

Clinical reports, of the medical cases in the Meath Hospital and County of Dublin Infirmary, during the session 1826, 1827. Part 1 / by R. J. Graves and William Stokes.

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Publication/Creation

Dublin : printed for the authors, 1827.

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To Dr. Craigie with the Author's
compliments —

CLINICAL REPORTS,

OF THE

MEDICAL CASES

IN THE

MEATH HOSPITAL

AND

COUNTY OF DUBLIN INFIRMARY,

DURING THE SESSION 1826, 1827.

PART I.

By R. J. GRAVES, M. D.

AND

WILLIAM STOKES, M. D.

PHYSICIANS TO THE HOSPITAL.

DUBLIN:

PRINTED FOR THE AUTHORS.

1827.

CLINICAL REPORTS,

MEDICAL CASES

JOHN CHEYNE M.D. F.R.S.E.

PHYSICIAN GENERAL,
MEATH HOSPITAL

FORMERLY PHYSICIAN TO THE MEATH HOSPITAL

LONDON

COUNTY OF DUBLIN INFIRMARY,

During the Session 1886-1887, and the

following

PART I.

AS A MARK OF RESPECT FOR ATTENDANCE

ASSISTED BY R. J. GRAVES, M.D. F.R.S.E.

IN THE TREATMENT OF

WILLIAM STOKES, M.D.

PHYSICIAN TO THE HOSPITAL,
BY HIS GRADIENT SURVIVORS

R. J. GRAVES AND W. STOKES

R. GRAISBERRY, PRINTER.

DUBLIN

PRINTED FOR THE AUTHOR

1887

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TO
JOHN CHEYNE, M. D. F. R. S. E.
PHYSICIAN-GENERAL,
FORMERLY PHYSICIAN TO THE MEATH HOSPITAL,
&c. &c. &c.

THIS WORK,
OF WHICH THE FOLLOWING PAGES ARE THE
COMMENCEMENT,
IS DEDICATED,
AS A MARK OF RESPECT FOR TALENTS,
ASSIDUOUSLY AND SUCCESSFULLY EMPLOYED
IN THE IMPROVEMENT OF
PATHOLOGY,

BY HIS OBEDIENT SERVANTS,

R. J. GRAVES AND W. STOKES.

JOHN CHEYNE, M.D. F.R.S.E.

PREFACE
PHYSICIAN-GENERAL

FORMERLY PHYSICIAN TO THE MENTAL HOSPITAL,

St. George's.

THE edition of cases, which form the following
part, was drawn up for the use of those gentle-
men at present residing in the hospital, and the
for many reasons, the form of which is un-
usual, we do not wish that this production should
be received by the public in the light of a regular
Medical Work. As it is not now in the
at a few more copies than were necessary for the
circulation of the students, receiving the
supply to be distributed among the students
of the hospital and elsewhere, extension
of the work we are aware that it will be found
of great service to many of our students.
In respect to style, and to the manner of
writing, we may have fallen into the same
errors from a conviction that we were imitating
the style of the late Dr. Stokes, than
of the late Dr. Stokes.

PREFACE.

THE selection of cases, which forms the following Report, was drawn up for the use of those gentlemen at present Students in the Meath Hospital. For many reasons, the detail of which is unnecessary, we do not wish that this production should be received by the public in the light of a regular Medical Work. On this account we have printed but few more copies than were necessary for the accommodation of the students, reserving the surplus to be distributed among our scientific friends, here and elsewhere. As to the execution of the work we are aware that faults may be found with respect to style, but beg to state, that whatever errors we may have fallen into on this head arose from a conviction that we more faithfully discharged our duty by contributing matter, than by devoting our necessarily limited time to the correction of inelegancies.

In many of our dissections, particularly in those of the malignant fever with yellowness of the skin, we were fortunate in having the assistance of Dr. B. Vulpes, Professor of Pathology in Naples, to whose pathological accuracy we are glad to bear our humble testimony; and we cannot let this opportunity pass without also expressing our high sense of the important obligations we are under to Dr. H. C. Beauchamp of this city, a gentleman as distinguished for his general information as for his indefatigable exertions in the pursuit of medical knowledge. To Mr. Pakenham and Messrs. Harvey, Levinge, Newton, Harris, Powell and Kelly; we are also indebted for great assistance in our numerous and fatiguing post mortem examinations.

It is almost superfluous on our part, to bear testimony to the liberality and assiduity of our enlightened Committee of Governors, who have so long watched over the interests of the hospital, and who have so zealously and fearlessly discharged their duty to the suffering poor, and to the Public at large, during the present epidemic.

In conclusion, we beg to express our gratifi-

cation at the zeal displayed in the pursuit of medical enquiry by the class of the hospital, during the present session; and the hope that this attempt may not be considered unacceptable to them.

DISEASES OF THE SKIN.

JOHN GALLAGHER, ætatis 40, a stone-cutter, of a strong habit, was admitted with a scaly eruption covering the back and right shoulder; the skin beneath the scales of a bright red colour. Pulse 72 small, functions natural. Several venesections were directed, with applications of leeches and the frequent use of the warm bath. Purgatives were freely administered, and the acetate of lead lotion constantly applied to the affected parts. Under this plan of treatment he has greatly improved, there being scarcely any redness of skin or desquamation of cuticle at present. His general health is good; he has been kept on middle diet. The blood, after first venesection, was buffed and cupped; after the second was sizzly, but after the third it was natural. He was in the habit of drinking whiskey for many years.—4th November. Slight redness of skin to day.—*Applicentur hirudines sex dorso, R. Decocti Sarsap. simp. libram, Supertart. kali drachmam Tincturæ Scillæ scrupulum, fiat potus quotidie consumendus.* 7th. Has taken the decoction regularly; complains of some heat in shoulder.—*Applicetur partibus affectis unguentum ex partibus æqualibus unguenti nitrat. Hydrargyri et unguenti Picis. Repetatur Decoctum.*—12th. Has used the decoction and ointment since 7th regularly.—*Omittantur medicamenta hodie.*—13th. *Repetatur unguentum.* 16th. Application of ointment has taken away the itching and heat of the affected parts. Redness of patches nearly gone; no desquamation of scales.—*Repetatur unguentum.*—17th. To be dismissed cured.

OBSERVATIONS.

THIS case affords an example of an extensive Psoriasis of long standing, cured by the antiphlogistic plan, followed by the local application of stimulants.

The utility of decoction of sarsaparilla, containing cream of tartar and squills, in chronic diseases of the skin, we learned from Professor Autenrieth of Tübingen.

The sympathy which is well known to exist between the skin and kidneys, may explain the utility of *diuretics*, which are well calculated to abate cutaneous irritation and inflammation. Together with other remedies, we have often found them useful in *Prurigo Senilis*, a disease frequently accompanied by a deficient secretion of urine.

Thomas Connolly, ætat. 40, had been several weeks in hospital under treatment for chronic Rheumatism affecting larger joints, when scalp became affected with redness and soreness, succeeded by a pustular eruption; the pustules were small, but exuded a copious purulent matter, which concreted into scales. The hair was shaved, scalp poulticed and leeches several times with marked benefit. The inflammation of scalp and pustular eruption having much abated, a lotion, containing acetate of lead, was applied to the scalp.—18th November, 1826. Inflammation nearly gone.—*Applicetur Capiti unguentum ex unguenti Hydragryri nitratis et unguenti Picis, partibus æqualibus*.—1st December. The eruption of the scalp soon disappeared under this plan of treatment.

OBSERVATIONS.

THE efficacy of leeching the scalp in this recent case of Porriago was very striking. The applicability of this method, even to chronic cases of this disease, we have shewn in our paper in the 4th Vol. of the Dublin Hospital Reports.

Catherine Smith, ætatis 15. About four years ago her right hand began to swell with considerable redness, which declined a little after a few days, and in four weeks again swelled, and continued to swell every month since; swelling declining a little after each access, but still leaving hand much swollen; hand pits but little on pressure. Two years afterwards the left hand presented the same phenomena. At present both hands are much swollen, particularly the backs and fingers, the points being the only parts not affected. The monthly accessions still continues, the hands becoming very red at that time. About three weeks ago she perceived an eruption about the wrists, which, from her description, seems to have been vesicular; this has now dried into scabs; in some place desquamation of cuticle has taken place; the

skin underneath is rather red; general health good; functions natural.—9th December. *Hirudines sex utrique manui et postea Cataplasma*.—10th. *Repetatur hirudines*.—11th. Swelling, heat, and redness of hands diminished.—*Six leeches to each hand and poultice*.—12th. *Hands to be constantly wetted with cold water*.—15th. Hands, on backs and wrists, hot; broken erythematous redness covered with confluent papulæ, like commencement of pustules.—*Venesectio ad 3 xii*.—19th. *Habeat Sulph. Quininæ gr. ss. ter in die*.—22d. Can now close the right hand; swelling not so great over the finger-joints; skin cool; redness, disappearing on pressure, still remains; eruption gone.—*Repetatur Quinina*.—23d. She is obliged to leave the hospital on account of the sickness of some of her family.

OBSERVATIONS.

THIS disease, first described in the Dublin Hospital Reports, Vol. IV.* is of frequent occurrence in Ireland, and often produces very great enlargement of the extremities. When tolerably recent, or when the swelling is not very great, it may be cured by a *perseverance* in the application of the antiphlogistic treatment during the exacerbations, and by the application of *moderately tight bandages*, together with the occasional exhibition of sulphate of quinine, or liquor arsenicalis during the intervals.

Eliza Cosgrave, ætatis 12, was admitted on the 25th October, exhibiting the following appearance:—Universally affected with scaly desquamation of cuticle; beneath the scales, which are of a silvery appearance, the skin is of a bright red colour and very itchy. Pulse 100, strong. Thirst. Appetite good. Two venesections were performed, and purgative medicines were administered, with the use of the warm bath. Under this treatment, the patient has improved considerably, the redness of the skin being much faded, the scales less numerous, and the itching entirely gone. The redness of the skin disappears under pressure, but returns instantly when the pressure is removed. Has not had any perspiration since commencement of disease.—3d November, 1826. R. De-

* See Dr. Graves's Paper.

cocti Sarsaparillæ libram Supertart. kali drachmas duas, fiat potus quotidie consumendus, descendat in Balneum tepidum, Sumat omni nocte. Pil. cal. comp. grana quinque. 4th. Great quantities of silvery white desquamated epidermis are constantly falling off. Appetite good; tongue clean; pulse 104; skin hot; no thirst.—*Applicentur hirudines xii dorso. Repetatur alia ut heri.*—6th. *Descendat in Balneum Calidum. Repetatur alia.*—7th. Skin cleaner, but in many places still much inflamed.—8th. Pergat, warm bath with sulphuret of potash.—9th. Redness, heat, and itchiness of skin diminished, but still considerable.—*Venesectio ad ʒ viii.*—10th. No inflammatory appearance in blood.—*Repetatur Decoctum, Habeat bis in die Sulphuris grana x. Omittatur Pilula.*—11th. Inflammation less, but still great desquamation of scales.—*Balneum Sulphuris. Repetatur Decoctum et Sulphur.*—12th. Was directed to apply to her head a lotion, composed of two drachms of solution of caustic potash to a pint of water, and to repeat the other medicines.—13th. The decoction was omitted. The sulphur and lotion were continued, and she was ordered a warm bath with subcarbonate of potash.—16th. Eruption less inflamed and desquamation diminished. Eruption seemed increased by sulphur a few days ago. Sulphur and baths have been continued.—*Repetatur sulphur.*—17th. Warm bath with sulphuret of potash.—18th. Skin less inflamed, and desquamation less.—*Repetatur sulphur.*—21st. Bath with sulphuret of potash.—22d. The lotion of caustic potash was again directed for the head, and she was ordered to take a drachm of the electuary of cream of tartar and sulphur twice a day.—24th. Skin less inflamed. The hair is matted together by the exudation from the scalp, giving the appearance of fish scales.—*A poultice to be applied to the head.*—27th. Has continued the electuary. Let the solution of caustic potash be applied to the head, and afterwards let the head be shaved. The electuary was omitted and the sulphur bath ordered.—28th. Skin much cleaner.—*Applicentur hirudines sex Capiti et postea Cataplasma.*—29th. The poultice was repeated and a sulphur bath directed.—30th. The electuary of sulphur and cream of tartar was again resorted to. 2nd December. *Repetatur Electuarium.* 4th. *Habeat ter die Sulphuris grana x. Decocti sarsaparillæ comp. ʒ xii. Balneum Sulphuret. Kali.*—6th. Some desquamation of scales still remains generally, but vascularity and in-

inflammation of cutis have nearly disappeared.—*Repetantur Sulphur et Decoctum*. Let tar ointment be rubbed to the head, shoulders, arms, and hand, and be washed off with caustic lotion.—7th. Part rubbed seems better.—*Repetantur omnia*.—11th. Has constantly used sulphur and ointment. Nearly well.—*Pergat. Balneum Sulphureti. Kali*.—14th. *Repetatur Balneum*. Let her use the Citrine and tar Ointment. 19th. *Repetantur Balneum et unguentum*.—22d. Dismissed—cure nearly complete.

OBSERVATIONS.

THIS inveterate case of Psoriasis yielded in the most satisfactory manner to the remedies employed. When cutaneous inflammation has been sufficiently subdued, the internal use of sulphur often proves of great utility in altering the action of the skin. As in this case a slight increase of the eruption sometimes follows its use, but *if the antiphlogistic treatment has been previously pushed far enough*, this increase is only temporary, and in a few days is followed by a rapid diminution of the eruption. In extensive *Itch*, accompanied by much inflammation of the skin, great injury often arises from either the external or internal use of sulphur previously to a proper perseverance in the antiphlogistic treatment.

DISEASES OF THE BRAIN AND SPINAL MARROW.

JOHN TOOLE, ætatis 55, of a strong habit, was admitted into fever wards in the end of the month of July last, labouring under the following symptoms: Great heat of skin, strong full pulse, face flushed, headache, and delirium. To subdue these, venesection was directed, followed by some purgative medicine. A few nights after, when getting up to stool, he suddenly fell down and remained senseless for a sort time; upon recovering from which it was perceived that complete hemiplegia of left side had taken place, and the tongue was drawn towards paralytic side. After the use of antiphlogistic remedies and a spare diet, continued ineffectually for more than a fortnight, strychnine was prescribed, and its use persisted in for a considerable time without much benefit. Tartar emetic ointment was applied along the spine. An issue has now been inserted in the loins.

At present he can make a little use of the limb in standing, and attempts to walk a few steps with extreme difficulty. For some time back has taken full diet with a pint of porter. He labours under frequent agitation of mind, generally bursting into tears when asked how he is, although he always says he is better. Strychnine was again resorted to but with little benefit, as on the former trial. Bandages and splints were also used, and a liniment of turpentine, olive oil, and ammonia was rubbed to the affected limbs without any useful result. The poor man was discharged from the clinical ward as incurable on the 16th November.

OBSERVATIONS.

FROM the age of this patient, the suddenness of the attack, and *the absence of any symptoms of cerebral disease*, previously to the fever, it is highly probable that during the febrile excitement an effusion of blood took place into the right hemisphere of the brain, a supposition which accounts for the sudden loss of sense and motion, and the subsequent hemiplegia, and also the gradual improvement observed afterwards in the motions of the paralytic limbs. The paralysis is, however, far from being resolved; and probably this man will sink either under another attack of apoplexy, or from softening of the brain round the sanguinous deposition. The original apoplectic attack differed from the symptoms induced by softening of the brain in not being preceded by symptoms of some standing, denoting cerebral disease, and chiefly in its not being followed by a *progressive aggravation* of the cerebral disease. It differed from *congestion* of the brain, in leaving a *permanent hemiplegia*.

Catherine Mooney, ætatis 7, was admitted on the 7th October, labouring for six weeks previously under paralysis of both lower extremities, passing her fæces and urine involuntarily, which appears to have been occasioned by lying in a damp bed for two or three nights. *On admission the knees were drawn up, and any attempt to extend the legs gave great pain.* There is no pain at present, and when supported she can move the lower extremities, but they cannot support the weight of the body. Does not now pass either fæces or urine involun-

tarily ; appetite good. Was treated by applications of spirit of turpentine to spine, and took small quantities internally—a blister was applied to loins.—9th November.—*Applicetur vesicatorium lumbis*.—12th. Blistered ; surface very sore ; let the black wash be applied to it, and afterwards a poultice.—16th. Blistered surface still sore ; has improved but little in power of legs ; functions natural.—*Habeat Pilulam Strychninæ bis in die*. The strychnine was pushed as far as was considered safe, but without benefit. Other remedies were fruitlessly tried, and after remaining two months in the hospital this girl was dismissed scarcely, if at all, relieved.

OBSERVATIONS.

THIS affection was evidently owing to a disease of the spinal marrow, which, having arisen after exposure to cold, was probably of an inflammatory nature. Although the paralysis at first decreased, the fæces and stools not being any longer discharged involuntarily, yet a considerable degree of it still remained, which must have been owing to some consequence of the inflammation of a permanent nature. It is difficult to conjecture the exact nature of the lesion ; extravasation of blood, or softening of the spinal marrow, are unlikely on many accounts, as well as the age of the patient ; a deposition of lymph, or a thickening of the parts, immediately around the spinal marrow, in consequence of inflammation, are the only remaining ways of accounting for the *pressure* which must have existed on some point of the spinal chord. In so very narrow a canal as the vertebral, a very slight diminution of its dimensions is sufficient to produce a degree of pressure capable of giving rise to paralysis. The *contraction* of the paralytic limbs, which occurred in this case, attended with pain when any effort was made to extend them, is worthy of notice. A similar occurrence is not unfrequent in paralysis arising from softening of the brain.

