, which set her teeth on edge and pained her throat without any evident relief. Cathartics seemed to aggravate the symptoms and to weaken the patient. I allowed her nothing but animal food, and she complained of acid as much as before. Bitters procured no relief. Absorbents diminished the acid hardly for an hour.

After all these fruitless attempts, I ordered her a mixture of equal parts of asa foetida and ox's gall of which she took a scruple thrice a day. The good effects of this medicine were evident the second day. The attack was that day very gentle, and the last she had. The acid taste diminished. In eight days there was not the least either of the sense of acid, nor of the St. Vitus' dance remaining. She continued this medicine for three weeks, during which she remained free from every complaint, and after she had taken quassia for eight days, I dismissed her.

Acid in the primæ viæ is certainly of two kinds, arising from two different sources. It is sometimes

times plainly the consequence of a *corruptio spontanea* of acids taken in by the mouth, or of meat and drink which have become sour; and in this case it only incommodes the patient when he has taken such meat or drink, it is easily and constantly blunted by alkaline or absorbent medicines, and keeps away as long as the patient carefully uses a *dieta antacida*. Medicines which strengthen digestion, with an antacid diet, generally cure the patient of this acid.

But sometimes the patient is incessantly tormented with acid, eat what he will, even though he only takes animal food. Even when he takes nothing at all, the acid torments him. None of the medicines which blunt acidity are of any use, or they only procure him a short mitigation. And in this case the acid is not the produce of a *corruptio spontanea*, but a *secretio perversa liquororum menstruorum*. The patient, as Kæmpf says, has a brewery of vinegar in his stomach. The digestive fluids themselves are sour, because an irritation acts on the secretory organs, and so deranges their

their operations, that they make out a very different product from what they should do. The bile itself is in such cases as four as vitriolic acid,

And in all these cases an irritation is to blame, which disturbs the secretory organs; and every thing depends on finding out this irritation and removing it. Kæmpf mentions the case of a patient who had such a brewing of vinegar in the stomach.

When the irritation cannot be discovered, and in the case above related it could not be found out, the pills which I have formerly spoken of, composed of equal parts of asa foetida and ox's bile, are of so great use, that I can now from experience recommend them almost as a specific. Perhaps they act merely as antispasmodics, which lessen or quite counteract the effect of the unknown stimulus on the secretory organs of digestion.

CHAP. XVI.

A CASE OF PETECHIÆ WITHOUT FEVER.

ACCORDING to most observations, these petechiæ appear to be of a scorbutic nature. In the following case it was not so, they were purely of a bilious nature.

OBSERV. LVIII. J. A. SCHMEIDEL, a glover, aged 30 years, had gone out of the hospital on the 18th of May, after having had a tertian fever, which to all appearance was perfectly cured. The fever had indeed left him, but as he was anxious to return to his work, he concealed his feeling of
a great

a great degree of lassitude, and that though he relished his meat, he did not regain his strength.

For eight days the lassitude had increased so much that he could no longer work. His legs also began to swell, and on the 17th of July he again presented himself at the hospital.

There were, particularly on his thighs and feet, (but also on the other parts of his body,) great spots and streaks of a dark red colour inclining to blue, not at all painful, of various sizes, some of them very large, and between these again there were many small brown and black spots or streaks, which had perfectly the appearance of petechiæ.

As his tongue was very foul, and his pulse small, the *potio Riverii* with tartar emetic was prescribed for him, and on the 19th of July an emetic, which operated six times and brought up much bile. The patient found himself much relieved from this; the swelling of the feet diminished, and the great streaks had partly disappeared,

while those which remained were less marked or distinct. He got the potio Riverii and tartar emetic once more.

July 25th. The petechiæ remained unchanged. The hitherto very small pulse had risen much. The swelling of the feet diminished more and more.

On the 26th of July he got another vomit, which again brought up much bile. The petechiæ now were not of so dark a colour, or rather they were become very pale, and the epidermis separated in the places where the great streaks had been.

July 28th. As the petechiæ had remained the same for two days, and as the tongue was still foul, he got a third vomit, which also brought away much bile. The night after the petechiæ totally disappeared, and next morning the patient felt himself quite well.

He

He now took elix. vitriol. Mynf. and left the hospital on the 4th of August in the best health.

CHAP. XVII.

OF BILIOUS FEVERS.

I SHOULD weary my readers were I to relate particular cases of this very frequent disease. I shall therefore only give them the result of my observations, I shall only communicate such of my opinions concerning bilious fevers in general, as from what I have seen of these fevers, and attentively and deliberately observed, I can establish for truth; and I believe that every reflecting intelligent physician will, in reviewing his own practice, recollect such facts as will strengthen every position which I shall advance.

I here

I here use the term *bilious fever* in the most extensive sense, and understand by it not such fevers only, as arise solely or chiefly from superabundant or morbid bile, but also all those in which the morbid matter is evacuated either altogether, or principally by the intestinal canal, whether by nature or by art.

I speak therefore of such fevers as are cured chiefly by emetics and purgatives, and for which the most proper name would be *stomachic, intestinal, or gastric* fevers.

The whole science of medicine consists at present almost entirely in the art of vomiting and purging; and it is now I think full time to say something about a practice so universal as this is.

A weak stomach and weak nerves are universally complained of, but people do not consider that these affections are for the most part merely the consequence of the fashionable abuse of emetics, purgatives, and of weakening neutral salts.

People complain that so many diseases now assume a gastric character, and do not reflect that many of them are, quite contrary to the intention of nature, forced into this state by art, that much morbid matter is forcibly and with great loss of strength evacuated by the intestines, which might have been much more easily removed by the skin, or any other excretory organ, without thus sacrificing the digestive powers.

However much I may be convinced that emetics and purgatives are among the most effectual medicines in a great number of diseases, I am also certain that in many cases they are preposterously made use of, to the great injury of patients, and I have too often been a spectator and witness of their fatal effects. For many physicians are daily in the custom, when they are at a loss what to do, and where they should do nothing at all, to give a purgative salt.

That I may arrange my experiments and proofs with regard to the use and abuse of evacuants in
diseases

diseases of the primæ viæ, I shall determine the principal cases which occur in these diseases, and point out where, according to my opinion, evacuations may properly or improperly be made use of in each of them.

First principal Case. Sometimes in acute or chronic gastric complaints, bilious or other acrimonies, and putrid, irritating and hurtful matters, are lodged in the intestinal canal itself, or so near to it, that they readily flow into it, and are actually the only, and the proximate cause of the disease. These might be called stomachic or intestinal fevers, accordingly as the morbid matter occupied the upper or the lower part of the intestinal canal.

In these cases the local symptoms of intestinal impurities are always evident, bitter or bad taste in the mouth, foul tongue, total want of appetite and aversion to food, fetid eructations, weight and fulness about the region of the stomach, dull pain

in the forehead, tension of the abdomen, pains in the loins and knees, fetid breath. &c.

This is the proper case for emetics and purgatives. Here emetics and purgatives are the only medicines; here they should be given without any preparation or loss of time; here by exhausting the whole morbid matter they produce an immediate change. This indeed is a very common disease, owing to that weakness of the bowels which is now so prevalent, acrimonies being easily generated and collected in them, or thrown upon them from the whole mass of fluids. Innumerable are the acute and chronic diseases belonging to this head, and which are cured by emetics and purgatives alone.

There is one fault however which a physician sometimes commits here, and for the most part when he thinks he is doing perfectly right. This is the too long continuation of the attenuating and evacuating medicines; he fancies to himself that the impurities have been long fixed, and in order
thoroughly

thoroughly to cleanse his patient, and to leave nothing noxious behind, he weakens his organs of digestion, and by persisting in the use of these medicines too long, subjects him for life to stomachic complaints.

And what is worst of all, every appearance of these cases justifies his suspicion of fixed impurities of long standing, and confirms him in his design of once for all making a clean house. The longer he continues to give his attenuating medicines, particularly neutral salts, the tongue becomes so much the fouler, and the appetite so much the worse, so many more symptoms of local intestinal impurities appear, that the physician continues to dissolve and evacuate, without considering that he is himself the cause of all this noxious matter in the intestines, because he keeps up the afflux of fluids to the intestines, by continuing to irritate them, and promotes the evacuations from the mass of blood into the canal, while he diminishes other evacuations, especially that by the skin, and weakens the digestive powers. The most
healthy

healthy person will get a foul tongue, and lose his appetite, if he take neutral salts several days following. But more of this on another occasion.

Second principal Case. Sometimes the chief cause of the fever is not at first in the primæ viæ, but in the mass of blood. It is at first a *febris venosa*, in which however the morbid matter is certainly at last thrown upon the intestines, and totally evacuated by them. But it is thrown upon the intestines as if *per crisis*; a concoction must take place before this happens, in the same manner as it is thrown upon the skin by a critical sweat.

The great fault which a physician may here commit, is too early an evacuation. I frequently hear it said, if he had only vomited and purged immediately, while I frequently find reason to wish that he had neither vomited nor purged so soon.

It is of great importance that no premature evacuation should be made. It is here as dangerous,
ous,

ous, immediately to give evacuants, as it is to administer diaphoretics at the beginning of such diseases, as are at last to be removed by a critical sweat. It is only after previous concoction that a crisis evacuates the morbid matter by the skin. It is also a crisis which evacuates the morbid matter by the intestines. And there is no crisis without previous concoction.

While the concoction is going on, and till the crisis happen, the physician has nothing to do but to watch over nature, that he may observe in time the way she chuses for the evacuation of the morbid matter; he ought to take no steps till he be sure nature will follow him, and in the meanwhile, he should remove every obstacle to concoction, and moderate the symptoms which are violent about that particular time. Physicians much more frequently do harm by doing too much, than by negligence and doing too little.

Strong purgatives, too early given, are particularly hurtful here; they may even render
the

the most simple gastric disease fatal. They do not evacuate any of the febrile matter, which is not yet ready for evacuation; they debilitate, interrupt the concoction, and disorder the whole course of the disease.

Besides by the premature and unguarded use of purgatives, for the most part a disposition to diarrhæa is occasioned, which is very difficult to remove; almost every medicine then acts as a purgative, so that fault once committed, can never after be repaired.

And now when the course of the disease is totally deranged, when the powers of nature are weakened, when the crisis is disturbed, and a hundred anomalous symptoms rise up, the disease is called a *malignant bilious fever*, the patient dies, and every one is satisfied with the mere name of *malignant bilious fever*.

There is a kind of gastric fever, which I think might be called *atrabilious*. This fever would
appear

appear to arise from fixed stimuli in the abdominal viscera. Before it makes its appearance, the patient has every symptom of irritation and obstruction in the viscera. The fever is not violent, and stools of a pitchy appearance, which follow sometimes slowly, sometimes late, remove it in time.

I hardly know of any case, where cathartics rashly and too early given are more hurtful than in this. Every thing depends upon the continued use of attenuants. Emetics and purgatives must never be given, till there is the greatest probability of there being something noxious in the primæ viæ which may be evacuated, and even then emetics and purges, must be given sparingly and with caution.

It is indeed sometimes difficult, when the fever is still almost entirely venous, to discover at first its gastric character; that is, to foresee that the crisis points to the bowels, that the febrile matter will pass off by the intestines; and most necessary it is to know
this

this beforehand, that blunders may be avoided in the method of cure, which might have the worst and even fatal consequences.

The following circumstances will however, in most cases, enable the physician to discover from the very first, the gastric character of fevers, when no symptoms of local affection of the intestines yet exist.

The prevailing epidemic, and I may add the prevailing endemic character deserves attention. A physician has reason to suppose that a fever of an undetermined character will assume that form which is most common at the time.

The pulse which in the most common cases, is never so full nor so hard, as in inflammatory fevers, never so sunk nor so small as in putrid fevers, is for the most part of a middling strength, and is remarkable for its quickness chiefly.

The moderate heat of this fever, which never

ver mounts to that degree which takes place in inflammatory and putrid fevers, is frequently almost natural, and never bears any proportion to the quickness of the pulse or to the general distress which the patient feels. He is frequently very ill with very little preternatural heat, and the pulse sometimes beats very quickly, when the heat is hardly so great as natural.

The evident and strong *remissions* of the fever are remarkable. It may almost be considered as a general rule, with some exceptions, that a fever is the more certainly gastric, the more evident its remissions and exacerbations are.

The urine being more or less of a saffron colour, a redness of the cheeks resembling the colour of minium (Stoll), a green and yellowish colour upon the sides of the nose and mouth, eyes shining and swimming in tears, tremor of the tongue when the patient puts it out, and of the under lip in speaking, are also circumstances attending the gastric fever.