Michael Smith, ætatis 22, a painter, about two years ago experienced the first attack of Painter's Colic, which lasted for a fortnight. During the last year had several slight ones. Four months ago had a slight return, which was followed by a difficulty of extending the index finger

of right hand; this was succeeded by pains in the arms and hands, with numbness and loss of sensation and power, first of right hand and afterwards of left. The weakness became so great that he could not elevate the arm. He had some pain of knee but no considerable loss of power. The muscles of arms are flaccid, and whole limbs appear much extenuated. On raising the arm the hand assumes a depending posture. Pulse 90, good strength; no pain of belly; appetite good; no cough, palpitation, or headache.—25th November. Let splints be applied to the fore-arms.—27th. *Descendat in Balneum Calidum*.—1st December. *Sumat ter in die Pilulam* Strychninæ* Let the splints be removed twice a day, and arms and hands be diligently rubbed with volatile liniment.—2d December. Power of arms and hands increased.—*Repetatur pilulæ*.—4th. Says that for the last three nights he has had some subsultus in the palms of his hands, fingers, and wrists; sensation of increased warmth and tingling feel in fingers.—*Pergat*.—6th. Feels some tingling pain in extremities of fingers. Motions and strength of wrists and fore-arms increased.—7th. *Habeat Pil. Strychninæ unam quater in die*.—10th. Has taken the strychnine since; complained last night of slight headache and dimness of sight.—*Omittantur medicamenta hodie*.—11th. Headache gone; dimness at intervals; shooting pains from shoulders to elbows.—*Habeat Pil. Strychninæ unam ter die*.—14th. Feels some slight twitches in arms and hands.—*Repetatur pilulæ*. 1st February. Appearance much improved. Has nearly completely regained power of upper extremities, which are now much less extenuated. Has continued to use splints, and blisters have been repeatedly applied along the spine. He attributes much relief to the blisters.

OBSERVATIONS.

THE strychnine was persevered in about three weeks. It evidently produced some of the symptoms mentioned by Magendie, as apt to arise during its use: such as

* Each of these pills contains one-twelfth of a grain of Strychnine. They are made by dissolving a grain of Strychnine in alcohol, with which a sufficient quantity of an extract a paste is made, which becomes of a proper consistence after the evaporation of the alcohol. This secures an equal distribution of this powerful medicine throughout the whole mass.

tingling, increased warmth, twitches, or subsultus, and shooting pains in the paralytic limbs. At first it certainly seemed productive of benefit, but as this did not seem progressive, in proportion to the quantity taken, we desisted from its use. The application of splints, and stimulating liniments to the fore-arms, and blisters to the nape of the neck and spine, seemed very useful. *The difficulty of extending the index finger of the right hand*, the numbness and pains which preceded the appearance of paralysis in the hands and arms, are worthy of notice. Similar phenomena are observed to precede paralysis depending on chronic affections of the brain and spinal marrow. Does not this tend to prove, that the paralysis which is produced by lead, arises from some peculiar action of that mineral on the spinal marrow?—Is not this view of the subject confirmed by the benefit derived in this disease from Nux Vomica, a substance which has been proved to exert a direct influence on that organ?—Does not this account for the violent *spasmodic colic* which takes place in the *Colica Pictonum*? J. P. Frank mentions violent colics as a frequent effect of affections of the spine, and as diseases of the brain frequently produce spasms and convulsions of one part, and paralysis of another, so, in like manner, the spasmodic colic, and the subsequent paralysis of the extremities in *Colica Pictonum*, may both depend on the same cause, a diseased state of the spinal marrow induced by the peculiar poisonous effects of lead.

January 18th. Peter Nolan, ætat. 30, has been in the shed No. 4, for ten days. Twenty leeches were applied to the epigastrium on the 11th, and an oil draught directed, by which means he received much relief. The fever, however, continued, and on the 16th his head became much engaged, when a blister was applied to the nape of the neck. *Present state*.—Puts out his tongue when asked; it is turned towards the right side. Speech thick; frequent twitches of muscles of face; is in a state of constant agitation, and moves his hands constantly in every direction. Pulse 120; heat natural; retention of urine for the last two days, which has made it necessary to draw it off by the catheter twice a day, a task difficult to perform, on account of the patient's state of constant motion. Urine high coloured; stools loose, natural

colour, passed involuntarily; no tenderness of belly or cough. Head to be shaved and blistered.—19th. Blister rose well; no sleep; state of agitation continues; eyes suffused; sordes of teeth; left eye appears smaller than right; moves his head continually from side to side on the pillow; frequent occurrence of shuddering, and what might be termed general subsultus like convulsions of the muscular fibres; no paralysis of extremities, which are in constant motion; grasps at imaginary objects in the air; pulse 120; cannot swallow; head drawn to left side.—*Applicetur unguentum tart. emet. loco vesicato.*—He expired at 11 o'clock, P. M.

Dissection twelve hours after death.—Body tall and muscular; muscles very rigid; some petechiæ. *Brain.*—Dura mater internally has a slight tinge of redness; cerebral arachnoid remarkably dry and striated, probably in consequence of its dryness; highly vascular; the sections of both hemispheres presented an unusual number of small bleeding points; their substance was throughout very firm, and contained much less moisture than usual. The medullary substance every where, when first cut, appeared tolerably white, but on exposure to the air in a few seconds assumed a very delicate rose-colour; arachnoid, at base of fourth ventricle, much thicker and stronger than natural; cineritious substance every where redder than natural; in whatever direction, whether horizontally or vertically, a section was made in the medullary substance, numerous red lines, sometimes nearly an inch long, were seen; when pressed a drop of blood exuded from the larger ones. No other morbid appearance was observed, except in the spleen, which was enlarged to about three times its natural size; its substance was firm. The lungs were perfectly healthy; the right quite free from engorgement, the left much engorged. The patient had, for the last two days, lain constantly on his left side.

OBSERVATIONS.

THE last fact noticed, proves that the process of engorgement of the most depending portions of the lungs commences before death; a fact, proved also by the observations of Laennec. The symptoms of cerebral ex-

citement and inflammation were well marked in this case, and lasted for some days before those of paralysis made their appearance. The cause of the paralytic symptoms not being confined to one part of the brain, they were observed on both sides: thus, the turning of the head to the left side, and of the tongue to the right side, both proved paralysis of muscles on the right side; while the apparent smallness of the left eye, was owing to a paralysis of the levator palpebræ, constituting what is termed *Ptosis*. When we consider the large quantity of fluid found in the ventricles, it appears singular that no paralysis of the limbs took place, and no dilatation of pupils. In this case the water in the ventricles was evidently the result of inflammation. We had lately an opportunity of examining the brain of a person who died of cerebral inflammation: a delicate false membrane covered the arachnoid, and puriform fluid in abundance was deposited between the arachnoid and pia mater. The ventricles *were distended with fluid* containing numerous flakes of soft coagulable lymph, many of which were found adhering to the choroid plexus. The inflammatory origin of the fluid in the ventricles, could not here be mistaken. In Nolan's case, it is to be regretted, that the first appearance of the cerebral symptoms was overlooked; much might probably have been done by the application of leeches and cooling lotions to the head.

Patrick Kelly, between 6 and 7 years old, admitted on 23d December, lying on his back in a state of stupor; eye-lids half closed; pupils permanently dilated; rolling his head on the pillow; slight twitching in the face. Had been ill for eight days; tongue clean; skin natural; stools dark-green coloured and slimy; had three motions last night; makes a good deal of muddy urine, which deposits a copious white sediment; pulse very quick; respiration natural; does not complain of any thing except when pressure is made on the abdomen.—23d. *Hæbeat pulv. jalap comp. gr. vi. Calomelanos grana duo formâ pulveris tertia quaque horâ applicentur hirudines x temporibus.*—Head to be shaved, and kept constantly wet with cold water.—*Vesicatorium nuchæ.*—24th. Stupor not entirely gone; had four motions last night, which still continue green. He did not complain of

any thing until the blister began to rise about 4 P. M. yesterday; urine still muddy.—*R. Calomelanos grana sex pulv. jalap comp. gr. xii, divide in chartulas sex sumat unam ter die. Hirudines x temporibus.*—Head to be kept wet as yesterday. 25th. Better to-day; is able to take some food; no thirst; five stools, green; urine still muddy.—*Calomel ii gr. bis die.*—26th. Continues better; pupils contract when exposed to the light.—*Ene-ma purgans.*—27th. Stools natural; urine clearer.—*Pulv. rhei et magnesiæ gr. x.*—28th. Convalescence continues. To be removed to convalescent ward.—15th January. Has not had any bad symptom since his removal up stairs.

OBSERVATIONS.

THIS case, compared with the preceding, is very interesting; it presents well-marked symptoms of cerebral congestion. In the former case we have seen, that the ventricles may be much distended with fluid without producing dilatation of the pupils. In this case, it is more than probable that the dilatation of the pupils existed without water in the ventricles, and was caused by cerebral congestion. The same cause not unfrequently produces convulsions, a well-marked case of which, caused by mental emotion and immediately relieved by venesection, is detailed by Rostan.* Cerebral congestion, therefore, being capable of producing both dilatation of the pupils and convulsions, we can account for an observation we made in the hospital: a man, in the latter stage of fever, had evident determination to the head and frequent fits of convulsions; for a few seconds before each fit his eye-balls rolled in their sockets, and the pupils became dilated to the utmost, and remained so even when exposed to a bright sun-shine until the fit was over. The moment the convulsions ceased the pupils began to contract; this might appear to contradict the notion of the muscularity of the iris, because it must be conceded, that the convulsions would, if the iris were muscular, produce alternate diminution and dilatation of the pupil, while dilatation seems to be its state when paralyzed, as we always find it to be dilated in cases of extreme paralysis. We must recollect, however, that the

* Sur le ramollissement du cerveau, second edition, p. 295.

Iris, if muscular, is not a *voluntary* muscle, and therefore during convulsions of the voluntary muscles we are not to expect it to be convulsed, for the heart and other similar muscles are not convulsed. Something like convulsions of the Iris seems to take place in certain diseases of the brain, where dilatation and contraction of the pupils succeed each other rapidly, the eye being all the while exposed to the same light.* In other diseases it seems affected with *tonic spasm*, and the pupil then constantly remains contracted to the utmost. Dilatation is, we believe, the usual state of the pupils during a fit of epilepsy.

DISEASES OF THE LARYNX AND CHEST.

THOMAS CULLODEN, ætatis 42, a dyer. Complains of hoarseness and rheumatic pains affecting the right knee and leg, and left ankle. Has slight cough, with some expectoration; lies more easily on left side: chest sounds remarkably clear on percussion universally. Upon left scapula there is a large patch of superficial ulcerations, surrounded by an extensive livid blotch; under right scapula there is a purplish irregular puckered blotch, where similar ulcerations had been a short time since. On the sternum and shoulders there are irregular puckered white cicatrices, which he says are the remains of a similar affection which he laboured under six or eight years ago. Sores on back are of about six months standing. Cough and hoarseness came on a fortnight ago, after a severe wetting and exposure to cold at night. Leeches were yesterday applied to larynx, but with little relief.—22d December. *Fiat venesection ad* ̄ xiv.—23d. There is a thick coat of buff on the coagulum, and the serum is milky; finds himself much relieved. *Mist. Pect. Comp.* ̄ viii. *Tart. Antimonii granum.* 26th. Pulse natural. Skin cool; respiration tranquil. Hoarseness unabated; during common respiration, sound of air passing through larynx audible very plainly at a short distance. Sthethoscope applied to larynx; sound very loud and somewhat sibilous (louder than a forced respiration in the natural state); refers some soreness to the larynx, and says “a great deal of the sputa stick there,” coughs but little; when he turns on right

* Rostan, p. 339, relates such an occurrence in Apoplexy.

side, coughs and spits more sputa viscid. *Habeat Calomelanos granum. Extracti Hyosciami, gr i. ter in die formâ pilulæ.*—30th. Had continued the medicine regularly since. Cough continues; sores on back drying and scabbing. *Pergat.*—31st. Very thirsty; Pulse 64. Hoarseness as before; soreness about os hyoides; pain in deglutition. Slight mercurial fœtor and soreness of gums. *Hirudines sex loco colli dolenti. Repetatur Pil. Cal. et Hyosciami.* The calomel was continued until the 9th of January, when his mouth was decidedly affected; and some irritation of the mucous membrane of the stomach supervened, as was evident from tenderness of the epigastrium. This was removed by leeches. He was dismissed soon afterwards, with but little remains of the hoarseness and scarcely any cough. His health, however, seemed precarious.

OBSERVATIONS.

Cases of chronic wide-spreading ulceration of the skin, healing with a puckered cicatrix, are very obstinate. From exposure to cold this man contracted a very slight bronchitis, together with a severe inflammation of the mucous membrane of the Larynx. The former was of no great importance, but the latter, as will be seen in the next case, is always difficult to cure, when it occurs together with chronic disease of the skin. In such cases the plan here followed, of affecting the constitution with mercury, and repeatedly leeching the Larynx, is the most likely to procure relief. In this, as in many cases, mercury, whether used externally or internally, may produce a tendency to inflammation of the mucous membrane of the intestines—a circumstance which the practitioner should always bear in mind. We have seen several incurable cases of diarrhœa come on after the imprudent use of mercury, and have found them connected with general inflammation and superficial ulcerations of the mucous membrane of the intestines. A similar affection of the throat and fauces after irregular mercurial courses, is an analogous and very common occurrence.

Mary Haggarty, ætatis 25. Habit strong. Has a tubercular eruption about the alæ of the nose, extending some way up into the nostril, and externally towards left eye; tubercles, after some time, sup-

purate with purplish red bases. When scabs fall off, they either ulcerate or leave an unequal tubercular surface. Often small ulcerations are formed, which after a time heal up, leaving a hard white puckered cicatrix. The right nostril is nearly closed up, the ala being united to the septum by cicatrization. The upper part of scalp is in many small spots deprived of hair by such cicatrizations, with many small ulcers of the size of peas. There are several such cicatrizations on upper extremities, thorax and neck. Functions natural. Hoarseness for the last eight weeks, attributed to cold. Yesterday complained of stitches in the side, which were relieved by venesection. Blood buffed and cupped. About three months ago took a considerable quantity of mercury for this affection, without any benefit.

This woman remained long in hospital. She was at first treated on the antiphlogistic plan, leeches were repeatedly applied to the inflamed tubercles of the nose and scalp. The inflammation of the larynx and bronchiæ were at one time so great as to require venesection. When the inflammation was somewhat abated, the obstinacy of the cutaneous and laryngeal inflammation induced us to try Fowler's solution of arsenic, but it disagreed, producing nausea, headache, some salivation and soreness of the chest. We did not try mercury, as it had before proved useless. The application of leeches to the inflamed tubercles was of temporary benefit, and when the bronchitis obliged us to use venesection, we observed after it an evident improvement in the cutaneous disease. She left the hospital scarcely better than when she came in, and went back to the country. In a few days after, she sought relief as an extern patient, labouring under difficulty of breathing, hoarseness and wheezing. She was ordered tartar emetic in solution, and took twelve grains in the course of four days; it did not affect her stomach and bowels, and produced much relief. We saw her in about three weeks afterwards. The sores on the scalp were almost all healed, those on the nose completely, and there was scarcely any remains of the hoarseness. Her general health was also much better. This improvement commenced after the use of the tartar emetic, but we must be cautious in concluding that it was altogether owing to it; for we know that chronic diseases of the skin often at certain seasons get well spontaneously after all

medicines have failed; still, however, this case, viewed in combination with the utility of tartar emetic, in croup, and bronchitis, affords encouragement to try it in chronic inflammation of the larynx—a disease which has hitherto so often baffled every mode of treatment.

Charles Cannon, ætatis 46, complains chiefly of cough and wheezing in chest. Had a severe cold three years ago, since which has never been entirely free from cough and wheezing; always worse in winter and cold weather; during summer is much better; the cough is attended with copious expectoration, which becomes quite confined during exacerbations from cold, and when he is getting better again becomes free. *Stethoscope.* Respiratory murmur, every where natural except some rhonchus in lower part of left lung below scapula. Is subject to flatulence; acid eructations; irregular bowels. Appetite tolerable; no fever; habit tolerably strong. This man remained three weeks in hospital. He was at first annoyed by cough and wheezing; and the sonorous and mucous rales, together with occasional rhonchus, were detected by the *Stethoscope*. He at first used the blue-bill and ipecacuanha, and afterwards compound pectoral mixture, with the addition of a small portion of tartar emetic; warm baths were directed, and latterly he got powders containing rhubarb and magnesia; he also inhaled the vapours arising from a mixture of vinegar and warm water. He was dismissed quite free from any pectoral affection.

OBSERVATIONS.

THIS was a well-marked case of chronic bronchitis, attended with dyspepsia. The rationale of the treatment needs no explanation.