There

There is still another mark which in doubtful cases will for the most part remove all uncertainty; a bleeding by way of experiment, which however can only be admissible when the pulse is full and sharp, and even then it must not exceed three or four ounces. When the patient feels himself much weakened by the loss of so small a quantity of blood, and sensibly worse in other respects, and when the pulse sinks much, then there is the highest degree of probability that the fever is gastric, especially if the above mentioned symptoms be also present.

And if after all this, the physician should still remain doubtful, it will be safer to do nothing and to wait patiently; he should at least be cautious not to do too much, and should not undertake any decisive measures. Too great activity here is frequently fatal. But it is unnecessary for my present purpose to add more on this head.

Third principal Case. After the concoction has taken place in the bilious fevers of the second
matter

kind, nature does not always expel the morbid matter from the general circulating mass by the intestinal canal alone; sometimes she evacuates a part at least by the skin and kidneys; and these are the bilious fevers in which a critical sweat, and a flow of urine are observed. They may be called *mixed gastric fevers*.

The crisis by sweat and urine, appears at different periods of these fevers, either at the same time that the evacuations by the intestinal canal take place, or at the end of the disease, and after the evacuations by the intestines are finished; but the latter is more frequent. In this case the fever goes through as it were three stages. In the first it is venous, in the second gastric, in the third it is again venous. Emetics and purgatives are proper and useful only in the middle, or gastric stage of the disease.

The physician who gives emetics and purgatives in the second stage with the best success, and hopes that what remains of the disease may be

completely evacuated by the same means, continues his attenuants and evacuants in the third stage, thinking to direct the morbid matter entirely to the intestines, while it is the intention of nature to throw off these acrimonies by the skin. But all his ill directed care serves only to interrupt this design of nature, deranges the true crisis, and weakens the patient; and when the crisis is thus disturbed, the acrimonies retained, and the body become weak and irritable, a thousand strange symptoms, chiefly of a spasmodic nature, ensue, and the disease, under the title of *biliary nervous fevers*, ends in death.

Every simple bilious fever may by mismanagement undergo a change similar to that just described; but such changes most frequently occur among petechial, miliary, bilious catarrhal, and biliary rheumatic fevers, and in short among all fevers whose morbid matter is for the most part not thrown off by the intestines alone, but partly also by the skin.

The art of the physician consists in marking the point of time, when purgatives are no longer useful, and when diaphoretics become necessary; and the physician who is not solely occupied with what he should do himself, but also attends to what nature wishes to do, will for the most part be able to observe this period pretty accurately.

It is not to be supposed that we can evacuate by the intestines the morbid matter which nature intends to throw off by the surface. This in many cases is as impossible, as to convey through the intestines by repeated purgatives the variolous poison, which nature has destined to the skin.

I shall mention a case of this kind, in which the indications to evacuate by the intestines and the skin were much intermingled and very changeable.

OBSERV. LIX. CHR. KOHLMAYER, a mil-

ler of Eichsfelde, aged 23, a strong healthy man, on the third of November caught a cold, which was followed by a cough, with much of a yellow, greenish, thick, mucous expectoration. Some days afterwards he had a quarrel in the fields, and in the scuffle, he fell into the water. He remained the whole day in his wet cloaths, and in the evening he was seized with a feverish fit, attended with headach and spontaneous vomiting, by which he threw up a great quantity of bilious matter,

On the 14th of November he came into the hospital, after he had made use of various medicines, chiefly diaphoretics. He now complained of lassitude in all his limbs, of wandering pains, chiefly in the breast, violent headach just above the eyes, and at the root of the nose, vertigo, bitter taste, and inclination to vomit. His eyes were shining and watery, the white of them a little yellow, the whole countenance appeared yellow, and there was a circumscribed strong redness upon the cheeks.

He

He was not quite recollected, and gave wrong answers to the questions put to him. He felt very hot, complained of tension about the præcordia, had a quick, full and soft pulse, thin fetid stools, and his urine was of a saffron colour.

He immediately got an emetic, by which he threw up five times, evacuated much bile, and had four stools, which were very fetid.

15th. The bitter taste and inclination to vomit were gone. His headach was less violent. He got the potio Riverii.

16th. Little sleep. Evident remissions. Again violent headach, bitter taste, and a great inclination to vomit, tension of præcordia, costiveness, saffron coloured urine, more heat, and his face very red, mixed with a yellowness. He got tartar emetic, threw up six times, evacuated much bile, and had three fetid stools.

17th. Mitigation of all the symptoms; the u-

urine had some sediment. The remission of the fever was more evident. The potio Riverii was repeated.

18th. He had slept a little during the night. The pains in the limbs and breast were less severe, but the cough was worse, and he expectorated with difficulty some clear mucus.

19th. Little sleep, much thirst, some bitter taste, headach, costiveness. Tamarind whey was prescribed, which gently opened his belly. In the evening there was an increase of fever and of all the other symptoms.

20th. Bitter taste increased, as well as the headach. Disgust at food. Five grains of tartar emetic occasioned four bilious vomitings, and several fetid stools.

21st. Six whitish stools, though he only took a table spoonful of potio Riverii every three hours. He coughed much, particularly in the night time,
and

and had a fixed pain in the left side under the short ribs. The fever upon the whole was milder, but the evening exacerbations were pretty strong. Sal ammoniac and small doses of tartar emetic were prescribed.

22d. The patient had perspired gently during the night with much relief. The bitter taste and headach had totally left him. He had some appetite. A blister was applied to the pained part of the side.

23d. The patient was so well that he was three hours out of bed.

24th. Return of headach, bitter taste, tension in the præcordia, and much thirst. Four grains of tartar emetic produced vomiting four times of a bilious and slimy matter, and several fetid stools.

25th. Better in every respect. The volatile liniment removed a violent stitch of his right side.

26th. Some hours sleep. Much cough. Skin very dry. The pulse quick, small and tense. He got a mixture of Elder flower water, spiritus Mindereri and Huxham's antimonial wine.

27th. Gentle perspiration during the night, and in the morning he was evidently relieved. He however still coughed much, and also still had at times stitches in the breast. The urine was crude and watery, the belly costive. He only got this day tartar emetic in small doses, and weak tamarind whey for common drink.

28th. He had slept well for some hours, perspired gently, and found himself very well.

29th. He had a restless night, and no perspiration. The skin was very dry, the pulse small, quick and irritable, belly regular, urine watery, tongue clean but dry, appetite pretty good, head clear, wandering pains in the breast. Towards evening an evident exacerbation without shivering. The same medicines were continued, and he had besides a warm bath.

30th.

30th. He found himself very well and he had perspired a little. The warm bath was therefore repeated. Soon after the bath he complained of headach, lassitude and oppression at the breast. He got eight grains of tartar emetic in the afternoon, which however produced no vomiting, but only some stools of proper consistence but very bad smell. He then got a dram and a half of Epsom salt, which produced five more fetid stools.

Dec. 1st. He had slept very well for several hours. The cough was very gentle, and expectoration easy. The pains of the breast were gone. No bad taste in the mouth, appetite good, pulse more calm. Soluble tartar was prescribed, which kept his belly gently lax.

2d. and 3d. He found himself very well. Pulse during the day quite calm and natural. In the evening he had a slight feverish fit, attended with delirium. A dose of Epsom salt procured four stools, which were of a brownish colour and very
fetid

fetid, after which the patient became very quiet and was much relieved.

4th. Stools again quite natural. He felt himself more fatigued than formerly. The soluble tartar was discontinued, and spirit. mindeneri with manna ordered. The evening fever approached more and more to a flow one. The pulse during the paroxysm was small and beat 110 times in a minute. The urine appeared pale and watery. The patient was delirious the whole night

6th. The pain again attacked the same place in his left side. A blister removed it. The spiritus mindeneri with manna occasioned four watery mucous stools, which fatigued the patient much.

7th. Though the medicine was given in small doses, and very seldom, he had six inoffensive stools, which were again followed with much prostration of strength.

8th. The patient was delirious almost the
whole

whole day, coughed much, and had again four stools. An infus. decoct. rad. valer. with spirit minderer. vin. antimon. Huxham and fyrup. diacod. were given, and a decoction of salep for common drink.

9th. Four watery stools. The patient was less delirious; and in the evening in place of the feverish fit, he only had some irritation in his pulse.

10th to 12th. Four stools daily. The stools still quite inoffensive, but of the consistence of a cataplasm. The appetite and digestion improved. The strength increased a little. The medicine of the 8th was continued.

13th to 18th. He continued to recover and to gain strength. The medicines of the 8th were omitted, and he only takes salep. He is also allowed soup and beer. Pulse more calm and slower. Cough diminished.

20th. Grows

20th. Grows better in every respect. Only another attack of fixed pain in the breast, in the former place, which this time gave way to the volatile liniment. The patient is taking a decoct. lichen. island. He is out of bed the whole day for the first time.

To the 31st December he continued the use of the lichen. island. during which he recovered his strength, got free of all his complaints, and went out of the hospital.

I shall shortly relate another case, in which by the too long continuation of purging, the body was weakened, the crisis by the skin prevented, and a terrible nervous state of the system brought on.

OBSERV. LX. THE patient H. P. W. was a man in his 27th year, of a healthy and strong constitution. I was called to him on the 12th day of his illness. I learned nothing more but that he had had a gastric fever, that he had been vomited

vomited and purged frequently; and that he still continued the purging, contrary to the will of the physician. I found him quite insensible, with a small quick and somewhat contracted pulse, his tongue and skin extremely dry, heat rather less than natural, with the jaws spasmodically shut, a trembling and starting in all his limbs, distortion of the muscles of the face, continual sighing and moaning, and a countenance as pale as death.

I ordered for him a mixture of valerian, camphor and musk, and alternately chamomile tea, and almond milk with mucilage of gum arabic. On the evening of the second day after he had begun to take these medicines, a small degree of perspiration appeared for the first time, which gradually increased, and continued for two days and two nights. During this perspiration the patient became better every hour, and every symptom vanished. He was however long of recovering from the weakness which the disease left behind.

Lentin (Krankh. Clausthal. p. 24) has also well observed this state. After all impurities are gone, says he, much spasm frequently appears in the disease. He recommends particularly warm baths.

Fourth principal Case. There are cases in bilious diseases in which the physician must not only attend to the evacuation of bilious fluids, but also watch with care the irritation which occasions the overflow of bile. This is sometimes of a peculiar, and indeed of a specific kind, continues constantly to act, and requires altogether a peculiar treatment. The physician who in these cases occupies himself solely with the evacuation of bilious fluids, and does not try to stop their source, acts like him who in a salivation only advises his patient to spit out heartily. The irritation continues to act, fresh overflows of bile daily show themselves, the patient is weakened by the repeated evacuations, and the disease remains essentially where it was. To illustrate this I shall mention two cases from the journal of the hospital.

OBSERV. LXI.

OBSERV. LXI. CHRIST. FR. GUNTHER a cloth manufacturer of Ronneburg, had a fever of a bilious nature and was admitted into the hospital. His pulse was soft and quick, his tongue yellow, with bitter taste, and fulness of the præcordia. He got an emetic, and soon after a cathartic, by which much bile was evacuated, and the fever with all its symptoms much mitigated.

He was well for two days: the third day the fever again became violent, and all the symptoms of an overflow of bile again appeared. An emetic and cathartic again evacuated much bile, and the consequences were still more remarkable this time than the first, for he continued six days without any fever.

On the seventh day, the fever with all the symptoms of an overflow of bile again appeared, and in the evening, he got a vomit and a purge.

On the morning of the 8th day the itch was observed upon him, and he now told us that he had
been

been affected with that disease about six weeks before.

The eruption increased for some days, but by the use of Jaffer's ointment for the itch, it went away by degrees, and the patient went out of the hospital in the fifth week perfectly well. From the moment the itch appeared, the fever with all the symptoms of bile vanished and did not again return.

OBSERV. LXII. JOH. PETER BERG, a shoemaker, aged 32, had had a fever for fourteen days, with headach, oppression at the stomach, lassitude and bad taste; he was admitted into the hospital on the 25th of June. Sal ammoniac and tartar emetic were prescribed for him.

26th. As his tongue was very foul and moist, he got an emetic, and threw up much slime and bile.

27th. He

27th. He was better, and got sal amoniac, glau-ber falts, and tartar emetic,

29th. Circumstances again feemed to require an emetic, which not only evacuated a great quantity of flimy bilious fluff, but alfo removed the fever and all the bilious fymptoms,

July 1ft. He was quite free from fever, had a clean tongue, but violent pains in the extremities, chiefly in the right arm, which he could not move at all. He got antimonial wine, dulcamara and fpiritus mindeneri,

On the 7th an itchy eruption appeared, which increafed for feveral days, during which the pains in the limbs vanifhed. By the external ufe of Jaffer's ointment the itch alfo by degrees difappeared, and on the 29th of July he left the hofpital in perfect health.

Similar overflowings of bile, or if I dare fo exprefs myfelf, hepatic falivations (which are occa-

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fioned

sioned by irritations constantly in action, or continually renewed, where the radical cure depends solely upon finding out and removing the irritation) chiefly occur in chronic diseases. Every physician will have observed cases, where during the use of repeated vomits and purges, the bitter taste with all the other symptoms of an overflow of bile continued; and who then is not sensible that the chief thing to be done is to find out and dry up the source. This irritation is most frequently found in the abdominal viscera, where there are fixed stimuli that act on the liver; the question therefore frequently is, how to dissolve obstructions in the abdominal viscera. But this is by no means the only kind of cause.

Fifth principal Case. Bilious impurities sometimes exist accidentally, and as a mere symptom in diseases, which have a character and require a method of cure peculiar to themselves; and in such instances they never fail to occasion an additional irritation, which must be removed by emetics and purgatives. But when the disease is mitigated

tigated by these means, we must not think of continuing them, nor believe that we can thus totally remove the disease. The amendment which follows an emetic or purge, too often leads a physician into this mistake, and every body will perceive that by these emetics or purges, not only the disease cannot be removed, but is rendered more dangerous, and even mortal.

The livers of most people are now so hysteric, that almost every stimulus acts upon the liver, and excites an hepatic salivation, and consequently most diseases are complicated with bilious impurities. These bilious fluids must be removed, because they for the most part act as an additional stimulus, and increase the disease. But when they are once removed, and a certain mitigation of symptoms has been observed, we must not think that we can completely cure the disease by evacuants, although this is the opinion of many. I may mention the dysentery, of which I have already treated, as the best proof of this, for it is directly in point.

I have daily opportunities of seeing in the hospital, how frequently gastric impurities occur merely as accidental symptoms in diseases: Every person who is in the hospital only for a fortnight becomes affected with bilious impurities. Indeed I would wish to cure all diseases by emetics and purgatives, if I thought that every disease where bilious impurities make their appearance could be certainly cured by these means. And that many physicians believe this, the attentive reader will certainly have occasion to observe. That this error leads to a thousand bad consequences it is unnecessary to affirm. I refer entirely to what I have said about the dysentery.

Sixth and last principal Case. I might well distinguish these with the name of *artificial bilious* diseases. In my opinion there are three cases, where a physician actually brings on a bilious or gastric disease, which nature did not at all intend.

1. When a patient is attacked with a fever or any other disease, whose cause and nature the physician

physician does not immediately discover, he for the most part administers solutive neutral salts and emetics in small doses. After some time, the patient loses his appetite, his tongue becomes foul, with an oppression at the forehead, &c. The physician rejoices to find out the enemy in his lurking place, and prescribes vomits and purges; the patient evacuates bile, and other apparently noxious matters; and now the physician again rejoices that the enemy is actually dislodged.

In order to be quite sure, solvents and evacuants are repeated again and again, always with the same effect, and continued in this manner, as long as it is thought adviseable, that the patient may be perfectly purified. The poor purified patient crawls about exhausted and debilitated, recovers his flesh and strength always slowly, sometimes never, and still he consoles himself with the idea, that he has for once been completely purified.

I by no means deny, that all this is frequently done with propriety, and to the great benefit of the

patients, but I am also convinced that physicians too often suspect obstructions of the abdominal viscera, holding the abdominal viscera to be the prime sources of all disorders.

It is foolish to believe that whenever a man throws up bile, or evacuates noxious matters by stool after using these medicines, that this accident of noxious matter, proves such solvents and evacuants to have been necessary. Every person in health throws up bile, if he vomit three or four successive times. Neutral salts weaken the digestion by conducting to the intestines that matter, which nature would have perhaps evacuated by a different channel; and after such weakness is once produced, stordes of the intestines, and noxious stools take place, occasioned plainly by the physician. There are indeed few healthy men, who can take neutral salts for several days together without loss of appetite, and their tongue becoming foul. He who thinks that this foulness points out the propriety of solvent and evacuating medicines, appears to me, to judge as ill as one who having
eaten

eaten asparagus, and his urine having taken a peculiarly strong smell, suspects morbid matter, which nature wishes to evacuate by the urine, and so prescribes diuretics for himself.

If a physician in every disorder, whether feverish or not, immediately gives purgative neutral salts, without having first attentively considered the cause, he frequently also injures the patient in a different manner. The morbid matter which causes the disease and which nature perhaps would have thrown off by the skin in a few days, without loss of strength, is as it were forcibly carried to the intestines, and evacuated with the effect at least of weakening the powers of the digestive organs. Diaphoretics were once also much abused, but now they are almost totally laid aside in febrile complaints, and all evacuations are made by the intestines, which, in its turn, is also, in my opinion, a great error. It is from such imprudent evacuations that so many weak stomachs and delicate systems of nerves take their origin.

2. Besides it was attempted to prevent bilious fevers by emetic and purgative neutral salts. This chiefly took place in cases of preparation for inoculating the small pox, before important surgical operations, &c. The patient was bled, confined to his room, only allowed vegetable food, all which with the addition of emetics and purgatives, debilitated him, increased his sensibility and irritability, kept up a constant determination of the fluids to the intestines, weakened the disposition to crisis by the skin, and as my own experience has repeatedly shown me, had precisely an opposite effect to what was intended; *i. e.* the patient, after the operation, was attacked with a gastric fever, which he would have escaped, but from these preparations; and how indeed could it otherwise. *Sanguis est domitor bilis*, said the ancients, *i. e.* debilitated bodies have a disposition to bilious diseases.

3. The last case in which physicians actually occasion impurities in the intestines, is towards the end of gastric fevers, which during their course have required repeated emetics and purgatives.

It

It will be often observed in these cases, that in proportion as you dissolve and evacuate impurities, impurities will again appear, requiring other evacuations, for as the patient becomes weaker, the impurities, and the false indications to evacuate increase.

This happens chiefly in bilious fevers of long continuance, which require repeated evacuations. The afflux of fluids to the intestines, kept up by these very evacuations for a considerable time, continues, while the evacuations by other outlets are inconsiderable and imperfect; which in this case are consequences of the disease alone.

But it is sometimes occasioned by the disease being improperly treated. However necessary it may be to chuse only cooling purgatives, as long as the fever is violent, it is equally necessary, especially with weakly patients, at the end of the disease, after the fever has been much abated, or is completely gone, to make choice chiefly of rhubarb, when indications to evacuate still continue.

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This is not only much more powerful in evacuating the remaining impurities, but at the same time also strengthens the debilitated intestines, checks the constant afflux of new impurities, and prevents that condition of the bowels, which I now speak of, and which is always particularly the consequence of debilitating neutral salts being given to the very end of the disease.

Sometimes also the mistake of the physician lays the foundation for this condition of the intestinal canal, for he suspects impurities, and thinks evacuations necessary, so long as the tongue is foul, and the appetite low and languid. But these signs of impurity are not true signs, but are natural in bilious fevers, especially towards the end of such fevers, and they are often merely the consequences of weakened digestion, and they not only do not require evacuants, but they rather point to medicines fit for strengthening the stomach. Nothing indeed cleans the tongue more quickly, strengthens the stomach more, produces more composed sleep,

sleep, than rhubarb, particularly if given in small doses.

I HAVE now in general mentioned several cases, where, in my opinion, evacuants are improperly given in gastric fevers. I could have supported each case with examples, but I am convinced that every unprejudiced physician will remember sufficient proofs of the truth of what I have said and seen.

I beg leave however to relate the history of one case of bilious fever, where evacuants were not given in sufficient quantity. It appears to me particularly instructive, because we from thence see how various is the form of diseases, arising from obstructed and retained bilious irritation, and how readily this very obscure cause of diseases is mistaken and overlooked by physicians.

OBSERV. LXIII. C. MOMEYERIN between 30 and 40 years of age, was admitted into the hospital

hospital on the 21st of March. From the account she gave of herself, it appeared that she had had a *peripneumonia biliosa* four weeks before, for which she had been purged and bled. The pain and fever had in consequence of this left her, but she had never recovered her former health.

She now complained of extreme difficulty of breathing, had a severe cough with a greenish yellow expectoration, and a circumscribed redness of the cheek. She could not lie on the left side, felt a weight in the breast, had a very frequent quick pulse, night sweats, complete loss of appetite, and by the smallest quantity of food, flushing of the face, and burning heat of the hands was occasioned.

Though all these symptoms gave cause to suspect a vomica in the lungs, and though the patient's tongue was clean, I thought it adviseable in the first place to attend chiefly to the præcordia, partly because all these complaints were in consequence of a bilious disease, which probably
had

had been very irregularly treated ; partly also because the patient now complained of bitter taste, of a dull pain in her head, and very disturbed sleep. I therefore ordered for her tamarind whey and creme of tartar, by means of which she had several fetid stools.

Since however the symptoms of bilious irritation, did not disappear by the use of these medicines, and the other symptoms were not in the least mitigated, I determined on the 27th of march to give her an emetic, and laid my account with the vomica perhaps bursting during its operation.

But this by no means happened ; the patient threw up a great quantity of tough bilious slime, and with such an unexpected effect, that the next day, every uneasiness and every symptom of the supposed vomica was entirely gone.

She now continued to take for sometime soluble tartar, and twice in the intervals a purge, which still produced several fetid stools.

At

At last, as she only complained of lassitude, she took for a while lichen. island. and afterwards cinchona. She went out of the hospital on the 8th of June in perfect health.

By way of conclusion, I shall say a few words on *biliary nervous fevers*; only a few words; for it is not my intention here to give treatises, but only the result of my reflections on the cases which I have seen, speaking chiefly of emetics and purgatives.

If a bilious fever be connected with unusual nervous symptoms, it is generally called a *biliary nervous fever*. Attention is here only paid to the *unusual* symptoms, for every fever has nervous symptoms, and what is uncommon, is frequently only in the idea of the physician, according as he has had much or little experience, has seen few or many unusual appearances. In this manner the
term

term *nervous fever* may be very often improperly used.

Considering the weakness and irritability of the bodies of most men of this age, it is not to be wondered at, that very many nervous symptoms accompany fevers, the matter of which is chiefly seated in the most sensible parts of the body, in the abdomen; and hence in common bilious fevers, their being more or less nervous, depends on the greater or less degree of strength and irritability of the patient.

Notwithstanding of this, it cannot be at all denied, that there is frequently such a state in bilious fevers, as may justly be called nervous; only I think that it is not simple so as to require a peculiar method of cure, always the same. I rather think that it is very various, that it proceeds from different causes, and that according to the variety of the case, it requires very different treatment.

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I for my part know particularly of three kinds of nervous states in bilious fevers, which I shall now describe to my readers as I have observed them.

The first is observed immediately at the beginning of those bilious fevers, where the morbid matter is not yet in the primæ viæ. No evacuations have yet taken place, and the body is not weakened. The symptoms here are various. Some have spontaneous vomiting, without throwing any thing up. The vomiting is purely a violent spasmodic effort. Others find it impossible to throw up. No emetic however strong can produce vomiting. After it has nauseated the patient for sometime it goes downwards. In others on the contrary emetics in small doses, cause violent immoderate vomiting. Most of them feel a spasmodic contraction in all their limbs, and anxiety in the præcordia, they sigh deeply, have a quick tense pulse, tremor over the whole body, cannot put the tongue out of their mouths without an exertion, are exceedingly restless, delirious, &c.

Who

Who does not see in this picture a spasmodic state? The channels through which the matter of gastric fevers flows into the primæ viæ, appear to be in the same state, as the vessels of the skin in a spasm of the skin, which is excited by a morbid matter that nature throws on the skin, wishing to evacuate it, while the evacuation is prevented by a spasm of the skin. It would appear that the gastric matter by its own irritation, shuts up the way by which it should reach the intestines. I am in the custom therefore of calling them in this case *fordes incarceratas*.

Every thing here depends upon these channels being opened, upon the spasm which closes them being removed. As soon as this takes place, all symptoms abate, the morbid matter flows into the intestines, and the indications to evacuate appear. But before this happens care must be taken not to give evacuants. They absolutely evacuate nothing hurtful. Emetics only cause nausea and a spasmodic effect, or a violent retching by which nothing is brought up, or they have no ef-

fect at all. Cathartics are apt to occasion a violent diarrhœa, which continues long, disturbs every concoction and crisis, deranges the disease, and makes it fatal.

This spasmodic state does not always depend upon the weakness and sensibility of the body. I have observed it in strong constitutions. Sometimes the character of the prevailing epidemic appears to have some share in this. I recollect an autumnal epidemic, where it was very difficult to make the patients vomit; where it was almost universally necessary to lay a blister on the region of the stomach, before giving an emetic, if it was wished that this should cause vomiting. In general the acrimony of the febrile matter, which nature endeavours to pour into the intestines, is the cause of this mischief.