William O'Brien, ætatis 40, a coachman, of robust habit, complains of dyspnœa and cough, with yellow viscid expectoration. The cough is more troublesome at night; he lies more easily on his back than on either side; percussion gives a clear sound over the whole of the anterior part of the thorax. On applying the *Stethoscope* the mucous rale is heard with occasional sonorous; posteriorly the chest sounds clear on percussion, with mucous

rale in the inferior part over large extent. Pulse moderate; bowels regular; appetite good; was bled yesterday to ten ounces, and a blister was applied to the chest; the blood was buffed and cupped. The patient complains of general soreness of the ribs, and experiences much pain when an attempt is made to examine the chest by percussion. There is a tumor on the right clavicle painful to the touch, another on right ulna near elbow joint, and also one on left tibia near the knee; these tumors are painful at night, but he says they are particularly so when the weather is changeable. He first perceived these tumors and soreness of ribs about four years ago, after a severe wetting, twelve months previous to which he had been under treatment for venereal at Saint George's Hospital, London, where he was twice salivated. He has been subject to cough for several winters.—2d November, 1826. *Habeat Decocti Sarsaparillæ comp. libram in diis consumend. Mistura Pectoral comp. 3 viii.*—3d. Sputa yellow, tenacious, copious and frothy; was much annoyed by cough during the night: expectoration rather more difficult. Pulse 76, soft; skin cool; one stool. *℞. Liquoris Acet. Ammoniac 3 vi. Acetatis Kali 3 ii. Vini seminum colchici 3 i. Sumat Cochlearia duo ampla tertia quaque horâ.*—4th. Pulse 72. Skin cool, expectoration as before. Respiration natural. Agrypnia. Orthopnoea, with violent cough during the night; each attempt at lying down bringing on a severe paroxysm. Appetite good. *℞. Aquæ Cinnamomi, aquæ puræ, aa 3 iv. Antimonii Tart. grana iv. Tinct. opii, semi-drachmam. Sumat 3ss. omni horâ.*—5th. Cough diminished, but drier; expectoration diminished; sleeps but little; some nausea and two stools; took nearly two grains of the Tartar emetic. *Repetatur mistura cum Tart. antimonii. Habeat horâ somni Haustum cum tinctura Hyosciami drachmâ.*—6th. Slept well; no fever. Pulse 70; expectoration mucous; mucous rale in posterior part of Thorax. Took none of Tartar emetic since. *Repetatur Hyosciamus.*—7th. Sweated towards evening, and is now easier; cough less troublesome. Sleeps well. *Repetatur Hyosciamus.*—8th. Cough comes on in violent fits, so as sometimes to take away his breath, and render his face black; these fits only come on at night. *Repetatur Hyosciamus.*—9th. Symptoms as before. *Per-*

gat.—10th. Bronchitic symptoms nearly gone. *Habeat Decocti Sarsap. comp. ʒ xii. Applicentur hirudines quatuor infra ulnam dextram el postea descendat in Balneum tepidum. Repetatur Tinctura Hyoscyami vesperi.*—11th. Was discharged at his own request, the pectoral symptoms being much relieved.

OBSERVATIONS.

This man laboured under chronic bronchitis, which shortly before his admission had assumed a more acute character, in consequence of a cold. The painful tumour on the bones were the result of Periostitis, a frequent sequela of mercurial courses. We have had numerous cases in the Hospital, of these Pseudo-syphilitic nodes, and which, although very obstinate, have nevertheless at length yielded to the frequent application of leeches to the affected parts, warm bath, antimonials, and the compound decoction of sarsaparilla, &c. When the pains disturb the patient's rest at night, tincture of Hyocianus often proves very serviceable. When this Periostitis attacks the ribs, the inflammation is apt to spread to the intercostal muscles, and occasions pain in the chest increased by inspiration. In one case the pain was like that of pleuritis, and as the natural degree of inspiration increased this pain the breathing was *short*; there was, however, no fever. It has been denied by some, that mercury ever alone produces diseases of the bones. A case related by Dr. Lendrick in the Transactions of the Association of the College of Physicians in Ireland, proves beyond all doubt, that in persons who have no syphilitic taint, mercury may attack the osseous system. *In the case alluded to, acute periostitis, affecting several bones together, came on in a person, who a few days previously had been nearly poisoned by a large dose of corrosive sublimate.*

December 1, 1826. Bridget Hare, ætat. 35, ill ten days, took purgatives, dropsical swellings of lower extremities; three days ago had intense stitches in the sides, which disappeared when admitted. Countenance livid; lips blue; face swollen; eyes suffused; speaks in a loud whisper; convulsive movement of muscles of

face; costive; slight swelling of belly; supposed incipient ascites; short hard cough; no expectoration; respiration hurried. *Crepitus over the whole of both lungs, particularly about right mamma, where the respirating murmur is nearly inaudible; along with crepitus in left lung, is an acute sonorous rale.* Percussion every where dull, particularly in inferior part of right lung. Heart's action strong; heard extensively; pulse 113, soft; skin dry and hot; tongue white, moist; no vomiting or tenderness of abdomen; at 3 o'clock, P. M. was bled to $\frac{3}{4}$ xxv. After bleeding, the respiratory murmur became more evident about right mamma, and crepitus more humid; pulse became fuller, but not more frequent. Thirty-six leeches were applied to side, and a blister to sternum. Took about three-fourths of an eight ounce mixture, with six grains of tartar emetic; no vomiting or purging from it, on the contrary costive, so that two injections were necessary;—warm pediluvium.—10 o'clock P. M. bronchial respiration under the clavicles; respiratory murmur inaudible about right mamma, where nothing is observable but a slight dry crepitus.—*Repetatur Venesection ad $\frac{3}{4}$ xvi.—Appr. Vesicat. Ampl. Lateri Dextro.*—December 2d. Speaks still in a whisper; some convulsions of face; lips livid; respiration pectoral, lies on side; pulse 120, small, hard, regular, *no expectoration*, cough sounds loose; crepitus every where in right lung.—Respiratory murmur still heard over all parts. Skin not hotter than natural; great debility; nostrils dilated. *No crepitus in anterior part of left lung, where respiratory murmur is audible; tendency to coma.*—*Rep. Venesection hab. solutionem tart. emet. gr. ii. omni hora pro renata.*—December 3d. Got no tartar emetic; had nausea and vomiting yesterday, but little sleep; scanty expectoration, no coma; respiration pectoral and laboured; lips less livid; wheezing audible without Stethoscope; bowels free by injection, was relieved by last bleeding, blood not buffed.—*Habeat Pil. Hyd. and Ipeca. bis in die. Venesection ad $\frac{3}{4}$ xii. Statim. et postea, si deficient vires. Tinct. Opii. 3ss.*—December 4. Blisters were applied to calves of legs yesterday, and she got an anodyne. Some broken sleep, and fit of orthopnoea during the night, with heavy drowsiness. Cough not so hard; some whitish viscid sputa; countenance improved. Respirations 32; less laborious; lips less livid; pulse

115, good strength; skin warm; chest sounds better; stools dark coloured, costive; slight return of appetite; convulsive motions of face gone, no coma.—*R. Pil. Hydr. gr. x. Pulv. Scillæ gr. iij. Capsici gr. ij. Opii gr. ss. m. ft. Pilulæ Tres, St. unam ter die. R. Misturæ Camphoræ 3i. Tinct. Hyosciami ʒj. ft. Haustus bis die Sumendus.*—To get chicken broth and tea.—December 6th. Crepitus general over right lung: in lower parts respiratory murmur more audible than in other parts, but no where wholly absent; sound dull on percussion on anterior part of right lung; cough continues; soreness of throat; speaks in a whisper; great debility; no sleep; coughs more when lying on left side; no expectoration of blood; orthopnœa during night; urine very scanty; cold sweats; took some wine during night, tendency to faint.—*Habt. Vini Rubri ʒvi.*—December 7th. Pulse 132, rather hard and strong; strong sibilous rale in left lung; in right, crepitus mixed with sibilous posteriorly; heaving of chest; debility; voice a little stronger; cough and dyspnœa increased by lying on left side; cough very loose, sounds as if there was much matter to be expectorated; sputa yellow, without blood; bowels opened by injection; did not seem to be heated by the wine.—*R. Decocti Senekæ ʒ xij. Vini Rubri ʒiv. Tinct. Scillæ 3ss. Tinct. Opii Camph. ʒiij. Sumat unciam omni hora. Appr. Vesicatorium infra mammam dextram Enema purgans vesperi si opus.*—December 8th. Expectoration free; cough frequent; dyspnœa almost amounting to agony; respiration heaving; lips livid; pulse 132; action of heart strong; bowels freed by injection; crepitus hard, posteriorly in left humid, anteriorly in right sharp.—December 9th died.—*Dissection twenty-four hours after death.*—Body well proportioned, and tolerably fat. Lower extremities œdematus. On opening thorax, right lung found every where extensively adhering to parietes; left apparently healthy; superior portion of right lung inflamed *nearly to hepatization* towards its inferior part, where it formed as it were one continued mass with middle lobe; upper part of this lobe presents some tubercles; there were also found some small calculi in its substance. *The middle lobe* was in its centre almost healthy; but near its union with superior and lower lobes, was inflamed in first degree. Lower lobe, particularly about centre, almost hepatized; and in one large spot much grumous blood was diffused through its substance like a spot of pulmonary apo-

plexus; here also sanguineous polypi in bronchial tubes. —N. B. Internal membrane of bronchial tubes red and inflamed universally throughout both lungs. *Left lung.* Superior lobe, except inflammation of bronchial membrane, perfectly healthy, and not adhering to pleura costalis; it contained some tubercles; towards upper part evident marks of cicatrization on its upper surface. *Lower lobe,* towards centre, large spot of inflammation almost passing into hepatization; this was surrounded by a less inflamed portion, and the rest was nearly healthy; but a few ounces of serum in thorax; but pericardium *much distended by a large quantity of serous fluid.* Heart larger than natural.

OBSERVATIONS.

THIS case is well worthy of attention. Here we see dropsical swellings arising in a person of 35 years of age, and a healthy habit, *from cold.* Although the acute nature of the disease and the well-marked pectoral distress should have directed the attention of the practitioner who attended her before her admission, *to the chest,* yet the treatment consisted merely in the exhibition of purgatives. The *pneumonia* was here overlooked, and the disease considered to be hydrothorax, a frequent and a dangerous error. This patient's life would probably have been saved by the early use of the lancet. When admitted the *stethoscope* pointed out a pneumonia almost general. The inflammation, from the commencement, was observed to be most intense in the right lung, in a situation corresponding with the chief seat of the pneumonia, as shown by dissection. Independent of the information afforded by the *stethoscope*, the following symptoms clearly pointed out pectoral inflammation:—fever, stitches in the chest, hurried respiration, dyspnoea with heaving of the chest, constant cough increased by lying on *left side* (showing chief seat of inflammation to be in right lung), dilatation of the nostrils during inspiration, lividity of countenance and blueness of the lips, showing an imperfect aeration of the blood in the lungs. The diagnosis deducible from these symptoms was confirmed, and rendered much more certain and accurate, by the application of the *stethoscope* and percussion. The diminution, or almost the total absence of the natural respiratory murmur, coinciding with the occurrence of

the crepitating rale and dullness on percussion, proved inflammation of the pulmonay tissue: the sonorous and sibilous rales showed the presence of bronchitis in the parts where they were heard. It is worthy of remark that no blood was observed in the sputa during the whole course of the disease. We may conclude, therefore, that the effusion of blood into the parenchyma and bronchial tubes of the lower lobe of the right lung towards its centre, took place immediately before death. A tendency to coma not unfrequently occurs in pneumonia and in bronchitis, and depends, perhaps, on cerebral congestion arising from the impediment presented by the diseased state of the lungs to the return of the venous blood from the brain. The spasmodic twitches of the face may be owing to the same cause. We have already seen that both coma and spasm may be produced by cerebral congestion, and that cerebral congestion is a frequent consequence of pulmonary inflammation seems to be proved by the swollen and distended appearance of the jugular veins. Whether the presence of imperfectly aerated blood in the arterial system of the brain, affords an explanation of the coma and spasmodic twitches more satisfactory than that derived from cerebral congestion, it is not easy to determine. The experiments of Bichat, and the history of cases of asphyxia arising from the respiration of carbonic acid gas, prove that coma and convulsions may be produced by this cause also. The treatment of this case consisted of means calculated to remove inflammation of the lungs. Venesection was repeatedly used, and tartar emetic exhibited in large quantities. Concerning the method of prescribing tartar emetic in inflammatory diseases, it may be necessary to make a few remarks. We shall not discuss the *modus operandi* of this medicine as an antiphlogistic; when used as such, our object should be to introduce, or *throw in*, as it is termed, large quantities into the system in a short space of time. It is a curious fact, that during an inflammatory state of the system, much larger quantities can be given without producing vomiting or purging, than under other circumstances. In order, however, to avoid, as far as possible, these effects of the medicine, it has been found expedient to combine with it aromatics and opiates, as in the following formula:—*R. Tartar emetici, gr. vj., Aquæ Cinnamomi ʒiij., Mucilaginis Gum Arab. Syrupi. aquæ fontis utriusque unciam, Tincturæ*

Opii acetici gut. vj. Of this mixture, a dessert spoonful may be given every hour, or oftener, according to the urgency of the case. We have given, in this manner, twelve grains of tartar emetic in twenty-four hours without producing vomiting or purging. When much nausea comes on during its use, its exhibition is left off until the nausea subsides. In many cases, however, it produces vomiting and purging, followed by a diminution of the inflammatory symptoms; and when it is thought right to persevere in its exhibition on the following day, it in some cases no longer either vomits or purges. We are indebted to the supporters of the doctrine of *Contrastimulus* in Italy, for this mode of prescribing tartar emetic in inflammatory diseases. We have not deemed it prudent, or found it necessary, to give it in such large doses as they have done; and in our practice we have not used it except in inflammatory affections of the lungs or air passages. We have found it, as will appear in the sequel, extremely beneficial in acute bronchitis and pneumonia. In croup, used according to the manner directed by Mr. Porter, in his *Work upon Diseases of the Larynx and Trachea, &c.*, it is a remedy of great efficacy. Tartar emetic has been long ago recommended in croup, but it failed to procure relief in that disease in consequence of being given in too large doses. The peculiarity of Mr. Porter's plan consists in giving it in minute doses frequently repeated, *so as to avoid the production of vomiting*; and upon this peculiarity, its success in checking the progress of this fatal disease entirely depends. To Mr. Porter therefore belongs the credit, not of being the first to exhibit tartar emetic in croup, but of being the first to exhibit it in such a way as to cure croup. We have heard that Laennec, from having observed the efficacy of tartar emetic, thus exhibited in bronchitis, had determined to try it in croup; but he did not live to make the experiment. It appears from the experiments of Orfila and Magendie, that when tartar emetic is given in doses large enough to prove poisonous, the lungs and the mucous membrane of the digestive canal, are the organs principally affected. It appears also, *that it produces inflammation of the lungs in the first instance, and prior to the appearance of inflammation in the stomach*; so we may conclude, that tartar emetic exerts a special influence on the lungs, a fact which may account for its greater efficacy in pneumonia than in other inflammations. It

may appear paradoxical to use in pneumonia a medicine itself capable of producing pulmonary inflammation; but analogous instances of inflammations being cured by medicines themselves capable of producing an inflammatory state of the affected organs, may easily be produced. Thus, mercury cures one species of periostitis, and may produce another; it cures, as in recent dysentery, inflammation of the mucous membrane of the alimentary canal; and, as above remarked, may itself occasion diarrhoea or dysentery, depending on inflammation of the same membrane. The latter remark applies also to the *acetate of lead*, which however often proves extremely useful in chronic, and sometimes even in recent dysentery. Many other analogous facts might be produced with regard to internal remedies, and *external applications furnish* many more; as for instance, the utility of stimulating injections in gonorrhoea, of stimulating collyriums in certain stages of ophthalmia, &c. &c.

Wednesday, December 27, 1826. Eliza Hynes, ætatis 40, was ill of fever about five weeks ago; complained of oppression about the chest, for which she was blooded and blistered; was seized last Thursday night with a sensation of stuffing of chest. Present state. Great oppression about the chest, and difficulty of breathing; tongue foul and moist; pulse 86; very weak; no headache; great tenderness in the precordial region; bowels free; *legs a little swollen*; cough, with expectoration of a frothy fluid. *Stethoscope*. Anteriorly, chest sounds rather dull about right mamma; there is sonorous rale evident over the whole anterior part with puerile respiration; action of the heart very strong; posteriorly, percussion gives a dull sound; crepitus is very evident over the posterior part of left lung from the scapula downwards, but in the superior portion it is mixed with the sibilous rale; in posterior part of right lung sonorous rale distinct, mixed with puerile respiration.—*Venesection ad 3 xiv. Habeat misturam Tartar Emet.*—December 28th. Below left scapula crepitating rale; sonorous rale in right lung not so marked as yesterday, and more humid in posterior part; sputa thin, clear, frothy, very tenacious, and containing no blood; *respira-*

tions 50, with heaving of chest and dilatation of nostrils; lips not purple; pulse 92, soft, regular; tongue moist, not loaded; costive, took mixture ordered yesterday three times which sickened her, again repeated it, took in all four grains of tartar emetic; blood not buffed.—*Repetatur mist. ut heri.*—December 29th. Took five or six oz. of mixture; respiration easier, slept nearly eight hours.—*Repr. mist. Tart. Emet.*—December 30th. Took almost the whole of mixture without vomiting or purging; pulse 100; respirations 40; slept well; no orthopnoea; expectoration tolerably copious; cough not so troublesome; when she lies on right side, cough, expectoration, and dyspnoea, increase.—*Repr. mist. Tart. Emet. Appr. Vesicat. sub mammam sinistram.*—December 31st. Much improved to-day; took whole of mixture; slight moisture of skin; respiration 32, tranquil; blister rose well; pulse 100; tongue moist; countenance natural. January 4, 1827. Convalescence continues; respirations free; no cough.—Discharged cured.