With regard to the treatment of patients in this state, it is of two kinds. Sometimes the pulse is full and tense, the degree of heat considerable, and the

the patient strong and pretty plethoric. In this case a bleeding is necessary.

It is indeed said (See Grant on fevers, p. 202.) that bleeding in bilious fevers draws the impurities into the blood, and is peculiarly hurtful. But there are cases where precisely on the contrary it promotes the evacuation of impurities into the intestines. As when heat is moderate, a critical sweat easily takes place, and when the heat is violent, the skin remains dry; so in a violent fever, the intestinal perspiration is obstructed, and is promoted by whatever diminishes the heat and fever. An emetic which before the bleeding operated violently, but produced no evacuation, will immediately after the bleeding not only operate gently, but also bring up very noxious stuff. In all violent fevers there is spasm; a blood-letting at the proper time removes the spasm, opens the vessels and promotes the evacuation of noxious fluids.

If the strength of the patient, the pulse and heat do not admit of bleeding, the spasmodic state of the

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abdominal

abdominal viscera must be removed by warm, sedative, diluent and gently antispasmodic medicines, and by these means the flow of noxious matters into the intestinal canal encouraged, that we may be able to evacuate the more easily and certainly by emetics and purgatives.

The most efficacious medicines of this kind are the *potio Riverii* given during the effervescence, *ipecacuanha* in small doses, emollient injections, warm oily fomentations and poultices to the abdomen, warm baths, a decoction of mallows, wild poppies and liquorice for common drink; and if all these are ineffectual, a blistering plaster of *cantharides* must be laid on the region of the stomach.

The second nervous state in gastric fevers generally appears sooner or later during the course of the disease, and after previous evacuations of the intestines. The patient is here more or less debilitated, the pulse is more or less sunk, the heat inconsiderable. Evacuations by emetics and purgatives increase the weakness much and are of little benefit.

This

This state is the consequence either of premature evacuations, and disturbed crisis by the skin, of which I have already spoken, or it happens from no fault of the physician, and is to be ascribed to the feeble and irritable constitution of the patient, or to the peculiar nature of the gastric fever. The miliary and petechial fevers are frequently of this kind,

Every thing here depends upon being cautious ; and no evacuation, particularly by purging, should be made, till there is a full and certain indication for it, and even then with much discretion ; in the mean while perspiration should be gently promoted, and the strength supported. The most effectual means for this are plasters with cantharides, and antimonials with valerian and spiritus mindereri.

The third nervous state is of a perfectly opposite nature. Here the nervous system is unusually inactive and insensible. The patient is quiet, contented, complaining of nothing, except of lassitude,

and some degree of headach, is not very warm, and the heat is often natural, or even less than natural. The pulse is irritated, and rather quick, the urine is nearly natural, the tongue almost clean, &c. The fevers which are called gastric slimy are for the most part of this kind.

We must here take care not to purge too soon. Emetics on the contrary are of the greatest use. But enough of this.

CHAP. XVIII.

OF AMPUTATION OF THE THIGH,

VARIOUS means have been contrived for preventing the projection of the bone after the amputation of the thigh; all of these however have been employed without success. The two principal means from which we reasonably expect most, are the forcible retraction of the muscles during the operation, in order to saw the bone off as high as possible, and the quick healing and uniting of the wound without suppuration. I shall relate a case in which I sawed off the bone as high up as it can well be done, and where the wound

united as early as possible, and yet a monstrous projection took place soon after.

The posterior muscles of the thigh generally retract themselves much more strongly than the anterior after this operation. They begin to do this even during the cure, and the consequence is, that after the cure is completed, even though it goes on quickly and without suppuration, the stump is for the most part oblique, and not very convenient for the application of an artificial leg. This might perhaps be prevented, if in the operation the muscles were cut obliquely, that is, in such a manner, that the anterior muscles be cut higher, and the posterior muscles lower down. This practice appears to me to be attended with no kind of difficulty; I would therefore generally recommend it to surgeons.

In the case which I am going to relate, my readers will see an Allansonian amputation, but performed in a manner peculiar to myself. And I believe I may venture to recommend it, for an
Allan-

Allansonian amputation can hardly succeed better than this one did: and I am still of opinion, that the practice recommended by Allanson, of endeavouring to make the stump concave, is very difficult, even impossible.

OBSERV. LXIV. A BOY about 14 years of age, otherwise healthy, had for a long time had a caries in the right tibia, which had come on spontaneously, but had probably been occasioned by a metastasis. The disease was of pretty long standing, when he at last applied to me for advice. As upon laying open the fore, I found that the tibia was carious nearly through and through, that the head of it was enlarged and the knee joint was also somewhat painful, I determined upon amputation. The boy had indeed a hectic fever, but this was probably the effect of the local complaint.

The incision was made three finger breadths above the knee. An assistant grasped the limb with both his hands above the place of the incision and kept the skin firm. With the first circular cut

cut, I not only divided the skin, but also the cellular membrane to the external surface of the muscles; this is necessary to admit of the skin being pulled strongly back. If the cellular membrane be not entirely divided, it will generally be found that it contracts, when the skin is pulled upwards, and by that means prevents the skin from being drawn up very far.

Whilst the assistant now drew back the skin as far as possible, I once more with a second circular incision, cut through the cellular membrane as far as the muscles, just below the edge of the retracted skin, by which means the assistant was enabled to draw the skin considerably higher than before; so that the upper edge of the skin, was at least three large finger breadths distant from the under. It is therefore not at all necessary to follow Allanson's advice of dissecting and turning back the skin all round from the subjacent muscles. A practice which is both tedious and troublesome.

With the third circular incision I cut through
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the muscular flesh by the edge of the retracted skin, not so far as the bone, but only to about the middle of its thickness. Then with the crucial compress, I made this external part of the flesh be pulled up as high as possible, and I now with a fourth cut, divided the remaining muscular flesh down to the bone, at the edge of that which had been drawn up. The whole flesh was now drawn back so strongly with the crucial compress, that the bone was denuded two fingers breadth at least, and there sawed through.

After the skin and muscles were drawn down, the stump had the appearance of a deep concave surface, in the upper part of which the bone lay so deep that it could not be seen.

After the vessels were tied, the stump was pressed together on both sides, so that the wound had the appearance of a fissure, which run from before directly backwards. The edges of the skin were so close together that the wound resembled a very fine slit. The skin was fastened by means of adhesive

adhesive plaster ; the flesh of the stump was pressed together by means of a bandage, and of bolsters of charpee placed on both sides of the stump. The ends of the ligatures hung out of the under and back corner of the wound.

So little fever followed that the patient got no medicine whatever during the whole time of the cure. Even the hectic fever soon disappeared, so that the patient was entirely free from fever on the ninth day.

On the fifth day, when the bandages were taken off, three quarters of the upper part of the wound were united and quite dry, the under part, out of which the ligatures hung, was moist, but discharged only a few drops of purulent matter during the whole cure. On the eighth day, the open part which was in the most depending corner of the wound, was scarcely a finger's breadth. On the eleventh day, the threads of the ligature dropt off, and the remaining small opening closed in a few days.

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The patient went out of the hospital with a more lively appearance, and with more strength than when admitted. The stump however was oblique notwithstanding it had healed so quickly, because the posterior muscles had already contracted.

I saw the patient eighteen months after, and to my great astonishment found that all the muscles round the bone had retracted in such a manner, that the bone projected a whole hand breadth covered only with the skin.

C H A P. XIX.

OF THE GUTTA SERENA.

I HAVE lately restored the sight to several patients who laboured under a gutta serena. In all these cases the cause of the gutta serena seemed to be seated in the abdominal viscera, for I cured them all by means of medicines which dissolve obstructions in the viscera, and evacuate. Two patients were even cured by these same medicines where there was much reason to suspect another cause, and to chuse other medicines.

Experience therefore confirms me more and
more

more in the opinion, that the cause of gutta serena is most frequently to be found in the abdominal viscera, and daily justifies me more in recommending the use of deobstruent visceral medicines, even in cases where they are not evidently indicated, or where there is no determined indication to any medicine whatever. I can affirm that I have not unfrequently performed a complete cure, in cases where I hardly expected it, and in some where the disease had actually continued for several years.

OBSERV. LXV. JOH. HEINR. LUCS, aged 19 years, was admitted on the 16th of August. This otherwise healthy man had frequently had epistaxis, which having ceased to return about two years ago, he soon after remarked black spots before the right eye.

The sight of this eye became gradually weaker and weaker, and in six months it was entirely lost.

The year after about Michaelmas, he also observed like a circle of smoke before the left eye; and this eye likewise became weaker and weaker. This eye however was alternately better and worse. At certain times he could see pretty well with it, but at other times scarce any at all. Before both eyes, he frequently saw fiery sparks.

The pupils had their natural blackness and mobility, but the right was a little dilated. With the left eye he could now distinguish large objects indistinctly, with the right eye, he did not see at all.

℞ Tart. emet. gr. iij. solv. in aq. font. ℥ vi.
sum. om. bihor. cochl. j. mag.

20th. The medicine occasioned some nausea.

23d. He could this day with the left eye read a little of large writing, which he could not do a few days before.

30th.

30th. He got an emetic, which made him vomit twice, and occasioned two stools. Next day he again made use of the former medicine.

Sept. 5th. He thought he perceived some degree of light before the right eye. He now got the following pills. R. gum. ammon. aff. foetid. fapon. venet. rad. valerian. summitat. arnic. *a.* ʒij. tart. emet. *gr.* xvij. ft. pil. pond. gran. ij. quar. sumt. ter quotid. No. XV.

13th. He saw tolerably well with his left eye, and did not observe so many black spots before it.

17th. The black spots before the left eye had altogether disappeared. The right eye was not much better.

22d. Ten grains of tartar emetic made him vomit four times.

30th. He now took 24 pills three times a-day.

Oct. 6th. Little change in the right eye; the left becoming daily better; he can now read small writing with it.

10th. He complained of nausea, bitter taste, some headach and want of appetite. Eight grains of tartar emetic occasioned bilious vomiting three times and four stools.

20th. He thought he saw somewhat better with the right eye.

30th. The right eye grows better. The pupil moves, though sluggishly. He now took 32 pills thrice a day without feeling any nausea.

Nov. 10th. The sight of the right eye improves daily; the pupil moves briskly.

17th. He saw perfectly well with his left eye, with the right not so well, but it was so far better, that he could easily read middle sized print with it. As he wished to return home he was allowed

to

to go out of the hospital, with the advice to continue the use of the pills for some weeks.

I have particularly made choice of this case, because it shows how necessary it is to persevere in the use of these medicines. With these pills I have restored the sight to patients, in whom the first beginning of amendment did not appear, till after using them for six weeks, and the complete restoration of sight was only accomplished by the continued use of these pills for four months.

OBSERV. LXVI. A PATIENT took these pills for seven weeks without any sensible effect. In the eight week stools which had the appearance of pitch were produced, which continued for three weeks, and during that time, the weakness of the eyes, which nearly amounted to blindness, went totally away.

In some people these pills occasion an evident evacuation of noxious matter, and at times give clear indications for emetics and purges. In some

people they remove the disease without any apparent morbid evacuation.

OBSERV. LXVII. A YOUNG lad of 13 years of age, by their use for five weeks, recovered his sight, which he had been deprived of for nine months, though during the whole time, there was no evacuation whatever, nor did any indication for vomiting or purging appear.

The long continuance of this medicine, is not more necessary than the gradual increase of its dose. Patients become so accustomed to it, that they can take it in very large doses, without feeling any inconvenience whatever.

The complaints which it occasions are an inclination to vomit, or a diarrhœa. As soon as I perceive these effects, I increase the dose no further, and when these effects do not go off, I diminish it. So long however as these complaints do not appear I continue gradually to increase the dose.

Patients

Patients are sometimes much incommoded by the use of these pills from the very first; they are heated by them, and rendered uneasy, their head becomes affected, their sleep disturbed, and the sensations in the eyes are increased, &c. In such cases I order soluble tartar with the extract. gramin. or taraxac. and an emetic and purgative, as often as they are indicated; and after some time I make trial of the pills again, the use of which I continue, if they agree with the patient, or again omit them if they do not agree. But generally the patient bears them tolerably well, after having taken the soluble tartar for two weeks.

Sometimes I know beforehand, that this will happen. If the patient has very much sensation of tension in the eyes, often the appearance of fire before his eyes, frequent headaches, or vertigo, bad taste, an irritated pulse, the urine of a deep colour, restlessness, frequent heats, &c. I immediately give him the soluble tartar, and make him continue its use till these symptoms disappear.

The first symptoms of amendment, which give reason to hope for success in the cure of the gutta serena, are the disappearance of the fiery sparks from before the eyes, and of the sensations of tension in the ball of the eye.