OBSERVATIONS.

THIS case contains many symptoms similar to those observed in the preceding case. Here also dropsical swellings were complicated with an inflammatory affection of the lungs, as was evident from the cough, heaving of the chest, dyspnoea increased by lying on right side; dilatation of the nostrils, and quickness of respiration (50 in a minute). The Stethoscope proved that this pectoral affection consisted of an acute bronchitis, attended with inflammation in the lower lobe of left lung. The nature of the disease having been ascertained, we were not deterred from the use of the lancet by her general debility, or the weakness of her pulse; for it was quite evident that she must speedily fall a victim to the disease, unless the progress of the inflammation was checked by energetic measures. It is very important to bear in mind, that in pulmonary inflammations, even when violent, the pulse is often soft and weak, and the skin not very hot, or even colder than natural. The pulse and skin do not in this instance, constantly or even generally, indicate the real degree of inflammation, and consequently often mislead the practitioner. This observation applies not only to the

lungs, but to intense inflammations of the bowels and brain. It seems that in intense inflammations of all organs essentially and directly concerned with the support of life, the system is so overwhelmed, that it is incapable of producing great *febrile reaction*. Irregularity combined with weakness of the pulse, is not unfrequent in pneumonia, and may perhaps depend on the obstruction to the pulmonary circulation, produced by the inflammation. We have often observed a weak pulse accompanied by a very strong action of the heart in pneumonia, and J. P. Frank observes, "*Cordis interim, sub quovis arteriarum statu, vibratio magna.*" The same author makes the following important remark: "*Sæpe in Pneumoniæ augmento, sub pulsu minori et contracto, sub facie pallida, extremitatibus fere frigidis, ac apparente summa aegrotantis debilitate, magis quam sub contrariis rerum conditionibus, repetitâ celeri que venæsectione indigemus.*"—Under such critical circumstances, when the life of our patient depends on our opinion concerning the real nature of his case, of what value is the Stethoscope? By its application our doubts are at once dissipated, and we can immediately ascertain whether we ought to resort to venesection and other antiphlogistic means.

December 19th, 1826. Anne Nelson, æt. 35; ill from damp near five weeks, with cough and dyspnœa; was blooded about three weeks ago. Present State.—Respirations forty; thoracic; can lie best on right side; orthopnœa frequently during night; face red; crepitus distinctly heard in inferior lobe of left lung mixed with sonorous rale; in right side sonorous rale loudly heard, dry and mixed with sibilous rale, which returns at intervals; cough hard; *has had swelling of face and extremities*; lips inclined to be livid; skin hot; thirst; pulse 110, small.—*Ft. V. S. ad 3 xii. statim. Solut. Tart. Emet.*—December 20th. Humid crepitus, mixed with sonorous rale in the right mammary region; crepitus over the whole posterior part of left lung; was vomited by tartrate of antimony and purged, which has continued ever since; extreme dyspnœa frequent; orthopnœa; some hoarseness, with wheezing evidently in larger bronchial tubes; blood buffed; pulse 100; stitch last night beneath right mamma.—*Repetatur Venesectio secundam vires. Appr. Vesicatorium infra Mammam. dextram.*—December 21st. Cough hard without expectora-

tion; symptoms continue with but little mitigation; no part of either lung appears impervious; humid crepitating rale in same situation as before; no expectoration.—*R. Mist. Pector. Comp. ℥i.* Tinct. Digit. gtt. x ft. haustus ter die Sumendus.*—December 22d. Slept a good deal; no orthopnoea; respirations less frequent; cough not quite so troublesome; *no expectoration*; lung every where pervious; pulse 95, regular.—*Repr. Digitalis.*—December 23d. Sonorous rale every where audible, and mixed with humid crepitus in places before-mentioned.—December 26th. Has continued to improve; cough much less; *expectorates freely*; respiration tranquil; skin cool; countenance natural; sleeps well; a little hoarse; sonorous rale now alone.—*Appr. Vesicat. Pectori. Mist. Pecto. Comp. ℥ viij.*—December 28th. Hoarseness continues; pulse 92; complains of nausea and vomiting at times; to be removed to convalescent ward, where she remained for some time, and was discharged cured.

OBSERVATIONS.

THIS case presents many points of resemblance to those of Hynes and Hare. When admitted, this woman's situation seemed quite hopeless, as she laboured under an inflammatory affection of the lungs and bronchial membrane, which, from having been neglected, had become very severe and produced extremely alarming symptoms. It is not necessary to offer any observations on the symptoms or treatment of this case, in addition to what has been said concerning the preceding ones, except so far as they may be necessary to explain some of the stethoscopic terms. The crepitus becoming humid proved the resolution of the pulmonary inflammation. In the commencement the occurrence of the sibilous rale merely indicated that some of the small bronchial tubes were lined with strongly adhesive mucus. As a diagnostic phenomenon it is of little value.

Patrick Reddy, a butcher, ætatis 30. Between seven and eight weeks ago a side of beef fell on his right side, which produced a slight contusion: in a week he was

* The following is the composition of the Compound Pectoral Mixture of the Hospital:—*R. Infusi Lini ℥viij., Tinct. Opii Camphorat. Syrupi Scillæ utriusque ℥ss. acidi acetici guttas xxx.*

seized with pain in right side and dyspnœa; in about a week after, he says, he became affected with fever, which continued for ten days. The pain and dyspnœa continued: he had now cough with dark-coloured expectoration; he also expectorated some red blood not in clots; the cough and expectoration have continued, and he is now seven weeks ill, with prostration of strength, increase of cough and dyspnœa; had not had any regular rigor, but states that the expectoration has been offensive since the commencement of his illness. The countenance is of a leaden hue; lips pale; *respirations* 72; pulse 100, somewhat thrilly, but easily compressible; breath very fetid; constant cough, with expectoration of a yellowish purulent matter mixed with some frothy mucus; does not sleep at night; cough increased in the erect position. *Stethoscope*.—Chest generally dull, particularly right side, and clavicle (anteriorly) respiratory murmur every where audible, but is more feeble from right mamma downwards; some loud mucous rale about mamma; there is no distinct pectoriloquism or cavernous respiration.—*Sumat Statim Haustum cum Tincturæ Hyosciami* ʒi.—10th January, 1827. Passed a tolerable night, but perspired freely; urine very red; the fœtor has almost entirely left the breath, and expectoration is not so offensive; in other respects as yesterday; slight bronchial respiration under right clavicle.—*Applicetur regioni subclaviculari unguentum ex unguenti Tartratis Antimonii et unguenti Hydrarg. Camph. utriusque* ʒss.—11th. Decubitus on left side; unwillingness to assume the erect position as it makes him cough; expectoration copious, of a yellow colour and fetid smell, but does not contain any blood; *respirations* 55; pulse 92; considerable wheezing in the trachæa; deep-seated pain in lower part of left lung. *Stethoscope*.—Distinct mucous rale from right clavicle to mamma; some bronchophonia; crepitus beneath mamma.—*Sumat. Infusi Digitalis* ʒss. *bis in die*. *Mist. Pectoral Comp.* ʒviij. *Tinct. Opii Acetici* ʒi.—12th. Passed a better night than he has done for some time; but about a quarter of an hour before visiting this morning was seized with a violent fit of coughing; respiration much hurried; pulse 104; *respirations* 72; expectoration of the same character; distinct gurgling with cavernous cough under right exilla and clavicle.—*Habeat Infusi Digitalis* ʒss. *bis in die*.—13th. *Dead*. *Dissection*.—Both lungs adhering by band broken with

extreme difficulty, particularly the right. A large gangrenous abscess occupied the whole posterior part of right lung, extending from about an inch from the top to within two inches and a half from bottom; this cavity is about eight inches in length, and four in breadth, and two in depth; superiorly its parietes in thickness and hardness resemble the parietes of an hypertrophied heart; the internal surface completely anfractuous irregular with many projections, some an inch long, others running like ridges formed by remnants of pulmonary tissue; upper part lined with a distinct soft layer of coagulable lymph, in some places thinner and permitting pulmonary tissue to be seen through it; sloughs adhere to it lower down and puriform matter; a very large slough moist, easily lacerated, mottled, black and white, extremely foetid, was found in this cavity; lower part of abscess here and there coated with lymph, the rest in a state of deliquescent sphacelus; no tubercles in either lung; scarcely any part of left lung free from inflammation in various stages; in some places the lung is red, in others flesh-grey and more solid. Having placed this abscess under water, and inserted a blow-pipe into one of the larger branches of the trachea leading to it, we found that air-bubbles rose from many points of that part of its surface, *which was not lined by the false membrane.* The same happened where the blow-pipe was inserted into the pulmonary artery.

OBSERVATIONS.

WE may remark, in the first place, that the treatment in this case was merely palliative, chiefly directed to diminish the excessive action of the heart. The friction, with tartar emetic ointment, was ordered with a view to induce counter-irritation, but still with a very faint hope of its producing any benefit. No pustular eruption followed its application; and here we may remark, that many cases of intense pulmonary inflammation have occurred to us where external irritants, such as blisters, failed in producing any vesication, as if the energies of the system, concentrated on the internal organ, left the exterior parietes devoid of a portion of their sensibility. From the moment that this patient entered the medical ward we entertained no doubt whatever of the nature of his affection. The leaden hue

of the countenance, the extreme anxiety, the complete prostration of strength, the foetid breath, and the copious purulent and foetid expectoration, left no doubt that the patient laboured under extensive gangrenous destruction of the lung. We concluded that the right lung was chiefly engaged from the circumstance of the decubitus being constantly on this side; and though at first we were unable to detect the gangrenous abscess by means of the stethoscope, on account of the inability of the patient to assume the erect position, still we had no hesitation in concluding that an extensive gangrenous abscess occupied the posterior part of the lung. On the 9th of January it is stated, that the chest, anteriorly, sounded dull, and that there was no pectoriloquism or cavernous respiration; on the 11th the mucous rale was heard under the right clavicle; and on the 12th distinct gurgling and cavernous cough was heard under the axilla and clavicle. These observations showed that the abscess was extending itself upwards and forwards. In this patient the expectoration was at times not so offensive as at others. We observed the same circumstance in the case of Bardin.* We venture to hazard the following explanation of this circumstance: it is probable that in these cases, as in those of phthisical abscess,† the expectoration is chiefly furnished by the irritated bronchial membrane. That it was so in this case is evident from its nature, which was in general totally different from the contents of the gangrenous cavity. We conceive then, that the foetor of the expectoration varies with the quantity of putrid sanies which now and then may happen to be thrown out from the abscess by the efforts of coughing. This case is of the highest importance, being evidently one of extensive pneumonia excited by external injury and passing into gangrenous suppuration. That such was the case is abundantly evident from the history of the patient, and the post mortem examination. An injury of the side was experienced, followed by pain, dyspnœa, and fever, and in about ten days dark-coloured, bloody, and offensive expectoration; the symptoms increasing in severity carried off the patient in the course of seven weeks, and on dissection the lungs were found extensively in-

* See Dublin Hospital Reports, Vol. IV.

† Laennec, Vol. I., p. 549.

flamed, and *under the part where the injury was received* in the state of gangrenous suppuration. In this situation the inflammation began, and here we found it in its most advanced stage. It is the opinion of Laennec, that gangrene of the lung is not preceded by inflammation, but our reading and experience obliges us, however reluctantly, to dissent from this great authority: in all the cases related by him hepatization of the lung was found around the gangrenous abscess to a greater or less extent. In the instances given by Andral, it followed either acute or chronic pneumonia;* and in both our cases the most unequivocal marks of pulmonary inflammation accompanied this affection. Analogy also strengthens this opinion, for except in the case of mortification from cold there is no proper evidence of gangrene taking place without previous inflammation. Is it possible that cases of, what may be called, traumatic pneumonia are more liable to pass into gangrene, especially when the patient has received a contused injury of the side? We have been informed by Mr. Cusack, of this city, that a case of this description under his care was followed by gangrene of the lung. The free communication which existed in this case between the bronchial tubes and the abscess, accounts for the occasional expectoration of its contents: as after death air could easily be forced from the pulmonary artery through several arterial branches into the cavity of the abscess, it is difficult to explain why no hemorrhage into it took place during life. In the case of Bardin, on the contrary, considerable hemorrhage took place.

—— Fannon, a married woman, was admitted into shed No. 2, with symptoms of fever: she complained chiefly of her head; had tenderness of epigastrium and cough. After her admission it was ascertained, that her illness was owing to a severe beating she had received; she vomited much blood, and died on the 16th January.—*Dissection.* Brain healthy; no adhesions of the pleura; lungs every where crepitating, even in posterior and engorged parts; intense redness of the bronchial tubes below bifurcation of trachea, but without any frothy fluid or puriform matter whatsoever adhering to the

* Clinique Medicale, Tom. II.

inflamed mucous membrane; intercostal muscles on the left side between the fourth and fifth, and fifth and sixth ribs are gorged with black coagulated blood: the muscles here seem bruised; the bruised part is about four inches long and two and a half broad, commencing at the ensiform cartilage. On turning up the ribs clotted blood could be perceived between the intercostal spaces internally, corresponding to the external bruise; near the cardiac orifice of the stomach, the mucous membrane, including a space about three inches square, and *corresponding in situation* with the external bruise, was extremely red, and exhibited long patches of ecchymosis; remaining portion of mucous membrane was slightly red, and in the neighbourhood of the large patches of ecchymosis, thickly dotted with red spots.

OBSERVATIONS.

IN this case, the diseased state of the mucous membrane of the stomach, which gave rise to the vomiting of blood, was evidently a consequence of the violence which caused the external bruise. Whether the bronchitis arose in consequence of external injury, it is not easy to decide. It is interesting to remark, that we here found a deep redness of the bronchial mucous membrane *unaccompanied by any secretion from its surface*. During the first stage of acute bronchitis the cough is often dry, and expectoration does not commence until the inflammation has somewhat abated. For the same reason, when a patient, afflicted with chronic bronchitis, catches a fresh cold in his chest, which increases the intensity of the bronchial inflammation, the expectoration, before copious, immediately disappears.

James Hutchinson, ætatis 26, a smith, of a strong habit, complains of dyspnœa, with but little cough; expectoration frothy, whitish; face swollen; says that last week chest and legs were swollen; swelling began about ancles, and was soon followed by that of chest. No part now swelled but face; tongue furred, white; pulse 70, full, but not very hard; appetite bad; urine scanty, clear; never spit any blood. *Stethoscope*.—Slight crepitating rale heard posteriorly in left lung; mucous

rale generally; chest sounds well on percussion; respiratory murmur every where audible. This complaint is of three weeks standing; came on first with shivering; followed that evening by swelling of feet, and next day chest. He was bled yesterday to \bar{z} xiv.; blood buffed and cupped.—5th December.—*Repetatur venesection ad* \bar{z} xiv. *R. Aquæ Cinnamomi. Aquæ Puræ ā ā* \bar{z} iii. *Tart. Emetici grana* iv. *Tinct. Opii Semidrachmam. Sumal* \bar{z} ss. *omni horâ*.—6th. Swelling of face and chest gone; respiration easier; was vomited and purged four times after taking four grains of tartar emetic; urine more abundant.—*Haust Efferves. Carb. Ammonizæ*.—7th. Pulse 72, hard, strong; two or three slight returns of epistaxis yesterday; cough easy; swellings gone; no sibilous rale in any part of chest; action of heart heard extensively over right side of chest.—*Habeat Infusi Digitalis* \bar{z} ss. *ter in die*.—8th. Felt during the night very cold, and found his chest oppressed; coughed a good deal; posteriorly, under right scapula, sound on percussion duller than natural; during inspiration there is a rhonchus heard accompanied by slight crepitus; pulse 60, regular, very strong; cough looser, expectorates a little; complains of debility to-day; urine copious, dark coloured, and when boiled covered with an albuminous scum.—*Fiat Venesection ad* \bar{z} xvi. *Vesicatorium pectori*.—9th. Blood not inflammatory; pulse 60; breathing much relieved; respiratory murmur clear; sound on percussion natural; sonorous rale gone; costive.—*Sumat bolum purgantem statim et post horas tres mist. laxantis* \bar{z} iij.—10th. Urine copious, colour of weak coffee; four copious stools; swelling less; cough less troublesome.—*Habeat ter die, Infusi Digital.* \bar{z} ss. *cum Spiritus Ammonizæ Aromat. drachma*.—11th. Nausea; urine as before; breathing free; pulse strong; swelling gone, except slight œdema of face; cough less troublesome and looser; expectorates but little; was vomited and purged by the digitalis.—*Habeat haustum effervescent. ter die*.—12th. *Haust. effervescentes*.—14th. Pulse 64; strong dirotous; had epistaxis, which lasted half an hour yesterday, and twenty minutes the day before; spent an uneasy night, and was much annoyed by flatulence; cough not troublesome, nor respiration unnatural; complains however of shooting pains under upper part of sternum; expectorates tolerably freely a thick mucus; appetite bad; thirst at night; urine still copious; now very dark coloured,

nearly the colour of porter; three stools.—*R Calomelanos grana tria Opii Semigranum, Pulveris Scillæ grana iii., fiant pilulæ tres.umat unam ter die. Haust. effervescent. Carb. Ammonia.*—15th. Respiration easy; cough almost gone; no swelling; sleeps but little; urine still albuminous. *Omittantur pilulæ, Sumat. Hora Somni Haustum cum Tinct. Hyosciami 3 i. Habeat bis in die Infusi Digitalis 3 ss. Spirit. Aethenis Nitrosi 3 ss.*—17th. Epistaxis has again occurred; pulse again dicrotous.—*Repetatur Digitalis et Tinct. Hyosciami.*—18th. Urine still copious and dark coloured, rather less albuminous.—*Repetantur Medicamenta.*—19th. Appetite improving; no cough, swellings, or dyspnœa.—*Pergat.*—21st. Yesterday complained of pain in top of head; some dizziness, nausea, and some vomiting; no fainting; respiration natural; debility; urine still dark coloured and albuminous.—*Omittatur Digitalis. Habeat Haust. Efferves. Carb. Ammonia.*—22d. Considerable epistaxis last night; urine as before; hæmorrhage from mouth and nose this morning.—23d. No bleeding from nose since; pulse slightly dicrotous; action of heart strong, but otherwise natural; by applying the ear to the chest, following each contraction of the ventricle, there is heard a distinct and prolonged musical sound.—*Habeat Electuarii Supertart. Kali 3 i. ter in die.*—26th. No cough; sleeps tolerably; no swellings; pulse in the erect position 72, full, very strong; daily tendency to very slight epistaxis; complains still of debility; urine as before.—27th. In the evening of yesterday felt considerable pain in head and uneasiness between 11 and 12 P. M.; copious epistaxis with relief of headache, but leaving much debility; diarrhœa.—*R Acetatis Plumbi grana iii. Opii granum fiant pilulæ tresumat. unam ter in die.*—Nares to be wet with a saturated solution of alum.—28th. No epistaxis since; some vomiting this morning; pulse much more natural; urine as before; two stools.—*Haust. Efferves. Carb. Ammonia.*—30th. Bled a few drops from the nose yesterday morning; none since; urine higher coloured; still coagulates a little by heat.—1st and 2d January. No remarkable alteration of symptoms.—3d January, 1827. Was yesterday ordered a warm bath; after remaining twenty minutes in which he became weak; had not any perspiration during the night; complains of great fullness of his head this morning; respiration easier; urine about two pounds last night; one full stool yesterday; pulse, distinctly dicro-

tous, 76; manner confused; has a shooting sensation through the head; some deafness.—4th. In a soporose state all yesterday till 10 P. M., when he had a fit of convulsions, which lasted for a quarter of an hour: he passed the night sleeping; and had another fit; about eight this morning he was found in a completely comatose state, with stertorous breathing; the pulse 120, exceedingly full and strong; the bed was shaken at each contraction of the heart; some bloody saliva flowed from the mouth; considerable fœtor of breath; he was bled to $\frac{3}{4}$ xvi. which gave great relief; the stertorous breathing now disappeared, and he became sensible; the pulse sunk both in frequency and strength; he has occasionally convulsive twitches in the face.—*Abradatur Capillitium et applicetur vesicatorium vertici, applicentur sinapismi plantis pedum, Enema Cartharticum Statim.*—5th. At 2 P. M. yesterday he was greatly relieved; pulse beats slow but very full; he passed a drowsy night, and at five A. M. this morning he had a violent fit of convulsions which lasted for a quarter of an hour, after which he began to sink; he has some trachæal rale; pulse 96, full, but very soft; tongue dry in the middle; complains of pain and fullness in the head; there are occasional twitches affecting head and trunk; no paralysis.—7th. Strong trachæal rale with heaving of the chest; no fit since; countenance anxious; pupils not dilated; pulse 84, soft, not diastolic; two stools; action of heart strong, sound not distinct; loud rhonchus in right lung, with slight sub-crepitus on expiration; left lung more free.—*Applicetur vesicatorum amplum pectori.*—8th. Complete orthopnœa; pulse 72, full and exceedingly strong; countenance expressive of great anxiety, but he is sensible, and pupils are not dilated; tongue dry and of a dark brown colour; trachæal rale, not so loud as yesterday; heaving of chest increased; the muscles of the neck in constant action. *Stethoscope.*—Action of heart felt, and sound heard over whole right side, with great intensity; distinct subcrepitus in inferior portion of both lungs; the impulse of heart is as strong under right clavicle as in præcordial region; the effort to swallow causes great distress and spasmodic action of neck; several stools, and passed some urine, which is dark coloured; he sunk towards evening.—*Dissection.* On opening the chest no adhesions were found; no effusion into pleural cavity; considerable quantity of serum in the pericardium. The

heart extended to nearly one-third beyond the median line on right side; the left ventricle appearing greatly thickened, the right enlarged; parieties of left ventricle very thick; parieties of right ventricle thinner than natural, and its capacity somewhat increased; interventricular septum three quarters of an inch in thickness inferiorly; no valvular disease; aorta grated considerably under the scissars, and at the commencement of the great vessels presented a patch of cartilaginous matter which penetrated through the lining membrane. Lungs voluminous; did not collapse; upper portion of right lung crepitating and natural to the feel; whole of superior lobe presenting many masses of chronic solidification, between which the lung was crepitating, but very œdematous; when deprived of the other portions the solid parts at once sunk in water; middle lobe was crepitating and œdematous superiorly, presenting solid masses inferiorly; inferior lobe presented the congestion occurring before death and œdema.—Left lung. Superior lobe, healthy but somewhat œdematous; inferior lobe presenting many spots, where the pulmonary tissue was of a dark venous blood colour, from the size of a hazel nut to a walnut, surrounded by reddish and œdematous pulmonary tissue; these spots are solid, yield on pressure, and sunk in water.—Mucous membrane. The larger sub-divisions of tracheal ramifications healthy; about three inches from bifurcation redness of mucous membrane begins, and continues throughout the smaller ramification.—Abdomen. Liver healthy in its appearance but hard in its texture; spleen very small and indurated; kidneys hard; bladder healthy.—Intestines. About caput coli the mucous membrane was of a dark purple colour from venous congestion; general venous congestion of stomach; mucous membrane in middle of small intestines was of a deep red colour; no ulceration or follicular enlargement.—Brain. Considerable quantity of serum between dura mater and arachnoid; ventricles also filled.

OBSERVATIONS.

THIS case was one of those which simulate what has been called *hydrothorax*, but which, in reality is not so. If we except the *quantity* of urine, this man laboured under

many of the symptoms of the above disease, according to the different authors who have described it:—the fallacy of their description we have demonstrated elsewhere. Dissection showed evident marks of chronic pneumonia in the right lung, and of more recent in the left, with general bronchitis. Of the state of the heart we were satisfied almost from the commencement of our observations. The character of the pulse indicated disease of the heart; and the circumstance of our being able to hear the action of the heart over the whole right side, led us on to the 7th of December to conclude, that the right ventricle was in the state of passive aneurism. At this time we had no certain evidence of the hypertrophy of the left ventricle; but towards the fatal termination of his illness, the greatly increased *impulse* left little doubt of the state of parts, especially as we were enabled to prognosticate disease of the aorta from the musical "*bruit de soufflet*." The train of symptoms may be thus explained: let us enquire what was his first affection: in all probability the osseous state of the aorta; hence the hypertrophy of the left ventricle. The disturbance of the circulation produced a congested state of the lungs, strongly predisposing them to an inflammatory action. The right lung, as is usual, became first affected: this we prove by the occurrence of the chronic induration; hence the dilatation of the right ventricle. When admitted into hospital he laboured under pneumonia of the left lung, which was combated by the tartar emetic and venesection. The dropsical swellings evidently arose from the obstruction of the pulmonary circulation; but the whole heart was now enlarged from the frequently recurring epistaxis, the convulsions, and congestive apoplexy, which last symptoms was relieved by the venesection. But the lungs now became œdematous, which is proved by the occurrence of the subcrepitus; orthopnœa supervened, and death speedily put an end to his sufferings. It is scarcely necessary to remark upon the dirotous pulse, and the frequent returns of epistaxis experienced by this patient. Both of these symptoms were nearly indicative of an excessive determination of blood to the head. The indication of epistaxis from the dirotous pulse has not as yet been satisfactorily explained. We observed, during the occurrence of this state of the pulse, that the contraction of the ventricles was not altered from its usual course. Does not this

prove a separate contractile power in the arteries? The tendency to apoplexy, so common in the latter stages of diseases of the heart, has been remarked by Rostun; and when apoplexy occurs in such cases, we need not be surprised at finding no effusion of blood into the brain, or any other other lesion of the cerebral substance; the disease in such cases arises from sanguineous congestion.

Michael Higgins, ætatis 33. About four years ago contracted severe cold with pain in chest and oppression; from this he did not recover for four months. Since this, has suffered four or five attacks of the same kind. Last March presented himself at Dublin General Dispensary, labouring under general anasarca, palpitation, and great dyspnœa. For this he was bled and used digitalis for three weeks, at the end of which time he was quite relieved. Stethoscopic symptoms were those of congestive bronchitis and tumultuous action of heart. About six weeks ago his belly began to swell, and he complained of oppression of the chest. Present symptoms—considerable orthopnœa and much pain in epigastrium, encreased by coughing. There is an obscure fluctuation in the lower part of abdomen, but feet are not swelled. Pulse 96, soft and small. Has frequent hard dry cough; expectorates a good deal of mucus with difficulty. Chest is very convex anteriorly, where the sound is remarkably clear on percussion, and respiratory murmur feebly audible; a slight sibilous rale is now and then heard. Posteriorly the right side is dull on percussion, and respiratory murmur feebly audible; a slight sibilous rale is now and then heard. Posteriorly the right side is dull on percussion. Impulse of heart chiefly felt at ensiform cartilage and in epigastrium; sound of left ventricle dull and prolonged; of right auricle remarkably clear. Sound of left ventricle clearer than than that of right; no sign of ossification.—11th December. Took about five grains of Tartar emetic yesterday, and was sickened by it, after which found himself relieved. *R. Infusi Digitalis ʒ ss. Spirit ammon. aromat. ʒi. fiat haustus ter die sumendus.*—12th. Expectorated a large quantity on Sunday, after the Tartar emetic. *Repetatur Infusum Digitalis.*—14th. Dyspnœa and extremely harrassing cough; experiences some relief when he leans forward; spits a good

deal of frothy clear mucus; pulsation of heart again very violent, and heard over a great extent; sweats from the violence of the fits of coughing; lips livid; pulse 120, soft; skin not feverish; cough induces headache; heaving of chest. Had an exacerbation at 6 P.M. yesterday, with violent fit of coughing and sensation of stuffing in chest. Tenderness of epigastrium; flatulence of stomach very troublesome. Impulse of heart extends from right side of ensiform cartilage along epigastrium to margin of ribs on left, when it can be felt with strong and widely extended impulse like an aneurism, but on examination referable to the heart. Impulse is from above downwards. Before venesection had lancinating pain, extending from epigastrium and heart to left shoulder; had œdema of left arm at that time, but none of forearm; pain used at times to dart from shoulders to fingers. Motion, particularly upon ascent, produced a sensation of tightness and constriction, with loss of breath. Has been incapable of lifting any heavy weight for last four years, as this exertion brought on palpitation.—*Sumat Infusi Digitalis* \bar{z} ss. *quater in die*. *Applicentur hirudines* xii. *epigastrio*.—15th. Slept about five hours in the horizontal position last night. Cough comes on in fits, sometimes producing vomiting; pulse 80, soft, regular; expectoration freer. Soreness at ensiform cartilage much diminished by leeches. *Habeat Infusi Digitalis* \bar{z} ss. *bis die*. *Applicentur Hirudines* viij *epigastrio*.—17th. *Omittatur Digitalis*. *Sumat Electuarii super tart. Kali drachmam ter die*.—18th. Pulse 100. Coughed a good deal last night. Costive. *Repetatur supertart. Kali*. *Injicatur Enema purgans*.—19th. Symptoms continued. *Pergat*.—20th. *Omittatur supertart Kali*. *Habeat Infusi Digitalis* \bar{z} ss. *ter die*.—21st. Pulse 96. Spent a more tranquil night; other symptoms as before. *Repetatur Digitalis*.—22d. Cough unabated. *Pergat*.—23d. Passed a good night. Pulse 120; had no retching this morning with his cough. *Repetatur Digitalis*. *Habeat statim Haustum*. \mathcal{R} . *Olei Ricini* \bar{z} ss.. *Tinct. Senna* \mathfrak{z} i. *aquæ menthæ* \mathfrak{z} i.—26th. Was vomited and purged on the 24th; two sputa yesterday tinged with blood; to-day finds himself easier.—28th. Dismissed relieved, at his own request.

OBSERVATIONS.

THIS patient evidently laboured under dilatation of the air-cells, (*the Emphysema of Laennec*,) chronic bronchitis, and active aneurism of the right ventricle. It is likely that his first attack consisted of either pneumonia or general bronchitis. Whatever it was it is evident, that it, at that time, assumed the chronic form. He experienced several returns of oppression of the chest, and from the continual coughing the dilatation of the air-cells took place. We prefer using this term to employing that of emphysema, as we conceive that a mistaken idea of the original affection might be thus entertained. Dilatation of the air-cells and true emphysema are very frequently met with in the same subject; but it appears to us that emphysema of the lung, or the escape of air into the intervesicular cellular tissue, is in all probability induced by the rupture of the previously dilated cells. Majendie relates a case of true emphysema of the lung occurring suddenly in an advocate while in the act of raising his voice much above the natural pitch. The state of the right ventricle can be easily explained by the frequently recurring pulmonary obstruction. As yet we are unable to explain why in one case obstruction to the circulation will give rise to passive, and in another to active aneurism of the heart. In this case pulmonary obstruction produced active, in the preceding passive aneurism of the right ventricle. This was another case where many of the symptoms of hydrothorax were present, and yet the stethoscope proved that no effusion existed in the pleural cavities. Our diagnosis of dilatation of the air-cells was founded on the clear sound by percussion, the feeble respiratory murmur, the slight sibilous rale, and the remarkable convexity of the chest. We concluded that there was hypertrophoia of the right ventricle from the great impulse in the epigastrium and the increased sound. The clearness of the auricular contraction on the right side would prove that here the auricle was considerably dilated.

DISEASES OF THE ABDOMEN.

MARY M'DERMOTT, ætatis 18, admitted on the 21st of November, labouring under the usual symptoms of the

prevailing epidemic which were not at all severe, and of but a few days standing. The next day she had some nausea, but no other symptom indicating inflammation in the abdominal cavity; she evinced no disposition towards a crisis, and the nausea was relieved by the carbonate ammonia effervescing draughts.—On the next day, 22d, she was so much better that no medicine was ordered, and she continued thus until the 26th, when she complained of some tenderness of the epigastrium and nausea: the pulse was quick but not hard. This tenderness of the epigastrium, so common an occurrence in this fever, and which subsides in many cases after the crisis, excited no alarm; and to obviate the nausea the effervescing draughts were repeated.—On the 27th she complained of great pain of the belly, *without any tenderness*; pulse quick, small and easily compressible; bowels free.—*Applicentur Hirudines xx abdomini et postea Cataplasma amplum sumat, Pil. Cal. et Opii unam ter die.*—28th. She was relieved by the leeching, and the abdomen was not tender on pressure: bowels free; nausea continues.—*Habeat Haustum efferv. cum Tincturæ Opii guttis quinque bis die.*—29th. Severe vomiting during the night; belly excessively tender on pressure: she is covered with a cold sweat; pulse imperceptible; she lies on the side with the knees drawn up; constant vomiting; countenance pallid; bowels free.—*Applicetur vesicatorium amplum abdomini sumat, Pil. Cal. et Opii unam secundâ quaque horâ.*—Towards evening she seemed better, and sat up to take some food, when she lay down and expired without any evidence of pain.—*Examination of the Body after Death.* No emaciation; belly not swelled; on opening abdomen the peritoneum was found universally inflamed; the omentum adhered to the intestines and presented black spots, which corresponded to small perforations in the lesser intestines: a considerable quantity of purulent fluid was found in the cavity; and the smaller intestines, particularly the ileum, was covered with a complete investment of soft coagulable lymph: towards the termination of the ileum a large opening was discovered; the peritoneum lining the abdominal muscles was also inflamed, presenting a dark colour most evident in the lower part of the left hypochondrium, where the intestines were most inflamed; the serous coat of the liver was covered with small patches of white lymph, which gave it a granular or unequal feel; the mucous

coat of colon and rectum was healthy; the parenchymatous substance of liver, spleen, and kidneys, healthy; uterus healthy; no disease in thorax.

OBSERVATIONS.