OBSERV. LXVIII. A WOMAN who on account of a gutta serena, which deprived her totally of sight, had been a considerable time in the hospital, and for which a variety of medicines had been tried in vain, was infected by another patient with the petechial fever, of which she was cured by frequent evacuations principally, and during this time she recovered her sight. There are few fevers which set in motion, or render moveable old obstructions in the abdomen more than the petechial. Boerhaave wished he could produce agues. In obstinate amaurosis, we should perhaps wish to be able to produce petechial fevers.

CHAP. XX.

OF MUCOUS CONSUMPTION.

OBSERV. LXIX. MARY SCHWIEGERS-
HAUSEN, aged 36 years, had had an ague, which,
apparently owing to improper treatment and bad
diet, had degenerated into hectic, and in this
state she was admitted into the hospital on the
20th of May.

She coughed up much seemingly purulent,
sometimes greenish mucus, had very red cheeks,
sweated in the mornings and was much emaciated.

A mixture of sal ammoniac, tartar emetic and chamomile flowers in powder was prescribed.

On the 21st in the afternoon, she had a marked fever, with spasmodic complaints in the throat, so that she could not speak for three hours. The abdomen was much swelled. Two injections opened the belly with much relief.

On the 22d she got the potio Riverii. Two stools followed, which procured her great relief. The fever appeared again in the afternoon, with the spasmodic affection of the throat, which resembled a globus hystericus. Frequent purulent like expectoration the whole day.

23d. She took a gentle purge in the morning, after the operation of which, she felt herself very well. The feverish fit was milder this afternoon.

24th. She again got tartar emetic and potio Riverii. The cough was this day a little more moderate, and the fever still weaker than yesterday.

The

The expectoration less purulent and more mucous.

25th. In the forenoon her pulse was perfectly free of fever for the first time; in the afternoon a very considerable paroxysm took place. The breast was more free; the cough more gentle; the expectoration more mucous.

26th. She got a vomit which evacuated a great deal of slimy bile, and produced several stools. In the afternoon no fever for the first time.

She continued to take tartar emetic in small doses till the 2d of April, during which she had now and then some liquid stools, and the fever with the cough and expectoration totally disappeared. She now got elix. vitriol. Mynf. and as she felt herself quite well, she went out of the hospital on the 6th of April.

OBSERV. LXX. HENRY FASSEL, a weaver, aged 22 years, was admitted into the hospital on the

the 19th May 1791. This weakly man first felt two years ago flying pains in his breast. In September 1790 he became affected with a dry cough, and began to be troubled with bad digestion. In December, after violent motion, he was attacked with hæmoptysis, and ever since he has had constant cough with a greenish mucous expectoration. He now also felt flying pains in the breast. He had an evident feverish fit in the evening. The potio Riverii was prescribed for him,

On the 22d in the afternoon the fever was strong. He had sweated profusely during the night, and particularly towards morning. The expectoration was to-day very copious, and perfectly purulent.

26th. Pulse hard, small and quick. Copious expectoration, which had a peculiar taste and a yellowish appearance. Still constant pains in the breast,

29th. He

29th. He got an emetic which evacuated a great quantity of bilious flime,

30th. He coughed little. The pains in the breast, of which he had always hitherto complained, were gone. He got *serum lactis tamarindatum*.

June 2d. No more fever was to be observed, the pulse was perfectly calm, the tongue clean and no bad taste. He complained of violent pain in the shoulder.

3d. Pains in the shou'lder gone, but he had violent pains in the left foot. *Lichen islandicus* with *dulcamara* was prescribed,

9th. The expectoration is now no more purulent but mucous. Pains of the foot diminish.

19th. Cough and expectoration quite gone, as also the pain of the foot, pulse calm and soft, the patient has no complaint.

23d. He

23d. He went out of the hospital.

OBSERV. LXXI. A SHEPHERD of Eichsfelde æt. 25, was during the night thoroughly drenched with rain and was obliged to remain in his wet clothes till morning. From this time he found himself unwell. Six weeks after he came into the hospital. He had a violent cough, and spit up a greenish purulent like matter, his breathing was short, he had pains in the breast, and sometimes in all his limbs, a pale countenance with red cheeks, and was much emaciated,

As he complained of violent flying pains in his breast, had a red tongue, the pulse indeed not full but tense, hard and quick, and the skin disagreeably warm and dry, I ordered him to lose six ounces of blood, and gave him tamarind whey for common drink.

After this he felt himself much relieved, had less pain in his breast, did not cough so violently, and expectorated more easily. The expectoration

also

also, had not now so much the appearance of purulency, but was more mucous and colourless.

Three days after, the pain of the breast again became violent, the pulse tense and quicker, the cough more frequent and the expectoration of a greenish yellow colour and purulent. A bleeding to the quantity of five ounces, and an emulsion with salt-petre procured again a diminution of all symptoms, particularly of the pain in the breast. The expectoration again underwent a change, it lost its yellow colour and part of it became plainly mucous.

In eight days the symptoms again grew worse; the pain which always spread through the whole breast and had no fixed place, became again more acute, the pulse quick and tense, and the expectoration yellow and purulent. After a blood letting of five ounces, this exacerbation also soon subsided.

The patient now drank tamarind whey, which
generally

generally occasioned two stools daily. During this his pulse became by degrees quite natural, soft and slow. The pain of the breast remained, but was not severe, and the expectoration continued purulent, but came up easily and was colourless.

The 9th day after the last bleeding, the patient began to take lichen islandicus with dulcamara; by the continued use of which for fourteen days, the cough and expectoration went quite away, so that at the end of the sixth week after his admission into the hospital, he went out of it perfectly recovered.

Weakness of the lungs alone is very seldom the cause of mucous consumption. The disease can seldom be cured solely by tonics. In most cases it proceeds from an irritation, which acts upon the lungs, and increases the secretion of mucus in them, or so deranges that function, that what is separated, is not a healthy, but a discoloured purulent like mucus. In most cases therefore the
cure

cure chiefly depends on finding out the irritation which causes the disease, and on removing it. In a word the *phthisis pituitosa* appears to be the same in the lungs, as the fluor albus in the uterus, and the gonorrhœa in the urethra. This is proved by the foregoing cases, in which the disease was evidently occasioned by gastric and rheumatic irritations.

If weakness and languor were solely the cause of this disease, an increased afflux of fluids, and a more copious secretion of mucus might at any rate be suspected. But there is here a *secretio per-versa*, the mucus is yellow, green, thick and resembles pus. It would probably be thin, copious and watery, if *atonía pulmonum* was alone the cause of the disease.

The disease frequently comes on suddenly in people who previously had no symptoms of weakness of the lungs, and it plainly arises from causes which could not occasion weakness of the lungs.

The

The symptoms of the disease sometimes incontrovertibly point out a stimulus which acts upon the lungs. The violent cough, the painful sensations which many patients have in their breast, and the irritated pulse from the beginning of the disease, are particular of this kind.

Also the termination of this disease in purulent phthisis is much more probably the effect of irritation than of atony of the lungs.

Lastly the frequent changes in the symptoms of the disease, the cough being sometimes more violent, sometimes slight, the pulse being more or less irritated at different times, the expectoration being at one time more of a mucous nature, and at another time more like pus, sometimes colourless, sometimes yellow and green, give reason to suspect sometimes the more gentle sometimes the stronger action of a stimulus: these circumstances at least cannot be accounted for by *atonia pulmonum* alone.

From

From all this then I think we may with great probability conclude, that the most common cause of phthisis pituitosa is an irritation, which directly or by sympathy acts on the mucous glands of the lungs, and prevents them from properly preparing and secreting the mucus. And from the opportunities I have had of seeing this disease, I believe that in the most cases this irritation is rheumatic or gastric. *Plurimi phthisici ex abdomine laborant*, says a great physician. But I do not in the least doubt that stimuli of other kinds may frequently have a share in this disease: and I always think that venereal consumptions, which are so easily cured by mercury, are merely mucous consumptions.

Tubercles and indurations in the lungs are frequent, always dangerous concomitants of phthisis pituitosa: they are perhaps not unfrequently the cause, and may be the very irritation, or may contain that which excites the disease; they may sometimes also be the consequences of it. They generally render the disease incurable.

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It

It is often very difficult to distinguish the mucous from the purulent consumption. I confess that I have often found myself unable to decide; and I am perfectly convinced that this pituitary or mucous phthisis is often taken for the ulcerated, and that frequently when a purulent phthisis is said to have been cured, it has been merely a mucous one. From the *modus operandi* of some very famous medicines against phthisis, we may with probability conclude, that an error of this sort is not so very unfrequent. I always think that those consumptions which have been cured by issues, myrrh sugar, oleum asphalti, dulcamara, &c, have been mostly of the mucous kind.

I know of only one mark on which we can in some measure depend, and this is the various and often sudden change in the state and properties of the expectoration. In every case at some period of the disease, it loses for a short time the purulent appearance and becomes plainly mucous; and this is the time to discover the nature of the disease. Every thing depends on not allowing this opportunity

opportunity to escape ; I therefore advise, in doubtful cases, to examine the expectoration daily.

It generally resembles pus so much, that it is difficult to distinguish it from true purulent matter. The other symptoms of phthisis pituitosa are the same as those of the purulent phthisis.

Though I think it probable that the common cause of phthisis pituitosa is an irritation, I by no means deny but that weakness of the lungs may have a share in the disease, either as a predisposing cause or as a consequence of it, and that it merits attention in the cure : I therefore advise the use of corroborants, towards the end of the cure, after the irritation has been almost or altogether removed, and among these particularly the lichen islandicus, the efficacy of which is confirmed by a great deal of experience.

With this alone I have radically cured several cases of mucous phthisis, which had followed bilious fevers. If the lichen islandicus acts merely

as a strengthener of the lungs, I should then indeed be obliged to conclude, that in such cases the disease arises solely from atonia pulmonum.

C H A P.

CHAP. XXI.

A CASE OF IMPERFORATED VAGINA.

OBSERV. LXXI. A YOUNG woman of 21 years of age, who had never menstruated, had been afflicted with a variety of complaints for four years. During that time, she had taken the advice of many physicians, who had all of them ordered for her various emmenagogue medicines, which not only had not removed, but had rather aggravated her complaints.

As she now complained of uneasiness, pain, and tension in the region of the pelvis, as her abdo-

men was distended, as she had a frequent desire to make water, and voided the fæces with difficulty, and as she told me that though all these complaints continued uninterruptedly, yet that they became worse for some days every four weeks, I began to suspect that there might be some mechanical obstruction, which prevented the efflux of menstrual blood. I therefore examined her by the touch.

I accordingly found the vagina shut up, neither however in the usual place, nor manner, but by an actual cicatrization of the sides of the vagina to each other, which in that place was quite contracted, and united. This place was nearly about the middle of the vagina, between the os externum and os tincæ. Every thing there felt quite hard, and no fluctuation was any where to be perceived, so as to satisfy me of the accumulation of menstrual blood above the diseased part.

I introduced a finger into the rectum, to endeavour, if possible, to ascertain what I suspected. I now quite plainly felt the vagina at the imperforated

forated place, as if drawn together, and further up great distension and fluctuation.

On my enquiring into the cause of this cicatrization, her mother told me, that when her daughter had had the small pox, then eight years old, she had complained of pains in the vagina, and that pus had issued from it for some time.

There was a necessity for making an opening through the imperforated place, but it was difficult to do it without wounding the bladder or the rectum, and to point the instrument with which it was to be made in such a manner as to introduce it directly into the upper part of the vagina.

I however with the finger in the rectum quite plainly felt, that the imperforated part was very short, and therefore hoped to find the right way. For this operation I did not make choice of the trocar, which in this hard, inelastic, cicatrized place, would have made too small an opening; but of the usual pharyngotom, whose blade was a

finger's breadth. I applied it to the imperforated place, in such a manner, that the two edges of the blade were directed to each side of the vagina, and so as to avoid the urinary passages above, and the rectum below.

After having introduced the instrument in this manner, I felt with my finger in the rectum, that I might be perfectly certain of its direction and situation. I now forced the blade out of the sheath, and it pierced the imperforated part with some difficulty.

There immediately issued out some thick, tough, black, pitchy like, but quite inodorous blood, the flow of which however very soon ceased. Upon introducing my finger into the opening in order to dilate it, a very considerable quantity more flowed out, and as the discharge again soon ceased, the patient got upon her feet, and by coughing, pressure and agitation brought a good deal more away.

I plainly

I plainly perceived that the quantity accumulated was not nearly evacuated; to promote however its discharge, I twice threw up an injection. But as the patient at last became fatigued, I introduced a tent into the opening by means of a sound, in order to prevent its closing anew, and put off the evacuation of the rest of the blood till the succeeding day. The patient found herself quite well during that time, and continued to lie on her back that the tent might not any how fall out.