We here see a fever, unattended during its first stages by any symptom of abdominal inflammation, except tenderness of the epigastrium—a common occurrence in the then prevailing epidemic, and fatally with perforations of the intestines and peritonitis. Was the disease Peritonitis? Certainly not—the Peritonitis evidently only commenced after the escape of some of the contents of the intestines into the cavity of the Peritoneum; for on the 27th, although she complained of pain in the belly, yet there was no tenderness on pressure, and this did not come until 24 hours before her death, along with the other symptoms of intense Peritonitis.—The Report of the 29th is very characteristick of the Peritonitis which follows perforations of the intestines, whether in consequence of inflammation of the mucous membrane, or from rupture in consequence of violence. Previously to the occurrence of the perforations, there was undoubtedly inflammation of the mucous membrane of the stomach and small intestines, as denoted by tenderness of the epigastrium, fever, vomiting, &c. In the course of this inflammation, which seems at length to have abandoned the stomach, and fixed itself in the small intestines, ulceration of the coats of the intestines took place in more than one place, and when the process of perforation was completed, then commenced the fatal peritonitis. It is to be regretted that we did not examine the ulcerated spots, in order to determine whether they were of a similar nature with those to be described in the next case; it is probable that they were. In the Dublin Hospital Reports, vol. iv. we have endeavoured to explain the correspondence in situation of the inflamed spots of the omentum with the intestinal perforations, and to account for other similar facts, observed in inflamed serous membranes.

Mary Philips, 25 years old. Laboured under the ordinary form of fever in the latter end of November. In the beginning of December she appeared convales-

cent.—It was remarked, however, that she neither regained appetite or strength. She lay in bed without making any complaint but that of weakness, and without any remarkable symptom but an occasional circumscribed flush on the cheek. She had nausea, and her pulse continued quick and small. On the 9th of December the debility was increased; she lay on her back, appeared somewhat stupid, and complained that she could not turn in her bed. Some latent pneumonia was now discovered, and she sunk on the 13th of December.—Her bowels were reported to be free, and she did not complain of any pain in the abdomen; at least there was no notice taken of her having done so.—*Dissection.* Right lung only divided into two lobes; lower inflamed. *Abdomen.*—Mucous membrane of the stomach, soft, thickened, and towards the cardiac extremity presenting many black, dotted patches, and is easily torn. The first six inches of the duodenum is of a deep red colour, but the mucous membrane is firm, and contains a great number of white spherical elevations. The red colour disappeared beyond this portion of the duodenum, but the enlarged glands were still very evident.—Their number decreased until we arrived at the middle of the jejunum, where they were exceedingly few in number, and of a much smaller size. In the lower third of the ileum, the vascularity was again perceptible, along with a considerable number of the enlarged mucous glands. The vascularity increasing, we discovered about nine inches above the caput coli, flat circular ulcerations, about the size of a sixpence, of a yellow colour, with raised and hardened edges. Their colour was owing to a thick secretion, which adhered firmly to their surface. *See plate 1.* Just above the *valve* of the colon, there were numerous smaller ulcerations, of an irregular form, and which had in many instances perforated the mucous membrane.—Large intestines healthy. Mesenteric glands enlarged.

OBSERVATIONS.

WE regret that our notes concerning this interesting case were not more copious, particularly as far as regards the appearance and number of the alvine discharges, and the existence of tenderness in the abdomen. It is

necessary to make a few remarks on the nature of the morbid alterations discovered in the intestines. The white spherical elevations observed in the duodenum were mucous follicles morbidly enlarged. In the natural state these follicles are scarcely discernible; the cause of their enlargement depended probably on inflammation, as there were evident marks of inflammation in this part of the intestines. In the lower third of the ileum, these mucous follicles or glands, are generally congregated into oval patches or groups, of a roundish form, constant in their situation and their shape, always occupying the free side of the intestines opposite to its mesenteric attachment, and having their longest diameter in the direction of the longitudinal axis of the intestines; these patches of mucous follicles are longer and more numerous in the portion of the ileum immediately above the valve of the colon. The following account of the appearances these glands assume, when attacked by acute inflammation, is translated from *Billard's* excellent Work on the Mucous Membrane of the Alimentary Canal; "Three stages of morbid changes may be observed in acute inflammation of these glands and glandular patches.—1st *Stage*. Simple tumefaction with redness of the glands, and an inflamed areola; the tumours in this stage are *discrete*.—2nd *Stage*. The tumefaction increases; their bases enlarge, a *white or grey point appears at their summit*, which is generally *depressed or concave at apex*.—3d *Stage*. The inflammation increasing, the bases of each tumour enlarge, coalesce and produce a well-marked tumefaction of the mucous membrane. Their summits now burst, and a sort of core is discharged, leaving in its place an ulceration with bleeding edges, and the bottom filled with a small clot of blood. The eruption is then *confluent*;* and at this period is generally found in the ilio cœcal region, a greyish liquid sanies, mixed with whitish flocculent shreds; the valve of the colon arresting, as it were, the progress of this matter, evidently formed by the *debris* resulting from the bursting and ulceration of the inflamed mucous glands and patches, and from their morbid secretion. As the *glands and patches* are more numerous in the *iliocœcal* part of small intestines, the

* From presenting an appearance somewhat resembling a pustular exantheme of the skin, this disease has been by some French authors termed "*Exanthema Interne*."

union of their bases, when inflamed, causes in this part a very considerable thickening of the mucous membrane itself, followed by *its* inflammation; but in those parts of the intestinal tube, when the glands are *isolated*, *this does not happen*, and the redness is confined to a small *areola* immediately around the inflamed gland. The inflammation of the patches proceeding in the inferior portion of the ilium, they become considerably elevated above the surface of the mucous membrane; *their* borders or edges are everted, and their surface either *ulcerates* (as in our case), or is covered with red granulations. The disease, indeed, seems generally to commence in the ilio cœcal region, and often produces sympathetic inflammation of the mesenteric gland, as porrigo in head causes inflammation of cervical glands."

When the inflamed glands however burst, they often run on to ulceration which destroys the mucous tissue; so that in the place occupied by the gland or glandular patches, the *muscular fibres* below may be distinguished on washing away the *yellow* pus and sanies from the ulcer: the edges of these *ulcers* are red, thick, and rugged, like venereal sores, and the surrounding membrane is tumid. When these ulcers are numerous they extend laterally, and coalesce, and finally produce very extensive disorganization and perforation of *the intestine*. Such is the description of this affection, as given by Billard, for the accuracy of which we can vouch, having observed the morbid alterations he describes very frequently in the present epidemic fever. Dr. Cheyne has recorded similar observations in his Report of the Hardwicke Fever Hospital in 1817.* (In the case of Dromgoole, p. 37, is an accurate description of follicular ulceration ending in perforation of the intestine :) "In these cases" (says Dr. Cheyne) "the distress of the patient often bore no proportion to the danger he was in; the former was very little, the latter was extreme. The disease would proceed without violent symptoms, nay, a patient would seem to be recovering, although without any critical discharge: he would call for full or middle diet, and for several days would take his food regularly. The only circumstance in his situation which demanded attention was that he regained neither flesh

* Dublin Hospital Reports, Vol. I.

" nor strength; he expressed no desire to leave his
 " bed. Then his pulse again became quick, and his
 " tongue dry, and he would complain of dull pain
 " or uneasiness in his belly, attended with soreness
 " on pressure, and a degree of fullness in the upper
 " part of the abdomen; the fullness was not elastic
 " or hard, nor indeed was it considerable. Then
 " came on a loose state of the bowels and great weak-
 " ness. Probably at the next visit the patient was lying
 " on his back, with a pale sunk countenance, and a
 " very quick feeble pulse; his mind without energy.
 " Then the stools (mucous) passed from him in his
 " bed, and the urine also; perhaps a hiccup came on.
 " Next his breathing became very frequent, in which
 " case death was at no great distance, &c."—Dr. Cheyne's
 sketch of the symptoms which mark the existence of this
 disease agrees with that of Andral, and our own observa-
 tions. As Dr. Cheyne justly observes, such cases are very
 treacherous, and the debility with which they are at-
 tended is apt to mislead the practitioner into the exhi-
 bition of cordials, &c. Attempts to check the diarrhœa
 by means of astringents or opiates, is also ineffectual.
 Our only hope of saving the patient must rest on means
 calculated to abate the inflammation of the mucous mem-
 brane, which is at once the cause of the diarrhœa and
 debility. A small bleeding may be sometime ventured
 on at the commencement of these symptoms, but in ge-
 neral we must be contented with the application of
 leeches and a large blister to the abdomen. In addition to
 which, says Dr. Cheyne, " I would give a mild emetic
 in some cases, camphor mixture with nitre in most,
 and glysters, as by such means, with fomentation of
 the legs and a *very cautious use of* cordials, I succeeded
 in several very unpromising cases in restoring the pa-
 tient to health."

Joseph M'Clusky, ætatis 11, of a scrophulous habit.
 Labours under considerable swelling of abdomen, in
 which a fluctuation can be felt. The right hypochon-
 drium appears rather full; upon examination the liver
 can be felt extending across the left hypochondrium,
 and as far down as the umbilicus, presenting a defined
 edge. He has œdema of left leg; no cough or dyspnœa;
 appetite good; much thirst; urine copious, light co-

loured; when heated deposits albumen in 'abundance. Says he often sweats; bowels regular; pulse 125. Tongue clean and moist; sleeps well. This complaint is of twelve months standing; strength but little impaired.—15th December. Fæces solid, natural colour; pulse 100; no tenderness on pressing the tumid liver; belly soft. *Habeat calomelanos granum horâ somni. Affricetur Hypochondrio dextro Unguenti Hydrarg. 3ss.*—19th. Has used the friction regularly; swelling of belly somewhat abated; urine encreased; costive. *Repetantur medicamenta. Enema emolliens si opus.*—23d. Mouth slightly affected by the mercury. *Omittantur medicamenta.*—24th. *Repetatur unguentum*—26th. Caught cold; has ophthalmia with redness of right eye, and much irritability and lachrymation; has two or three specks on cornea from former scrophulous ophthalmia; in other respects improving; belly less. *Omittatur unguentum. Hirudines sex oculo affecto. Tepid stupes.*—27th. *Vesicatorium parvum nuchæ. Eyes to be stuped with decoction of poppy heads. Leeches were not applied.*—28th. *Repeat the stupes. Let a drop of vinum opii be applied to eye twice a day.*—3d January, 1827. The strumous inflammation of the eye continues, and is attended with slight vascularity of the conjunctiva; adhesive exudation from the eyelids at night, and considerable intolerance of light; swelling of the belly stationary; it is somewhat tympanitic in the upper part, and an indistinct fluctuation can be perceived in the hypogastric region. Leeches were applied to the inner surface of the eyelids of the inflamed eye, and in the course of a few days the *liquor acetat. plumbi* undiluted was applied once a day to the conjunctiva. Under this treatment the ophthalmia speedily disappeared.—6th—12th. Has taken taken *calomel. gr. ij.* every night, and a draught with 3ss. *spirit. æther nitros.* twice a day. The belly became every day less; urine copious, but still coagulating by heat; bowels free; mouth not affected.—13th. *Omittantur pilulæ. Repetantur haustus.*—14th. No fluctuation can be detected, but there is still some tympanites. During the following week, the draughts were continued, and on the alternate days he took aperient doses of rhubarb and magnesia. He was then discharged, the abdomen having greatly diminished in size, and being no longer tympanitic; appetite good.

OBSERVATIONS.

It is not easy to determine the nature of the hepatic tumour which was so very considerable in this boy. It was slow in its increase, and not attended with well marked symptoms of chronic inflammation of the liver. There was no tenderness on pressure, nor any pain or uneasiness in the right hypochondrium. There was no evident derangement of the biliary secretion, and his appetite, sleep, strength, and nutrition, were scarcely impaired. On the other hand, the œdema of the left leg, the commencing ascites and tympanites, the albuminous urine, accelerated pulse and increased thirst, all united to prove that the constitution had begun to suffer in consequence of the diseased state of the liver. The alterative doses of mercury, which were cautiously exhibited, were evidently productive of much benefit. The mixture with spirit of nitrous æther seemed useful in relieving the Tympanites. In this, and many other cases, where considerable organic alteration had taken place in the liver, we have observed an apparently healthy secretion of bile. Thus we have found bile of an healthy colour and consistence in the gall bladder, when the substance of the liver was tuberculated throughout. Naturally coloured alvine discharges therefore furnish no proof that extensive organic disease of the liver does not exist. As to the ophthalmia, which occurred in this case, it presented many of the characters of strumous ophthalmia, which are moderate redness of the conjunctiva on the eye-ball; red vessels collected in distinct fasciculi or little bundles, with a tendency to the formation of pustules, often ending in small ulcers of the cornea, &c. This disease is attended with more lachrymation, intolerance of light, and spasmodic contraction of the orbicularis muscle, than the degree of inflammation would lead us to expect. It is best treated by application of leeches, repeated two or three times, to the inside of the eyelids, tepid fomentations with decoction of poppy-heads, and gentle aperients. When the inflammation is somewhat abated, the *vinum opii*, and afterwards the *liquor acetatis plumbi*, are useful applications. The internal exhibition of bark, as recommended by Dr. Fothergill, will often much expedite the cure. Concerning the albuminous state of the urine we may remark, that it is no proof

of an inflammatory condition of the constitution, it merely indicates considerable disorder of the function of assimilation. In health, a certain portion of animal matter is contained in the urine, in the form of that highly animalized substance, urea. This may be increased so much in quantity above the healthy standard as to constitute a disease. When the assimilative powers are more deranged, the animal matter of the urine, ceases to assume the more highly animalized form of urea, and is voided in the form of albumen, which contains much less nitrogen than urea. In a state of the system still further depraved, it passes off in the form of sugar, which contains no nitrogen, and is the least highly animalized. In diabetes, it is probable, that the urea is voided in increased quantity at first; as the disease proceeds the animal matter is voided in the shape of albumen, and afterwards of sugar. When diabetic patients are getting better, then the contrary seems to take place; and when the sugar diminishes the albumen increases or reappears, and afterwards is replaced by the more healthy secretion of urea. Doctor Prout was the first to establish the existence of these three different species, or rather stages of diabetes. In dropsy the appearance of albumen in the urine is a bad sign, as indicating a depraved assimilation and a source of debility. We have established, by numerous experiments, that when there is much albumen, there is scarcely any urea in the urine, and *vicé versâ*, or more generally that the proportion of urea is inversely as that of the albumen. How far the treatment suited to diabetes may be also applicable to cases of chronic dropsy with albuminous urine, and unattended by organic disease, experience alone can decide.

Thomas Murphy, ætatis 59, a baker. Habit healthy. Complains of diarrhœa with some griping and tenesmus; stools are of a watery consistence and very frequent; has œdema of legs and feet; urine natural; much debility. These symptoms came on about six or seven weeks ago, after a severe wetting, being then convalescent from fever and not able to procure himself the necessaries of life. The œdema was greater than it is at present, affecting thighs, scrotum, and lower part of abdomen. Before admission had much griping about

navel, which at times was so severe as to oblige him to stop in the street and bend himself forward. Appetite good; no nausea; no fever, but has constant thirst; not much emaciated; countenance good; tongue white, moist.—16th November, 1826. *R. Supertat. Potassæ 3 ij. Pulveris Scammonii, Pulveris Jalapæ, Pulveris Rhei ā ā grana quinque; elaterii granum, ft. Electuarium statim sumendum, et horā somni habeat haustum cum Tincturæ Opii Scrupulo.*—17th. One hour and a half after taking the electuary was freely purged without griping; stools copious, watery; had only one stool to-day.—*Sumat ter in die, Pulveris Columbæ gr. x., Pulveris Aromatici gr. v.*—18th. Tormina less; eight stools; less disturbed at night; appetite tolerable; thirst less.—*Repetantur Pulveres.*—To get half a pound of boiled mutton, rice-milk, and bread, for supper.—19th. *Repetantur Pulveres.*—20th. Seven stools since last visit; some griping and tenesmus, but not so much as day before; tongue moist and furred in centre; towards tip red, with tendency to dryness.—21st. Five stools; some griping and tenesmus; stools more solid.—*Repetantur Pulveres, Injiciatur vesperi Enema Anodynum.*—23d. Stools still very numerous, with some griping and tenesmus.—*Omittantur Pulveres, Injiciatur bis in die, Enema Anodynum. Rice Diet.*—24th. Four stools since visit yesterday; no tenesmus, and very little griping.—*Repetantur Enemata.*—25th. Three stools; some soreness of lower part of belly.—*R. Massæ Pil. Hyd. ʒ i. Capsici Opii ā ā grana duo, fiant Pilulæ sex sumat unam bis die, Enema Anodynum vesperi.*—26th. *Pergat.*—27th. Three stools; soreness diminished.—*Pergat.*—28th. *Hirudines x Epigastrio.*—1st December. No fever; abdomen soft; has some deep-seated tenderness still remaining between the right anterior superior spinous process of ilium, and umbilicus; tongue red and dry at tip, loaded and furred toward root; thirst diminished; appetite good at present; no griping last night; but two stools, loose and nearly natural in colour; œdema of lower extremities when he sits up.—*Repetantur Pilulæ. Rice Diet.*—2d December. Four stools; less griping; got up for some time yesterday.—*Repetantur Pilulæ.* 6th. Six stools; no fever; stools preceded by griping.—*R. Sulphatis Zinc grana xii. aquæ puræ uncias sex Electuarii Catechu Comp. 3 iij. sumat unciam quater in die.* To get a large flannel waistcoat; warm bath.—7th. Only two stools; sweated after the bath; has taken

five ounces of mixture.—*Repetatur Mistura*.—10th. Has not taken mixture since the 8th; diarrhœa again increased.—*Repetatur Mistura Zinc*.—11th. Took six ounces of the mixture; only three stools; slept well, and is getting stronger; some œdema of lower extremities at night; warm bath.—*Repetatur Mistura*; to have flannel drawers.—14th. Six stools; got no medicine; general health seems improving.—*Balneum Tepidum, Mistura Zinci*.—15th. Sweated after bath; much relieved.—*Pergat*.—18th. Four stools; no soreness.—*Pergat*.—Dismissed much relieved.