Next day when the tent was removed, black viscid blood immediately again issued out, but along with it an intolerable cadaverous stench, which in a few moments filled the whole room. Such was the high degree of putrefaction, which the blood had run into upon admitting the air, in the space of twenty-four hours, though the same blood, which had been shut up for years, was the day before quite inodorous.

I therefore

I therefore looked upon it as indispensably necessary, in order to obviate the effect of putrefaction on the whole body, completely to evacuate the whole remaining blood immediately. I caused her to get upon her feet and by means of coughing and pressure promote the discharge. I made the lower part of her belly be rubbed. I introduced my finger several times in order to dilate the opening, and continued to inject warm water and honey, till it came out colourless.

In similar cases I look upon it as an important rule, to evacuate all the accumulated blood, immediately after the operation, or at least as soon as possible, and I believe that we have actually reason to fear bad effects upon the whole body from this local putrefaction, by delaying the evacuation too long. Mr. Steidele saw a girl die after this operation, in consequence of a putrid inflammatory fever, and I strongly suspect that the neglect of the above mentioned rule was the occasion of it.

The

The circumference of the opened part felt hard to the finger, and was very inextensible. The question now was, to prevent its closing up again, and to dilate it by degrees. This could not be easily effected by means of a tent, for we found it fell easily out, especially when the patient stood upon her feet. I therefore made choice of a large bougie for this purpose.

The opening was now so large, that I could pretty easily pass my fore finger through it. I therefore at first made the bougie of the thickness of a finger, and gradually increased it to above an inch diameter. By the means of a T bandage in the beginning, and afterwards by means of bandages tied to the end of the bougie and fastened externally by sticking plaster, the bougie was kept in its place. At the end of three weeks my patient left me, and I have heard no more of her since.

She was at that time indeed in perfect health, but it was much to be feared, that she could not
bear

bear children without great danger, as the vagina at the perforated place, had almost entirely lost all degree of extensibility.

CHAP.

CHAP. XXII.

OF HYDROPS VAGUS,



I DOUBT much whether obstructions of the viscera be the most frequent or chief cause of dropsy. I have often found (and what attentive physician has not?) both ascites and hydrothorax without the smallest observable fault either in the viscera of the thorax or abdomen, and on the contrary, have often found such morbid appearances in the highest degree, in people where there was not the smallest tendency to dropsy.

And how indeed could a disease like the dropsy,
which

which is often at the very beginning, and always at the end, a constitutional and general disease, arise from a cause which is merely local, and which gives only a local impediment to the circulating fluids?

That a local obstruction, a local impediment to the circulation of the lymphatic fluids, may occasion a local dropsy, that pressure upon the spermatic cord may occasion hydrocele, or that tubercles in the lungs may sometimes produce hydrothorax, I by no means deny; but that the general derangement in the circulation of the lymphatic fluids, which is so often observable in the dropsy, should arise from a local obstruction, appears to me very improbable.

And why should an obstruction of the spleen, liver, &c. only impede the circulation of the watery fluids; why not impede the circulation of the blood in general? Should we not have always reason to expect, that in dropsy, supposing it to arise from obstructions of this kind, symptoms of
general

general impeded circulation of various kinds in the abdomen and in the lower extremities should take place. If obstructions of the spleen can occasion vomiting of blood, if obstructions of the liver can occasion hæmorrhoidal symptoms, why then do we not observe, sometimes at least in dropfy, hæmatemasis and hæmorrhoids, which are the consequences of obstructions of these viscera?

How many dropfical people are there not, who during their dropfy, if the water be opportunely evacuated, feel themselves pretty well, have an appetite for their meat, go about their affairs, transact all their business, &c. while these people should have a considerable obstruction in the abdominal viscera.

OBSERV. LXXII. I ONCE saw an Italian merchant who sat at an ordinary in Holland, eating with a good appetite, who was all over dropfical. Upon my enquiring into the state of his health, and advising him not to neglect his disease; he answered, that he found himself in other respects

spects quite well; and that he was convinced, his disease was of little consequence, for that he had already been five times in Holland, had each time got the dropfy, which had always gone off, as soon as he arrived at his home in Italy.

It very frequently happens that the disease takes many changes during its course; it disappears for a time, and again returns, it is sometimes present in a slight, sometimes in an alarming degree, accompanied with different symptoms at different times. Is it credible that obstructions in the viscera, a cause which continues constantly to act in the same uniform manner, could so vary and change in its effects?

Debility seems to have a greater share in this disease. That it sometimes arises from debility alone, and that sometimes tonics only are necessary to cure the disease is beyond dispute. But this happens very seldom, and in peculiar cases, which the physician easily finds out from the previous

vious causes, evidently debilitating, and from the present symptoms of weakness.

In the generality of cases, debility of the whole body, but chiefly of the lymphatic system, seems alone to be the predisposing cause, and a preternatural irritation, which acts in such a manner on the lymphatic system, as to derange the circulation, secretion, and excretion of these fluids, and thus occasions obstructions, accumulations and effusions, appears to be the common *causa præcatarrhica*.

The more irritable and weak the body is, the more easily does a stimulus seem to produce dropical symptoms. Hence women are more subject to dropsy than men.

The irritation which might occasion dropsy in a weakly body, would frequently not have had that effect in a strong person. For the most part therefore in the cure of dropsy, in ordinary cases, two things are to be done; to remove irritation

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and

and to strengthen the system. Yet it is by no means to be denied, that dropsy sometimes happens in strong and healthy bodies, that debility has no share at all in the disease, and that to cure the disease, there is frequently nothing more required than to remove the irritation which causes it.

That such an irritation is a common cause of dropsy; that consequently the dropsy is frequently as it were a spasmodic disease of the lymphatic system, the following circumstances I think incontrovertibly prove.

Certain determinate peculiar irritations are sometimes clearly the cause of the disease; and these are the cases, in which the disease is chiefly curable. How many examples are there of dropsies, being the consequence of the itch improperly treated?—of eruptions of the skin, which have gone in?—of the venereal poison, and such like? Who can doubt that the dropsy which follows scarlet fever is to be ascribed to an irritation alone.

But

But no kind of stimulating matter excites dropfy more frequently than the rheumatic and gouty. In autumn 1791 when almost all difeases were of a rheumatic nature, dropfical fymptoms fometimes accompanied them, which always difappeared, as foon as the *materies rheumatica* was deftroied.

OBSERV. LXXIII. A PATIENT had a violent rheumatic headach. This fuddenly vanifhed, and immediately after his feet fwelled. Seven days afterwards the headach returned, and the fame night the *oedema pedum* difappeared. How many cafes are there of dropfy, in confequence of catching cold? Does not experience teach us that the dropfy is much more frequent in damp marfhy countries, and there more difficult to cure than in dry countries: that the difeafe in warm climates frequently even difappears of itfelf? I fhall fpeak of this afterwards more at length in the hiftory of a rheumatic dropfy.

Dropfy arifing from rheumatic irritation is of the very worft kind. Irritation difficult to be de-

stroyed, and rooted debility here combine in producing the disease.

Even in such cases, where there is no irritation evidently of a peculiar nature exciting the disease, still it is probably occasioned by irritation. The dropsy, which in cacochymic and cachectic subjects takes place as it were gradually of itself, without any particular external or accidental cause, I do not ascribe, as people generally do, so much to old diseases of the viscera, as to an acrimony and corruption of the lymphatic fluids.

Even where obstructions of the viscera have actually a share in the disease, I think it probable, that such a cause acts as a fixed irritation and not as an impediment to circulation.

That irritation is a very frequent cause of dropsy; that dropsy is often only an *affectus spasticus systematis lymphatici*, we may conclude from the strength and *modus operandi* of the medicines particularly recommended against it in modern times.

times. The modern physicians of the highest authority advise the combination of diuretics with antispasmodics and tonics. Fordyce (*Fragmenta medica*) recommends a mixture of squills, salt-petre, pepper and opium. In the *London med. Journ.* Vol. 2, a mixture of camphor, guaiacum, tartar emetic and opium is recommended. Mason (*Med. Observ. et Inq.* V. 6.) extols the effects of opium with the infus. baccar. junip. spirituof. Darwin (*Med. Transf.* V. 3) recommends bark and opium, and Leake (*Med. Instruct.*) a mixture of salt of tartar, acet, scillit. tinct. antimon. et tinct. opii.

Mercury which is so much celebrated in obstinate dropsies, perhaps acts less as a deobstruent, than as a sedative and antispasmodic. Thus it operates at least in tetanus, hydrophobia, and in all inflammations.

OBSERV. LXXIV. An HOSPITAL patient, who was exceedingly swelled, was attacked, I know not from what cause, with an inflammation

on the inside of his thigh, which gradually became so violent, that it suppurated. As the pain from the inflammation became violent, the urine which notwithstanding of every kind of diuretic had hitherto been very scanty, began to flow very copiously, and the dropfy gradually vanished.

After some time the disease returned. All diuretic medicines were ineffectual. A pain in the side induced me to apply a blister there. It had hardly begun to operate, when the urine began to flow and continued to do so, till all the water was evacuated. It appears to me probable that the blister here acted as a sedative, or by carrying off the irritation. And blisters have frequently produced equally salutary effects in the dropfy: See Parr Mem. Med. Soc. Lond. V. 2.

All antimonial medicines, which are of such general use in dropfy, act, perhaps like emetics in small doses, as medicines which remove irritation.

Often

Often the only question in dropfy is, how to remove an irritation in order to take away the spasm which causes the water to accumulate, and stops up the kidneys. The syphilitic dropfy particularly proves this, for in proportion as the patient takes his mercury, the urine begins to flow, without the use of any diuretic medicines. And we cannot believe that mercury here acts as a deobstruent. I once saw such a patient, who began to make water freely with the second table spoonful of the solution of corrosive sublimate, and by the continued use of this solution, the flow of urine was kept up, till the dropfy entirely disappeared.

A patient (*Alix Observata chirurgica*) was attacked with dropfy after an ill cured itch. He was inoculated with itchy matter, and the disease had hardly made its appearance, when the dropfy vanished.

In fine do not the good effects of rubbing the abdomen with oil, and the flow of urine being by

this means restored and promoted, clearly prove, that the cause which prevents the flow of urine is of a spasmodic nature.

The appearances and symptoms which are often observed in dropsy, also prove that the disease proceeds from irritation and that it is of a spasmodic nature.

The patients very often have flying pains in their limbs, which fix themselves for a time in different places, but particularly they have often pains in the abdomen, with an irritated, quick, tense pulse. I could almost always say beforehand from the pulse of the patient, whether he had voided much or little urine. In many the primæ viæ are so irritable, that they vomit from the smallest dose of squills, and purge from the smallest dose of crystals of tartar.

The dry skin and sparing urine, are not occasioned by a defect of watery fluids, but are effects of an irritation, and of spasm the consequence of it.

In

In one patient, a few days before a new or increased swelling, the skin always became uncommonly dry, and the urine began to flow very sparingly.

I have several times seen a true *hydrops vagus*. Every one who saw the patient could not but perceive that a *stimulus vagus* was the cause of it. Sometimes the neck alone swelled, sometimes the face, sometimes an arm, sometimes the feet. Twice the patient had all the symptoms of hydrothorax, and once of dropsy of the lungs. He had ascites repeatedly. And all these swellings changed and took place so suddenly, that in the evening there was not a vestige of that swelling to be seen, which in the morning was prodigiously large. The irritating matter which wandered up and down the body, occasioned symptoms of a nature perfectly different : for once the patient had actually a feverish stitch in his side, and again for a considerable while he had the *phthisis pituitosa*. And during this he was quite free from all dropfical complaints ; but I shall at the end of the chapter

ter relate the history of this patient's case at full length.

Another patient who had frequent relapses of dropsy, had always pains in the limbs, breast, &c. so long, as he was free from dropsy, but as soon as these pains vanished, he again swelled.

Restlessness, anxiety, quick pulse, cough and costiveness, are common symptoms in dropsy, and in my opinion are all effects of an irritation. They are too changeable and inconstant to be ascribed to other causes, which act uniformly, *e. g.* to the acrimony of the water, the pressure of the water on the viscera, the defect of fluids, &c.

And why should we be surpris'd, that amidst all these spasmodic derangements of the circulation, obstructions should take place? Is there not reason to believe that the obstructions which are sometimes met with in dropical people, are often rather the consequences and effects, than the cause of the disease?

I am

I am far from asserting that dropsy is always occasioned by an irritation, and that it is always a spasmodic disease; but from the reasons adduced, I am justified in saying, that it sometimes and I suspect often is so. I have surely reason to affirm, that the cure of dropsy often depends chiefly, if not entirely, upon finding out and removing preternatural irritation, and if that cannot be done, and yet symptoms of a state of irritation appear, sedatives must be joined with evacuants: and when debility has a share in the disease, tonics must be joined with evacuants.