OBSERVATIONS.

THIS case of diarrhœa, arising after fever from exposure to cold, attended with tormina and slight tenesmus, but not accompanied by fever, was probably caused by a chronic state of inflammation of the mucous membrane. It was remarked long ago by Frank, that chronic diarrhœa is sometimes diminished by a cathartic; and we have frequently commenced the treatment of such cases, by the exhibition of the bolus above prescribed. Its action, although decided, is not generally accompanied by much griping; and its operation, as in the present instance, is frequently followed by a decrease of the diarrhœa. This decrease probably was owing to the previous action of the cathartic, which, by stimulating, altered the state and induced a new and more healthy condition of the mucous membrane. This is well illustrated by the effects of stimulating application in ophthalmia and gonorrhœa; and the occasional benefit from large doses of supertartrate of potash in dysentery, as first recommended by Zimmerman, and found successful in a few cases by Dr. Cheyne. It is evident however that cathartics are only applicable to cases of chronic and slight inflammation of the mucous membrane, and should be only occasionally exhibited, and with much caution. Such cases require a trial of various medicines: in the present instance the columba, the blue-pill, and opium, were each for a time serviceable. The warm bath and flannel clothing often prove useful by determining to the skin, between whose functions and the bowels so intimate a sympathy exists. We have frequently witnessed good effects from the sulphate of zinc mixture on chronic dysentery and diarrhœa. In this case its utility was

well marked. This affords another instance of the application of stimulating medicines in chronic mucous inflammation, and illustrates the apparently opposite effects of small and large doses of the same substance; for it is well known, that in large doses sulphate of zinc acts both as an emetic and purgative.

December 14th, 1826. Mary Murphy, æt. 26, shoe-binder. Lives in High-street: there has been fever in the house; five days ill; commenced with rigors, followed by heat, headache, and general pains. At present complains of slight headache, great tenderness of epigastrium, nausea, and vomiting; sleeps very badly; no cough; skin not very hot; face not flushed; no suffusion of eyes; pulse 130; tongue dry, and brown in centre; moist at edges; costive; great thirst from commencement.—*Appr. Hirudines xx. Epigastrio, Enema Purgans.*—December 15th. Had rigor at 10 P. M. yesterday, lasting for half an hour, and terminated by copious sweating, which continued until morning. Pulse 90; tongue moist; much cleaner; no tenderness of epigastrium.—*Enema Purgans.*—December 20th. Convalescent. Was discharged, and on 25th found herself again ill; was received into fever shed on 28th. Had soreness about umbilicus; constant vomiting; pulse 130; skin not very hot; tongue white; no headache; costive; leeches were applied to epigastrium.—December 30th. Nearly same state.—*Appr. Vesicat. Epigastrio Enema Purgans bis in die; Haust. Efferves. cum Carbon. Ammoniae, et Tinct. Opii gtt. v. quater in die.*—December 31st. Vomiting much diminished; sweated a good deal last night, preceded by shivering; pulse 94; blister rose well.—*Repr. Haust. Efferves.* The fever now disappeared, but she was much debilitated, and convalesced slowly.

OBSERVATIONS.

THE first attack of fever in this case terminated by a critical sweat on the 5th day, preceded by a rigor. The relapse, which happened on the eleventh day from the crisis, lasted also five days, and terminated in a similar manner. This case presents a good example of the *symptoms* and progress of the majority of the cases admitted during August, September, October, and early part of

November 1826. In almost all the crisis was preceded by a rigor, which was often severe, and varied in duration from a few minutes to half an hour, or even longer. In many epistaxis took place about the period of the crisis, often the day before, with much relief of the headache: the epistaxis was frequently copious, and generally preceded by a *dicrotous* pulse; so that when we observed this state of the pulse, we could, with tolerable confidence, predict the occurrence of epistaxis.* For a short time after the rigor all the symptoms used to undergo an exacerbation, and the patient resembled a person in the hot fit of the ague; but this state soon ended in copious sweating, and a remarkably rapid diminution of the febrile symptoms. In many cases the pulse fell from upwards of 100 to 70, or even to 60, and in four cases to 52, in the course of twelve hours. During the months above mentioned, three day fevers were not less frequent than the five day fevers, and both were almost in every instance followed by relapses. Sulphate of quinine, given immediately after the first crisis, did not prevent the occurrence of relapses. The apparent affinity of this type of fever with ague, suggested its employment: leeches applied to the epigastrium, or to the head, according to the predominance of tenderness of the epigastrium or headache, were found very useful; costiveness was obviated by purgative injections, and we had not very often occasion to use purgative medicines internally; the effervescing draught made with carbonate of ammonia and lemon juice, or a solution of tartaric acid,† occasionally with the addition of a few drops of tincture of opium, was serviceable in allaying nausea and vomiting. When leeches to the epigastrium and these draughts failed to relieve the vomiting, a blister to the epigastrium often succeeded; fevers of longer duration, lasting sometimes even to the 14th or 17th day, were during the above months comparatively unfrequent, and were always severe. They had however many of the

* *Dicrotous* pulse, as a prognostic of epistaxis, was first remarked by Solano, a Spanish physician.—See Dr. Nihell's Treatise on the Pulse.

† A solution of tartaric acid \mathfrak{z} iv ss. in water \mathfrak{z} viii. is equivalent to lemon juice. The following is the formula for the effervescing draughts with carbonate of Ammonia:— \mathcal{R} . Carbon Ammonia \mathfrak{z} i. aqua \mathfrak{z} vi. Syrupi Croci \mathfrak{z} ij. Misce. Sumat cochlear ij. amplā, cum cochlear j. amp. succi limon, vel solutionis Acidi Tartaric. The syrup of saffron is not necessary in hospital practice.

characters of the short fevers, such as epigastric tenderness, obstinate nausea, and vomiting, crisis by sweat, &c., but the crisis was not so decided, nor was it so often preceded by rigors; as will appear from the following cases, we used moderate venesection in many of the recent cases where reaction seemed violent and any symptoms of local determination made their appearance. It must be confessed however that in *many* such cases, although the lancet had not been used, the crisis was not less complete. But as this was not always the case, and as local determination not unfrequently ended in real inflammation, it was thought most prudent to anticipate so dangerous a result by an early adoption of antiphlogistic measures. We have not found it necessary in cases of fever, where the head is much engaged, to practice *arteriotomy*; we prefer venesection, aided by the application of leeches to the head, to opening the temporal artery, which does not procure more relief, and is subject to more inconvenience, and occasionally even danger, as the necessary bandage often increases headache; and in persons debilitated by severe fever, hæmorrhage from sloughing occasionally occurs under the best management. We have very rarely judged it expedient to order the head to be shaved in fever; nor does the result of our practice lead us to regret our not having done so. We have seen many cases of deafness and ophthalmia which could evidently be traced to this source; a circumstance not to be wondered at, since in most fever hospitals it is almost a matter of course to shave the head of a patient on his admission, and the patients are dismissed at so early a period of their convalescence, that the hair has grown but little, and the poverty of most is so great, that they cannot supply themselves with means of keeping the head warm.

November 13th, 1826. Catherine Hawly, ætatis 17: healthy habit; servant maid; lives in Capel-st.; sleeps in upper room; no one in house had fever, but was only one week there; previously lived at Bow-bridge, and there were six people ill of fever in the next house, with whom she had frequent intercourse; four days ago after she had finished her work at 8 P. M. she felt first symptoms of illness; a rigor lasting for a considerable time, during which had headache; lightness of head; nausea; general

pains; debility; then became very hot and thirsty; next night perspired much without relief; slept very little till last night, and then her sleep was broken. At present skin hot; face flushed; pulse 120, hard; headache, except when she lies very quietly; least motion causes pain [of head; moaning; soreness of chest; cough.—*Venesectio ad 3 xiv., et si epigastrii dolor perstet appr. Hirud. xx. Epigastrio, habt. haust. efferv. c. Carb. Ammo.*—14th and 15th. Fever continued in a mitigated form, but no remarkable symptom till evening of 15th, when she complained of cough, dyspnœa, attended with heaving of chest, but nothing morbid in lungs when examined by stethoscope; had considerable tenderness of epigastrium. Twenty leeches were applied to epigastrium; had some cough mixture, after which these symptoms diminished. She slept well and sweated.—16th. No headach at present, nor tenderness of epigastrium, but very little appetite or thirst. Tongue moist and furred; heat moderate; pulse about 90.—November 17th. Slept very little (8th day). Tongue not loaded, moist; little thirst; has had since yesterday evening a severe pain like a stitch under right mamma, catching breath; pulse 80, regular; has loose cough with expectoration, but stitch prevents her expectorating freely.—*Sthethoscope*. Lungs pervious, but mucous and sonorous rale. Breathing free; no soreness of epigastrium or nausea. *App. Hiruds. xx. lateri. Mist. Pector. Comp. 3viii. Tart. emet. gr. i. misce. St. Cochleare amplum, sæpe in die.*—November, 18th. Pain in side gone. Rheumatic pain of right elbow to-day; convalescent.—November 24th. Relapsed yesterday, but did not complain; respiration hurried; sonoro-crepitating rale over right lung anteriorly; no tenderness of epigastrium; pulse quick and strong. *Fiat Venestctio ad 3x.*—Nov. 25th. Bleeding did not weaken her; was vomited by the mixture; crepitus has disappeared; sonorous rale remains. *App. Vesicat. Sterno. Mist. Pect. Comp. 3viii.*—Nov. 26th. Pulse very quick, strong and thrilly. *Ft. Venesectio ad 3xv. Mist. Pect. Comp. 3viii.*—Nov. 27th. Blood with but little separation of serum; feels much relieved; less cough; is at present in a perspiration. *Warm drinks.*—Nov. 28th. Cough much relieved; breathing free. *Haust. Effer. e Carb. Ammo. Ter in die.* Continued to improve, and was discharged cured.

OBSERVATIONS.

In this case a crisis took place on the 7th day, relapse on the 14th day, and a second crisis on the 19th day, reckoning from the beginning, while the relapse took place on the 14th day. In the present epidemic, we have no hesitation in saying that a great majority of the crises happened on some of the days pointed out by Hippocrates, as critical days. It would appear that this coincidence is most remarkable in epidemics which, like the present, are attended with a well-marked crisis. At all events, it is only in cases where the crisis is well marked, that its date can be accurately ascertained. Convalescence in Hawley's case was not perfect after the first crisis, because of the occurrence of bronchitis, which interfered with it. The stitch in the side which accompanied the bronchitis yielded readily to leeches; and if we may judge from the appearance of rheumatism in the arm on the following day, was probably rheumatic. The relapse was accompanied by pneumonia and bronchitis in right lung, to subdue which active antiphlogistic measures were successfully employed. The knowledge gained by the use of the Stethoscope is of the greatest importance in Fever. Fever often produces a hurried and laborious respiration, quite independent of pulmonary inflammation, and it is of the utmost consequence to be able to distinguish such cases from those where pectoral inflammation really exists. If this hurried and laborious respiration of fever be attended, as it often is, by a trifling bronchitis, producing cough, and more particularly if such symptoms occur at a late period, when the countenance so often assumes a purplish flush, is there not danger of confounding such cases with pulmonary inflammation? On the other hand, we have seen several cases of Fever, in which the existence of Pneumonia, not suspected during life, was only discovered by Dissection; and we have in several cases succeeded in detecting pulmonary inflammation in Fever by the aid of the Stethoscope, when it existed in a latent form, without most or even any of its usual symptoms, and of course when its existence could not have been ascertained without the Stethoscope. In Hawley's case the blood drawn on the 26th exhibited but little separation of the serum from the crassamen-

tum. In a majority of the cases which occurred in the latter months of 1826, the serum and crassamentum did not separate at all. The solid parts of the blood, however, did not seem to be less in quantity than natural, for in the bleeding cups the whole presented a tolerably firm mass, every where in contact with the sides of the vessel. This took place in many cases, where the symptoms called for, and were relieved by venesection; and we did not consider its occurrence as a contraindication to a further use of the lancet, when from other circumstances judged necessary.

Nov. 2d, Sarah Keogh, ætat 30. Lives at Portobello, in a low place; much fever in the neighbourhood; attributes illness to cold, commenced with rigor, from which she was not free (being succeeded by heats at intervals) for 24 hours; had nausea and headache with thirst; took a large dose of salts (2 oz.) which purged her for four days. Has a child at breast two months old; suck diminished, but still nearly sufficient. Child not ill, except slight griping. Present state, 8th day: respiration easy; countenance nearly natural; tongue furred; no vomiting or nausea; slight tenderness of epigastrium; costive, but no griping; belly soft; no headache; pulse 84; skin soft. *Habt. Sulph. Quininæ, granum ter in die. forma Pilulæ.*—November 4th. Continued sulphate of Quinine yesterday; caught cold since admission, and has some hard cough. Apyrexia continues. *Rep. Pil. Sulp. Quin.*—Nov. 6th. Convalescence continues. Suck increased. *Rep. Pilulæ.*—Nov. 7th. Child feverish. *Omittantur Pilulæ.*—Nov. 8th. Child feverish. *Omittantur pilulæ.*—Nov. 8th. Child less feverish.—9th. Convalescence continues.—10th. Relapsed last night.—Nov. 13th. Sweated last night; apyrexia. Child convalescent.—Nov. 20th. Discharged.

OBSERVATIONS.

In this case the first crisis took place on the 7th day, relapse on the 15th, and a second crisis on the 19th day, so that the first crisis happened on a critical day, but the second did not, if we count from the beginning; but second crisis happened on a critical day, the third of the relapse which commenced on the 15th day. It may be ob-

served, that 18 gr. of sulphate of Quinine, a quantity more than sufficient to cure an ague, did not prevent the occurrence of a relapse. When women were admitted in fever, who had children at the breast, the infants were allowed some additional nourishment, and were also given the breast two or three times a day. The quantity of milk was always considerably diminished by fever, but except in very severe and protracted cases, its secretion was not altogether stopped, provided the child was regularly applied to the breast. When this was not done, the suck entirely disappeared—a serious evil to poor creatures, unable to provide nurses or proper nourishment for their children. We have been often surprised at seeing a mother, even in severe fever, afford her child some nourishment during its continuance, and regaining the natural quantity of milk during her convalescence, finally leave the hospital nearly as good a nurse as when admitted. We have observed, that taking the child altogether from the breast during fever, seems to act unfavourably on the mother, and consequently we never did so, except in those very severe cases where the milk had entirely disappeared. The infants had generally several febrile attacks during the mother's illness, but in no instance did they ever prove fatal, or seem to inflict any serious injury on the infant's state of health.

Bridget Bryan, ætat. 28.—December 13th.—Seven days ill; commenced with shivering, followed by heat and headache; got an emetic at commencement, since which has had tendency to vomit, slight tenderness of epigastrium; complains much of headache and pain of back; skin hot and dry; tongue moist; furred in centre; red at edges and tip; pulse 120; is very restless; no flushing of face, or suffusion of eyes. Several persons in same house ill of fever.—Dec. 14th. Had a restless night; no sleep; severe headache; eyes not suffused; tongue covered with whitish paste-like fur in centre with stripe of brown; inclined to be dry, except at edges, where it is moist and red. Pulse 120; skin hot and dry; great tenderness of epigastrium; no vomiting; ten weeks pregnant; had child at breast till a few days ago; severe pain in loins; lies on side. *Hiruds xx. epigastrio, et Haus. Efferves. cum*

Carb. Ammon.—Dec. 15th. Tongue much cleaner and moister; tenderness of epigastrium diminished; pulse 84; is sweating at present; still complains of headache; was very restless and cold during night, until four A. M. when sweating commenced. *Sumat Misturæ Camphoræ* ζ i. *secunda quoque hora.*—Dec. 16th. Headach; is much annoyed by pains; thirst; pulse nearly 90, but tranquil; skin cool.—*Habeat Potum Tartari ad libitum.*—Dec. 17th. Pulse 84. Convalescent.—Dec. 22d. At midnight got a shivering, followed by headache; twenty leeches were applied to head, and blister to stomach; pain was severe, and attended with soreness of epigastrium and vomiting; the blister rose well.—Dec. 26th. Had rigor last night, followed by copious sweat and sleep; finds herself better; but little headache; pulse 120; no vomiting; bowels free.—*Hab. Mist. Diaphoret. sæpe in die.*—Dec. 30th. Pulse 90; tongue natural; has sweated several times since.—January 4th, 1827. Discharged cured.

OBSERVATIONS.