I shall conclude this article with the history of two cases, in which my readers will plainly perceive an irritating matter wandering through the body, which alternately affected different parts of the body, and occasioned in succession a great variety of symptoms, particularly almost every kind of dropsy. I call the disease *hydrops vagus*, and think I am right in so doing. I write the cases plainly from the journal of the hospital, and I hope
that

that the instruction which they contain, will make up for their prolixity.

OBSERV. LXXV. JOHN DIETRICH GREIFENFELD a cloth maker, aged 22 years, was admitted into the hospital on the 9th of August 1790. He was all over dropfical; he had not only a large ascites, but also hydrops anasarca over his whole body. In other respects he was tolerably well, was without fever and took his meat with appetite. On our questioning him about the cause of his disease, he could give us no account, but that he had from his childhood, with a delicate irritable constitution, lived in poverty and misery, inhabiting low, uncomfortable, moist dwellings.

By the use of a mixture of aq. hyssop. tart. tartaris. extract. herb. nicot. kerm. miner. and squill. a great quantity of water passed off by stool and urine, but without any great amendment upon the whole.

Aug. 17th. He took an emetic, which evacuated

ed much viscid bile, and occasioned some feculent stools with great relief.

18th. He took crystals of tartar with tartar emetic in small doses. Some feculent stools followed. The swellings of the lower extremities were quite gone. The upper part of the body was highly oedematous. He complained of violent pains in the feet.

19th. He got an infus. herb. card. benedict. flor. sambuc. with spirit. Minderer. vin. antim. Huxh. and rob. sambuc.

21st. Feverish pulse, headach, restlessness, bad taste and a foul tongue. An emetic which occasioned strong bilious vomiting, removed all these complaints.

From the 23d to the 26th, he took a mixture of sal tartar. acet. scillit. extract. dulcamar. and vin. antim. Huxh. during which he made much water, and felt himself vastly well.

28th. Cough,

28th. Cough, stitch in the breast, short breath, lies with difficulty on his back. A blister was applied to his breast, and vin. antimon. Huxh. with tinct. opii. was given him.

30th. Pain of breast gone, cough less frequent, and he can now lie with ease on his back. He got creme of tartar with guaiac, and an infusion of dulcamara. The oedema much diminished in the upper part of the body, and indeed almost gone.

Sept. 8th. A new, sudden, and general oedematous swelling of the whole body, with much thirst, very small quantity of urine, and a small contracted pulse.

Sept. 9th. Bilious vomiting and many feculent and watery stools. By means of creme of tartar the stools were continued for several days, with evident diminution of the oedema.

18th. The urine began to flow copiously.

28th. The

28th. The patient was very well, quite free from pain, and from all dropfical fymptoms, but extremely debilitated. I ordered for him nourifhing diet and the Peruvian bark.

Oct. 9th. Cough without fitches, fhort breath, flying pains, moftly in the breaft, and a purulent like expe&tionation. He got falep and dulcamara.

20th. Great inclination to vomit. The patient threw up every medicine which was in the leaft irritating. Pains in the breaft and abdomen. Not the fmalleft remains of dropfy to be obferved.

Nov. 6th. Frequent purulent expe&tionation. A true phthifis pituitofa. Evacuations by urine and fool natural. No more appearance of dropfy. He got lichen iflandicus and dulcamara.

9th. In the morning the expe&tionation was greenifh, during the day quite white. The cough
extremely

extremely violent. Besides the other medicines, he got a dose of opium at night.

12th. Violent *rheumatic pains* in the nape of the neck, where a blister was applied.

20th. Cough more gentle, expectoration more mucous. All evacuations good; sleeps well.

26th. The patient better in every respect. Pulse soft and calm, cough gentle, expectoration not copious, and always more and more mucous. Appetite good, excretions natural. Opium discontinued. Lichen island. and dulcamara continued.

Dec. 16th. Cough and expectoration diminish more and more. He takes besides the lichen island. and dulcamara the bark and elix. visc. balf. Kleinii.

18th. The patient now quite free from cough. No expectoration whatever. Appetite very good, Evacuations natural. He still frequently has
headach

headach and toothach. As he perspired spontaneously during the night, these also by degrees went away.

22d. The patient went out of the hospital perfectly well, and not the smallest remains of any of his complaints were to be observed.

In the history of this case who can mistake an irritating matter wandering about through the body, which sometimes occasioned pains in different parts, sometimes dropsy, sometimes a preternatural irritability and sensibility of the intestinal canal, and lastly a true phthisis pituitosa? But the continuation of the history will convince my readers more fully of this.

The patient who had left the hospital in good health about the end of December, wrote from Hameln on the 14th of February, that he then was employed as a journeyman clothmaker, and that he enjoyed perfect health.

July 19th 1791. He returned to Goettingen, and to the hospital again in a miserable condition. He said that he had continued well till the month of May, but had then got the itch, which soon disappeared by the use of external medicines.

Soon after this he observed a large, circumscribed, oedematous swelling like a great *goitre* on the fore part of his throat. Not long after a similar oedematous swelling appeared upon the breast bone, and some degree of ascites. In June, by the advice of a surgeon, he took Epsom salts with Pyrmont water for several days successively, which purged him briskly; and the diarrhoea still continued, so that he had three stools daily, without the least diminution of his dropsical symptoms.

20th. The day after his return to the hospital he made little urine, and that very high coloured, had still the diarrhoea, could not lie upon his back, and coughed much, particularly after lying a while. Water was clearly felt in the abdomen. On the fore part of his neck was a circumscribed
oedematous

oedematous swelling, which stretched down thin upon the breast, where it again swelled out and spread.

Dulcamara with spiritus Mindereri increased the diarrhoea, debilitated the patient, and procured no relief. On the contrary the ascites evidently increased, and the scrotum became oedematous. The expectoration also again put on a purulent appearance.

26th. The urine began to flow copiously, and the dropical symptoms abated during the use of a mixture of tart. emet. fal c. c. and acet. scillit. though he took it only in small doses, because otherwise it occasioned vomiting.

Aug. 3. Expectoration and breathing very difficult; he therefore got gum ammon. and mel scillit. which however we were soon forced to give up, as they occasioned severe diarrhoea. Seneka and tinct. opii were then given, from which

he felt his breast relieved, and the expectoration became more free.

9th. A very restless night. Oedema on the breast increased, the prepuce very much swelled. Expectoration less. He took crude antimony, dulcamara, and tincture of opium. The expectoration grew easier, but all the dropical symptoms increased to the highest degree. Every diuretic, even in the smallest doses excited vomiting and diarrhoea without the least relief. Urine very scanty.

14th. An inflammation attended with fever appeared on the inside of the thigh, which gradually spread, and became more violent. The urine which for some time with the use of diuretics had flowed in very small quantity, now began spontaneously to flow, and so copiously, that by the 20th all dropical symptoms had disappeared. The inflammation went into suppuration. The abscess was opened, and discharged good matter.

23d. A circumscribed oedema again appeared on the throat and breast in one night. Opium and squills were prescribed for him.

24th. Oedema less. The patient found himself very well; no cough, breathing free, and appetite good. The oedema gradually disappeared.

Sept. 2d The oedema again made its appearance on the throat and breast. Last night the patient had a sensation of constriction in the throat, so distressing that he was obliged to sit upright the whole night. He got lac sulphuris,

4th. The oedema had spread over the whole fore part of the breast. The ascites also again made its appearance. Ashes of tobacco were prescribed, as the lac sulphuris purged without doing any good.

9th. The tobacco ashes occasioned vomiting; crystals of tartar were therefore given in place of it, and volatile liniment was rubbed upon the abdo-

men. The urine flows in small quantity, and all the dropfical fymptoms increafe.

16th. The patient felt violent pains in the right fide of his breast. A blifter was applied to his breast. Soon after the pain vanifhed, and the urine began to flow very copioufly. This great flow of urine continued for fome days, and on the 22d not only the afcites, but alfo the anafarca had completely difappeared.

25th. The patient found himfelf very well in all refpects, the urine ftill flowed copioufly. Cough quite gone. Only fome remains ftill of oedema in the feet. He took extract. nicotian. and fulph. aurat. antimon. *aa. gr. j.* every three hours.

26th. The oedema of the feet alfo entirely gone.

27th. This favourable appearance was again fuddenly reverfed. The patient had had a very refflefs night, had a fevere cough, urine in fmall quantity and thick, and he had a very great degree of
oedema

oedema both in the neck and breast. The pulse was irritated and quick.

Oct. 1st. Cremor tartari occasioned watery stools, without the smallest decrease of the oedema. The cough became more violent, and the expectoration purulent.

12th. Pulse 120. Cough violent, with some blood in the expectoration. Strong wandering pains in all his limbs. Fluctuation in the abdomen. He got cremor tartari, squill. tartar. solub. and extract. hyosciami albi,

Next day the complaints of the breast diminished, the cough and expectoration by degrees entirely disappeared, and the pulse became calm; but the dropical symptoms remained unchanged, the pains, particularly in the thighs, were very violent, and the stomach was so irritable and sensible, that he almost constantly felt nausea and threw up very easily.

22d. The dropfical fymptoms had again gradually difappeared in confequence of a great flow of urine, but during this time the complaints of the breaft again returned, the expe&tion became quite purulent, the breathing very difficult, the patient could not lie on his back, and an oedematous fwelling of his right arm appeared.

During the whole month of November the ftate of the patient was not effentially changed. The ufual fymptoms, cough, purulent expe&tion, pains in the limbs, and the different dropfical fwellings alternated with one another. The ftomach and intefines however were always fo irritable, that almoft every medicine excited vomiting and purging. Upon a trial of camphor, the patient perfpired for fome nights fucceffively, with great relief. Anxieties, reftleffnefs, full pulse, heat, &c. forced us to lay afide this medicine in a few days.

At the end of this month, he feemed particularly to labour under *hydrops pulmonum et pectoris*. The whole face was fo much fwelled that his cheeks
hung

hung down like pouches. He had violent pains between the shoulders, very difficult respiration, could not lie down at all, but was obliged constantly to sit up, coughed without ceasing, and expectorated a quantity of watery mucus.

At the beginning of December, he had a general dropfy in the highest degree. His eyelids were shut, so great was the oedematous swelling of the face. He could scarcely draw his breath, and he coughed incessantly, so strong were the signs of hydrothorax. The oedema of the throat and fore part of the breast was monstrous. The abdomen, scrotum, prepuce and feet were all swelled to the highest degree. In fine the situation of the patient was truly deplorable, and his appearance frightful.

Diaphoretics produced great anxiety; cathartics operated violently and weakened him without diminishing the water; diuretics of whatever kind, had not the least effect, but easily occasioned vomiting. In these circumstances, I resolved to scarify the legs, and made in each two punctures
with

with a lancet on the inside of the calf of the leg, which I ordered to be frequently moistened with Theden's arquebufaide water.

The water flowed constantly from these openings for several days successively, and all the dropical symptoms gradually disappeared, even the ascites and all the symptoms of hydrothorax. But the irritability of the intestinal canal was so great, that the patient threw up, as often as he tasted any thing.

Dec. 6th. He became hoarse, and towards evening aphthæ made their appearance,

7th. He had a cold fit in the evening succeeded by heat, and what is remarkable, he made three pints of water during the cold fit.

For fourteen days successively this fever returned towards evening, and every time the urine flowed copiously during the cold stage.

18th. A

18th. An eruption appeared on the back which increased the following days, and appeared to be the itch. He got flowers of sulphur. The pulse gradually became quite composed, the breast free, the more copious flow of urine continued, the painful sensations went away, and every symptom of dropsy vanished.

At the beginning of January he got the decoction of logwood, and he felt himself quite well for several days. The itch seemed to have arisen from infection, for the patient now lay in a bed, in which one in the itch had lain. But the old complaints again appeared about the middle of January. The oedema of the breast and neck again returned. Fluctuation was also again to be felt in the belly. The urine flowed in small quantity. The pulse was small and irritated. Juniper berries, squills and flowers of sulphur were prescribed, by which the urine flowed again more copiously, and the dropical symptoms decreased.

At the beginning of February he had again a
sense

sense of tension in the breast, and pains in the limbs. On the 4th of February he was unexpectedly attacked with a violent fever; cold however was apparently the cause of it. Next day the fever was more violent, and accompanied with acute pains in the breast, which extended down to the abdomen. Sal ammoniac was prescribed.

A severe feverish paroxysm returned daily. But independent of that, the patient was never free of fever. In the mean while the urine flowed copiously, and all dropfical symptoms disappeared. But the pains in his limbs were very acute, and daily changed their place, so that the whole disease had the appearance of a *rheumatismus vagus febrilis*. The pulse was generally 100. At last the pains fixed in the breast, and occasioned a violent continual cough.

The fever first began to abate a little on the 16th of February. The cough however was still severe. The patient now perspired spontaneously every night. On the 19th, as the fever was very moderate,

moderate, he began to take *kermes*, from which the expectoration became easy, thick and concocted. The cough was more gentle and without pain.

During the use of the *kermes*, and continuance of perspiration in the night time, all those painful sensations which had at last fixed themselves in the left shoulder, disappeared, together with the cough and expectoration, so that by the beginning of March, he was entirely free of every complaint and perfectly well and hearty.

He now got *trifolium fibrinum*, and after he had enjoyed this good health for four weeks uninterruptedly, and had regained his strength, he was dismissed from the hospital in April.

Is it not extremely probable, that nature concocted and evacuated by the last really violent fever, the irritating matter which wandered through the body, and which had been the cause of all this varied train of obstinate complaints?

OBSERV

OBSERV. LXXVI. FREDERICK ALSCHWÉDE from Bovenden, aged 18 years, a gardener, who had already for several years a weak breast, was frequently attacked with catarrhus symptoms, cough and coryza, which always ended in a copious expectoration of long continuance.

In November he caught cold, having been exposed to cold and rain for a whole day, and soon after he was attacked with pains in both knees, so that he could not move them. He of his own accord applied a blister under the knee, and some days after this, a swelling appeared in both his legs, which extended above the knees. Soon after the abdomen and face also swelled.

He had at the same time vague pains in the breast and arms, and a cough which greatly aggravated the pains, with a perfectly purulent, sometimes even an ash grey coloured expectoration, in which there were often streaks of blood, and sometimes even pure blood. With all this he could not easily lie on the right side.

When

When he was admitted into the hospital his feet were much swelled. Fluctuation was evidently felt in his abdomen. His breathing was short. Headachs, bad taste, frequent attacks of spitting of blood, cough, particularly in the morning, and acute pains in the breast, and other parts were his chief complaints. His pulse was full, quick, and somewhat tense. Potio Riverii, sal ammon. and small doses of tartar emetic were prescribed.

Dec. 24th. The expectoration was of an ash grey colour, and streaked with some blood. The urine flowed pretty copiously, and the dropical complaints appeared to diminish. Next day he was attacked with a violent fixed pain in his breast, which was removed by cupping and scarifying. The bloody expectoration disappeared, and also the headach.

30th and 31st. He had pains in his right arm. His breathing was more free. The urine still
flowed

flowed pretty copiously, and the dropical symptoms continued to decrease.

Jan. 2d. *Oedema pedum* and ascites quite gone. But the pains were become more violent, and sometimes fixed in the knee, sometimes in the arm. They were particularly acute in the breast, on which account a blister was applied. Upon this the pain went away, but left behind a sensation of pressure in the breast.

10th. A general amendment followed a spontaneous perspiration. The cough was more gentle, and the expectoration easy and purulent.

16th. The pain of the breast again became so acute, that he could with difficulty draw his breath. The volatile liniment lessened it. The pains which shifted from one place to another continued. But they were most frequent and acute in the breast.

25th. He began to take camphor and salt-petre.

petre. On the 9th of February all the pains were gone except those in the breast. That day he began to take vin. antimon. Huxh. et extract. aconit.

Feb. 13th. The patient was attacked with a feverish fit, probably the consequence of having caught cold, attended with pains in all his limbs, particularly in the lower extremities. He got spiritus Mindereri and tartar emetic.

14th. The pains were particularly violent in the feet, both of which were much swelled. A general perspiration during the night was followed by some relief next morning.

16th. The pains were again violent, particularly in the feet, knees and hands. The breast was pretty free. The swelling of the feet was a little red and very shining, the pulse very feverish. He got an emulsion with saltpetre.

19th. Fever more moderate. Pulse calmer and softer. The breast for the first time quite

free from pain. Camphor was added to the emulsion.

20th and 21st. A gentle perspiration took place, during which the swelling and pain of the extremities disappeared. The wandering pains however and some degree of fever still remained.

22d and 23d. He sweated profusely during the night which produced a remarkable amendment. The skin continued moist for several days successively, and during this the fever with all the pains went away, so that he left the hospital in the beginning of March entirely free of every complaint.

C H A P. XXIII.

A CASE OF ULCERATED BUBO.

LOCAL affections in the parts of generation, however much they may have the appearance of being venereal, are sometimes not so ; as is proved by the following case.

OBSERV. LXXVII. WIDOW HANNE, a Jewess of Amsterdam, aged 66 years, was admitted into the hospital on the 27th of January 1792. For some time she had been troubled with a very uneasy itchy sensation about the pudenda, and on that account had frequently scratched these parts.

She had observed for about a fortnight an inflamed swelling between the left great labium and the bending of the thigh, which gradually became very large, broke on the 26th of January and discharged a great quantity of matter.

Upon examination it was found that the tumour occupied the whole space between the labium and the joint of the thigh, that it was very hard, and chiefly composed of lymphatic glands. From the age of the patient, joined to her assurances, we could not suspect the cause to be venereal. We could find out nothing which we could consider as the cause, except a great quantity of bilious impurities in the primæ viæ. The inflammation had also a rosy appearance. The want of external cleanliness, to which she was particularly inattentive, might perhaps also contribute to it.

She was ordered emollient applications externally and tartar emetic and soluble tartar to take internally, and on the the 28th of January an emetic,

tic was given, which brought away a great quantity of bilious stuff both upwards and downwards.

On the 29th the pains and swelling were much diminished. Thin matter flowed from the opening in the abscess. No fistula could be discovered by means of a probe. The emollient applications were continued.

31st. The swelling, hardness and pains grow always less and less: the patient however had an irritated pulse, a furred tongue, and want of appetite; on which account she next day took a dose of glauber salts, upon which all the above mentioned complaints disappeared.

The hardness daily diminished more and more; the abscess discharged good pus. In a few days more it was perfectly heal without a vestige of hardness remaining behind.

CHAP. XXIV.

A CASE OF STEATOM IN THE HAND.

THE following case seems to prove, that steatomatous swellings may sometimes be occasioned by the deposition of some morbid matter from within, that their extirpation in such cases, is often productive of bad consequences, and occasions a translation of the morbid matter to other parts.

OBSERV. LXXVIII. CHARLOTTE WOLFF, a woman of 25 years of age, had always enjoyed good health, excepting some rheumatic complaints, and had been easily and happily delivered of two children.

children. Two years ago, there appeared upon the back of her left hand, a tumour which resembled a ganglion or tendinous knot, of the size of a hazel nut, which gradually increased. About Christmas a similar swelling appeared in the palm of her hand. After some weeks a surgeon, who thought that he felt fluctuation in the tumour, opened it on the back of the hand. Nothing flowed from it but some blood, and from that time, the swelling increased very rapidly.

When the patient was admitted into the hospital, the tumour was so large that hardly any part of the hand was to be seen. Instead of her hand, there seemed to hang from her arm a large unshapely mass, out of which the point of one or two of the fingers projected. Its circumference longways was three quarters of an ell, and broadways, its circumference was half an ell.

The swelling proceeded equally from the back and fore part of the hand, from the carpus, and extended down to the middle phalanges of the fingers.

gers. On the back of the hand at the part where the surgeon had opened it, there was an ulcerated place of the size of a crown piece. At its base it was hard, but nearer the surface it felt somewhat softer. Pressure upon it occasioned pain. A fetid matter flowed from the opening, and upon sounding with the probe, the bones of the hand were found to be carious. The patient was a good deal emaciated, and towards evening had an evident fever.

I determined upon amputating the hand. The amputation was performed three fingers' breadth above the joint of the wrist. On examining the amputated hand, it was found that the tumour consisted of a pretty firm greyish coloured mass, that it lay under the flexor and extensor tendons, which evidently ran over the swelling on both sides, and that it penetrated through between the ossa metacarpi.

The woman felt herself pretty well for the first days after the operation. The evening fever had evidently diminished. Neither during the operation

tion

tion, nor during the healing of the wound did any thing remarkable take place.

The ligature came away on the 4th of April. As the wound however approached towards healing, the woman began to complain of wandering pains in her limbs.

On the 7th of April, a mixture of spirit. Minderer. et vin. antimon. Huxh. was ordered for her, after which the pains indeed diminished, but did not altogether disappear.

Towards the end of April, one of the axillary glands of the amputated arm swelled and became very painful.

On the 31st of May, the wound being heal, and as the woman was anxious to return home, she was allowed to go out of the hospital.

About a fortnight after we received accounts, that the wound continued heal, that the tumour

in

in the axilla had burst, and that the patient was affected with violent rheumatic pains particularly in the haunches. An issue was made in the amputated arm, and the internal use of aconitum and antimony was recommended. The patient however grew worse. The ulcer in the axilla discharged a fetid matter. An uninflamed, indolent tumour appeared about the clavicle, and another on the upper part of the arm. The patient became hectic, was attacked with incipient blindness, and frequent cold sweats, and died in the middle of June emaciated and exhausted.

C H A P.

CHAP. XXV.

A CASE OF FUNGUS ARTICULI.

IN consequence of external bruises, sometimes after catching cold, and frequently also spontaneously, there arises about the patella a swelling which is round, pretty regularly circumscribed, not painful, and in which an evident fluctuation is felt. It sometimes occupies both sides of the patella, and is sometimes chiefly confined to the place of the ligament of the patella. It frequently surrounds the whole knee-pan like a sausage. The patient feels no complaint except some degree of stiffness in the motion of the knee-joint.

Such

Such a tumour must on no account be opened, though the sensation of fluctuation might induce a surgeon to think of it; in general nothing flows out except a little bloody water, and threatening symptoms ensue which are connected with real danger. As cases of this kind are not unfrequent, I shall only relate one of many.

OBSERV. LXXIX. CHRISTOPH EBELING of Ebergotzen, 15 years of age, about three months before received a blow upon his knee, which was followed by a swelling, which impeded his walking. It was principally about the ligament of the knee-pan, and was most prominent when the patient stretched out the leg. The patella seemed to be uncommonly moveable. The patient was in other respects in perfect health; there was no pain in the tumor, and fluctuation was plainly felt in it. The skin of the tumour was of a natural colour. The following was my prescription.

℞. Gum. ammon. ℥j. solve in acet. scillit. q. s.
ad

ad consistentiam unquent. tenuior. which being spread thick on leather, let it be applied over the whole knee. He took internally tartar emetic in small doses. The plaster was allowed to remain for a week, and then when it was taken off, a great quantity of watery glutinous fluid was observed which had penetrated through the skin. There was not a vestige of the swelling remaining. The stiffness of the joint, which still continued, was removed by the linimentum volatile.

I have also seen similar swellings in the joint of the elbow.

F I N I S.

of small pieces of paper, which being
 placed thick on leather, let it be applied over
 the whole face. The work is to be done
 in a small box. The paper was allowed to
 remain two weeks, and then when it was taken
 off a great quantity of water, which had been
 poured which had passed through the skin.
 It was not a matter of the drying remaining
 the thickness of the joint which still contained
 a quantity of the water.

I have also been taught to let the joint of

the skin

be dried

in a

box

for

two

weeks

and

then

to

be

used

The following MEDICINES being sometimes mentioned in the foregoing pages, and little known in this country, their FORMULÆ are here subjoined.

ELIXIR VITRIOLI MYNSICHTI.

℞. Herbæ Menthæ Piperitidis

Salviæ officinalis, aa. ℥ ℥ss.

Radicis Calami,

Galangæ minoris,

Florum Cassiæ, aa. ℥ j.

Cardamomi minoris, ℥ iij.

Corticis Citri, ℥ ij. incis, contusis, infunde

Spiritus Vini rectificatiss. ℥ xxx. Digere per triduum, tunc exprime, filtra per chartam bibulam, et adde

Acidi vitriolici diluti, ℥ vj.

SCHMUCKER'S VISCERAL PILLS.

℞. Gum. Galbani,

Sagapeni,

Sapon. Venet. aa. ℥ j.

Pulv. Rhei ℥ ℥ss.

Tartar. emet. in Aq. font. q. s. fol. gr. xvj.

Succ. Liquiritiæ ℥ j. M. fiant Pil. gran. j.

THEDEN'S

THE DEN'S ARQUEBUSAIDE WATER.

℞. Aceti Vini electi,

Spiritus Vini rectificat. aa. ℥ xxxvj.

Spiritus Vitrioli ℥ x.

Sacchari albi ℥ xij. (alias facile omittendi.)

Mixta filtrentur et asserventur usui in vase probe clauso.

Vel,

℞. Spirit. Vini rectificatiss. ℥ xxxvj. cui sensim et guttatim instillantur

Acid. vitriol. ℥ ℥. dein adde

Succ. Folior. Querci, ℥ vj.

Herdæ acetosæ, ℥ xij.

Millefolii, ℥ vj. M. fervetur usui.