IN this case a critical sweat, preceded by rigor, occurred on the 9th day; but although many of the symptoms were abated on the 9th, yet the fever had not entirely subsided until the 11th day. On the 16th she relapsed, and on the 20th day a second crisis commenced, and, like the first, did not *entirely* remove the fever for a few days. Here the second crisis was on a critical day, whether we count from the beginning of the first fever or that of the relapse; for it occurred in the former case on the 20th, and in the latter case on the 5th day. The epigastric tenderness, with nausea and vomiting, so common in this fever, seemed to be caused by inflammation of the mucous membrane of the stomach. In most of the fatal cases this was found of a dark-red colour and very soft, a condition evidently produced by violent inflammation. In others the redness was not so extensive, dark, or continuous; although we acknowledge, that in the present fever the above symptoms, depending on inflammation of the stomach, are very frequent, yet we have seen some cases where there was no evidence of any local inflammation whatsoever; and in others again, have observed that some other organ, as the *brain* or *lungs*, was the seat of inflammation, while the stomach was

free. We cannot subscribe therefore to the opinion, which supposes a local inflammation to be the root of all fevers, or to that which attributes their origin solely to inflammation of the mucous membrane of the stomach and alimentary canal. In our dissections we have in some cases found the brain inflamed, in more cases the lungs, and still more some part of the digestive organs. We do not recollect to have found in one instance, out of very numerous dissections, a fatal case of fever which did not exhibit some serious local lesion of an inflammatory nature; so that while we deny, from our observation of cases during life, that fever necessarily implies local inflammation, dissection has convinced us that the occurrence of local inflammation during fever, is the general cause of its fatal termination. Let us here observe that the latter inference is by no means contradictory of the former; for in the fatal cases, accurate observation always detected, *during life*, the seat of the inflammation; so that in those cases which terminated favourably, and where no such symptoms existed, our inference that no local inflammation had been present, receives additional strength from our post mortem examinations, for there we always found inflammation where we expected to find it; that is to say, we were always able to pronounce on its situation, so far as to tell, before the body was opened, *in which cavity the inflammation would be found*. The post mortem examinations have been always conducted by ourselves with the greatest care, and we generally spend between two and three hours in the examination of the body, being convinced that nothing has contributed to retard the advancement of medicine so much as superficial post mortem examinations. In examining the abdomen, we first note the general appearances of the intestines, and then take out the whole intestinal tube, which we slit up with an *enterotome* at its mesenteric attachment; this is done in order to avoid dividing any of the follicular patches or ulcerations in the small intestines, which are always situated at some distance from the mesenteric attachment. During this process we examine the contents of the alimentary canal; and afterwards having first carefully washed the mucous membrane, we remark its appearance throughout its whole extent from the stomach to the rectum. The morbid anatomy of the brain, the lungs, and the intestinal canal, has, within these very few years, received so many

important additions, so much light has been thrown on this subject by more accurate investigations, that we would hesitate much in drawing any conclusions from the dissections of fever subjects recorded before this period. Indeed, we could prove that in most of even modern works on the pathology of fever, morbid appearances have been frequently mistaken, and more especially that many things, both in the brain, lungs, and alimentary canal, have been set down as morbid, which really are not so; consequently, conclusions, not at all justified by the state of the parts, have been drawn. Thus, we hear of sanguineous congestion in the head, and morbid vascularity of the brain, intestines, &c., where the very accounts given contains internal evidence, that these supposed morbid appearances had either no claim to that appellation, or resulted from changes which took immediately before or after death. In fact, we look upon the morbid anatomy of fever as a subject which requires to be investigated almost *de novo*. Our assertion, that we have hitherto found evident lesions of vital organs in all the fever subjects we have dissected, is, we are aware, opposed to the recorded experience of many authors, who relate numerous cases in which no morbid alteration of any consequence could be detected. We question however very much the accuracy of such dissections, for, as has been well observed by Rostan, nothing is easier than to find nothing. We doubt whether such persons have injured medical science more than those who have found too much.

November 5th, 1826. Mary Williford, ætatis 22. Six days ill; complains chiefly of weakness; skin hot; pulse quick, not strong; much thirst; no appetite; respiration easy; bowels regular. Commenced with rigor, followed by heat, but no sweating; attributes her fever to cold from lying in damp sheets.—November 6th. Slight tenderness of epigastrium, but no nausea or vomiting at present; but says she had at commencement.—*Habeat Haustus Effervescentes cum Carbonate Ammonix*.—November 7th. Pulse 80; skin cool; countenance more natural; perspired during the night; no rigor preceded apyrexia.—*Repetantur Haustus Effervescentes*.—November 8th. Pulse 72; skin cool; tongue loaded in middle; clean at edges; some thirst; breathing free.—*Repetan-*

tur Haustes ut antea.—November 9th. Convalescent. Afterwards had a slight relapse; but soon recovered, and was discharged cured.

OBSERVATIONS.

THIS case requires no comment. Crisis took place on the 7th day, and she used no medicine except effervescing draughts.

December 22d, 1826. Ellen Byrne, ætatis 19. Healthy habit. Six days ill; skin hot; *violent headache* since commencement; pulse 108, tolerably good strength, rather hard; slight tenderness of the abdomen; is at present perspiring; pain of head and beating of temples prevented her sleeping; no vomiting; bowels tolerably free; tongue white, moist.—*Appr. Hirud. xx. Temporibus.* To have warm drinks.—December 23d. Pain of head; some tenderness of epigastrium.—*Appr. Hirud. xx. Epigastrio.*—December 24th and 25th. Head a little better.—December 26th. Convalescence commenced since last visit; sweated for several nights in succession, and was discharged on 31st quite well.

OBSERVATIONS.

IN this case the fever was not terminated by a well-marked crisis; amendment, accompanied by a moist state of the skin, commenced on the 9th day, or beginning of the 10th, and the fever gradually abated during the following days. No medicine was used internally; the pain in the head and tenderness of the epigastrium were moderated successfully by the application of leeches. Being impressed with the bad consequences which arise from an indiscriminate use of purgatives in fever, we never permit the nurses to administer purgatives to the patients, as a matter of course, on admission, as is too often done in fever hospitals.

November 5th, 1826. Anne Campbell, nurse of shed No. 4, æt. 35, strong. Had a *slight attack* of fever about 14 days after she began to attend. On the 3d, at 11 A.M., had a rigor; pains in bones; headache succeeded by increased heat; nausea; no tenderness of epigastrium. At present

tongue white and furred; bad taste in the mouth; thirst; face flushed; skin dry and hot; a little perspiration last night; pulse 112, strong; respiration easy.—*Habt. Pulv. Emet. vesperi. Venesection ad 3ii.*—Nov. 6th. Complains much of pain in hip and knees; much prostration of strength; tongue as yesterday; skin hot; costive. *St. Mist. Laxant.*—Nov. 7th. Restless during night; dyspnoea; shortness of breath; wheezing; great debility; at times nausea and vomiting; pulse quick; tongue furred; expectorates a little; skin cool; heaving of chest; bowels free. *App. Vesicat. Pectori. Habt. Haust. Efferv. Carb. Ammon.*—November 8th. At visit last night, at half past eight, there was great tenderness of epigastrium (leeches were applied, and she got three injections) difficulty of breathing; the respiration thoracic; respiration tolerably easy this morning; cough troublesome; no expectoration; pulse 100; skin not very hot. *Haust. Efferv. c Carbo. Ammonia.*—Nov. 9th. Suffered much from cold of shed; teeth chattering all night; pulse 96; heat and thirst less; breathing free; countenance more natural; tongue moist; furred; no vomiting; appetite returning.—Nov. 16th. Stoves having heated shed, did not suffer from cold; slept well; in evening experienced dyspnoea and pain in chest, which appeared to proceed from epigastrium; took 8 oz. of compound pectoral mixture, with 1 gr. *tart. emet.*—Nov. 11th. Sweated moderately, constantly and generally; no nausea from medicine; pulse 86; skin cool.—Nov. 13th. Convalescent.—Nov. 25th. Continues in convalescent ward; pain of back.—January 4th, 1827. Dismissed cured.

OBSERVATIONS.

This woman's fever was severe, but presents nothing remarkable, except the occurrence of thoracic respiration and dyspnoea, partly owing to bronchitis, but increased by the great tenderness of epigastrium and distension of the abdomen. On the evening of the 7th, leeches to the epigastrium, and three injections, not only removed the abdominal symptoms, but relieved those of the chest. The loaded state of her tongue and the bad taste on her mouth on the 2d day of the fever induced us to exhibit an emetic after venesection, but it did not appear to produce any benefit. The crisis

here took place on the 7th day. We may here observe, that the temporary sheds erected in the garden of the Meath Hospital, for the reception of patients during the present epidemic, contain each 51 beds, and have wooden roofs. In November last, and during the autumn, the sides consisted of a wooden frame-work, with a canvass sheeting. This answered very well during the warm weather, but they were found too cold in winter, in consequence of which the sides have been since boarded, and two stoves erected in each shed.

Dec. 13—26. Winnifred Finnan, æt. 28. On the 4th was seized with shivering, followed by encreased heat, headache and general pains; no nausea; lives in Bridgefoot-street, where there is much fever, but none in house with her; attributes fever to cold. At present complains of headache and general distress; tenderness of epigastrium; face slightly flushed; skin hot, moist. Pulse quick, full and hard; has some cough with expectoration; bowels rather confined; tongue dry in centre, moist and covered with white fur at the edges.—Dec. 14th. Says she did not sleep during the night. Twenty leeches were applied to her epigastrium with some relief; tongue moist and furred at edges. Pulse 112, soft; heat of skin moderate; belly full and soft; some tenderness of epigastrium; a good deal of thirst; no nausea; flatulence of bowels; eyes not suffused. *Olei Ricini*, ʒvi. *Spirit. Terebin.* ʒii. *Mucilaginis, et aquæ menth. ut ft. emulsio.* *App. Hiruds. xx. Epigastrio.*—Dec. 15th. Tongue as yesterday, but brown in middle; sordes on the teeth; pulse 120, small, regular; skin hot, subsultus; belly full, not hard; tender about umbilicus; three stools; no raving; eyes not suffused; some thirst; no nausea; considerable debility; no eruption; very slight cough.—12th day.—*App. Vesicatorium abdomini. Habt. Haustus Effervescentes.*—December 16th. Raved continually during the night; broken sleep; pulse 100; regular; face flushed; eyes not suffused; tongue rather less parched in centre, and moist at edges; bowels freed by injection; is quite rational at present; thirst during the night. *Haust. Efferv. Carbon. Ammon. Habt. Enema Emolliens vesperi.*—14th.—Dec. 17th. Shivering during night; now inclined to general warm sweat; parched part in centre of tongue diminished; moist edges broader; bowels free; face flushed; pulse

100. *Mistura Camphoræ sæpe in die: Enema purgans Vesper.*—Dec. 20th. Tongue still a little dry in centre; slept scarcely any during night; pulse 80, regular; no return of appetite; thirst continued; some cough; no pain in belly; sweated a little; skin cool; costive. *Repr. Haustus Efferv. Pil. Aloes et Assafoet. ii. App. Vesicatorium Nuchæ.*—Dec. 22d. Convalescence, which continued till the 25th, when she complained of general pains, thirst, heat, headache, &c.—Dec. 26th. Pulse 120; tongue furred, white, not parched; no nausea or vomiting; bad taste in mouth; sleeps little; great pains in joints; much inflamed; rather costive. *Habt. Pulveris Doveri. Pilulæ Hydrar. singulorum gr. v. forma Pilul. bis in die. Enema Purgans statim. Haust. Efferv. Carb. Ammon. ter die.*—Dec. 27th. Symptoms as yesterday.—*Rep. Medicamenta.*—Dec. 28th. Tongue dry in centre; moist at edges. Pulse 108; no vomiting; pains a little better; much thirst; no appetite; countenance improved. *Pil. Hydrar. gr. v. bis die.*—Dec. 30th. Tongue still a little brown, and parched in centre. Pulse 92, soft and regular; countenance natural; general severe pains of joints continue; costive. Pains prevent her turning in bed. *Habt. Extracti Hyosciami, gr. ij. Pil. Hydr. gr. vi. forma pilul.*—Dec. 31. Convalescent. Discharged on the 5th January, cured.

OBSERVATIONS.

In this case the first attack terminated, but not completely, by a crisis on the 14th day. Tenderness of the epigastrium; a brown parched tongue; sordes of the teeth; thirst, raving at night; fullness of the abdomen, and a tendency to intestinal tympanites, were its prominent features, and pointed out an inflamed state of the mucous membrane of the alimentary canal; to remove this, leeches were twice applied to the epigastrium, and a blister to the abdomen. The turpentine draught we have often found very useful in removing abdominal distension and flatulence in such cases, aided by the application of leeches and stupes to the belly. It forms one of our most valuable remedies in fever, when judiciously applied. Intestinal tympanites in fever has in general an inflammatory origin, and the air in these cases seems to be secreted by the vessels of the mucous membrane, when in an inflamed or subinflamed state.

That a morbid secretion of air may be produced by inflammation has been proved by J. P. Frank, who, among other examples, quotes the case of a man who, from exposure to cold, became emphysematous over his whole body, and was cured by antiphlogistic treatment. An inflamed state of the mucous membrane, it may be said, cannot be the cause of intestinal Tympanites in those cases where spirit of turpentine, a stimulating remedy, acts so efficaciously in removing this symptom. We have already shewn, however, that certain states of mucous inflammation are best removed by stimulants. The second attack of fever commenced on the 22d day, and lasted seven days; it was attended with pain and inflammation of the larger joints, and seemed therefore to possess a rheumatick character. Blue pill combined with Dover's powder and extract of Hyosciamus, we have found useful in removing these pains.

January 24th, 1827.—Peter Smyth, æt. 14, was admitted about three days ago: on the 22d he was bled to ten ounces, and got the Tartar emetic mixture. On the 23d, leeches were ordered to be applied to the epigastrium, but there were none in the house.—January 24th. Pulse 130; slight lividity of face; coughs a good deal; expectoration has become loose; tightness of chest was much relieved by the Tartar emetic; tenderness of epigastrium is very great; the leeches were not applied yesterday. Tongue moist, a little furred; chest sounds well on percussion; respiration every where audible; no vomiting. *R. Calomelanos grs. ix. Extracti Hyosciami gr. vi. M. Fiant Pilulæ Tres Sumat. unam ter in die. App. Vesicatorium Epigastrio. Hab. Haustus Effervescentes Carbonat. Ammoniacæ.*—January 25th. Pulse 104. Cough looser; lips less livid; respirations 36; mucous rale audible without the stethoscope. Blister did not rise well; no vomiting; extreme tenderness of epigastrium and abdomen; sputa white and frothy; bowels free, but not purged; great debility; fits of coughing; this day he lay on his right side for the first time; lay before on his back. *Habeat Pilulam ut heri bis in die, et Misturæ Camphoræ c Magnesiæ: ʒi. Sexta q̄q. hora.*—January 26th. Pulse 92. Abdomen still very tender. Cough tolerably loose. *Repetantur Pilulæ. Applicetur Vesicatorium amplum Epigastrio.*—January

27th. Slept well during night; extreme tenderness of abdomen; pulse 100; respirations 25; lies on left side, with legs gathered up, and cannot extend them without much pain of abdomen; had three stools natural; no vomiting or nausea; very thirsty; cough diminished; voice stronger; gums a little sore; *repetantur Pilulæ. Habt. Mist. Pectoral* 3viij.—January 28th. Pain of belly was much diminished last night by stuping, and a dose of castor oil; mouth very sore; in every respect much improved.—January 29th. *Habt. Misturæ Camphoræ c. Magnes.* 3i. *ter in die.*—January 30th. No pain in belly. Convalescent.

OBSERVATIONS.

THIS was a very severe case of fever, attended not only with bronchitis but abdominal inflammation. The latter possessed many of the characters of peritonitis, such as great tenderness and pain of the abdomen increased by extending the lower extremities. Acute inflammation of the mucous membrane we have seen may produce the tenderness and pain of the abdomen; and we doubt whether peritonitis can be distinguished from this affection merely by an increase of pain from extending the lower extremities. Practically, however, this question was of no great importance, for the antiphlogistic treatment, and the exhibition of mercury, pushed to salivation, is not less adapted to the treatment of peritonitis, than to that of acute inflammation of the mucous membrane, as is evident from the utility of these measures in acute dysentery.

John Gall, ætatis 35. Admitted about 10th January. Date of illness unknown; probably about seven or eight days. Tenderness of epigastrium chief symptom, and costiveness; skin hot; tongue very dry and brown in centre; edges white; a little moist; much debility; appeared stupid, but no delirium; memory uncertain; at one time said he was two days ill, at another for several; belly hard, full.—*Leeches to Epigastrium, and Purgatives with apparent relief.*—Next day he got *Effervescing Draughts*, and began to complain of cough.—*Blister to the Chest on following day.*—That night he became yellow, being convulsed in belly, and died at 5 A. M. yesterday.—

Dissection 30 hours after death.—Body well made, strong, muscular; skin and conjunctivæ yellow, but not intense; posterior parts livid. Dura mater yellow; no fluid between dura mater and arachnoid; considerable quantity of fluid under arachnoid, between convolutions, of amber-yellow colour; brain remarkably firm; substance white; yellow fluid in right ventricle and also in left, in anterior cornua, in considerable abundance, particularly in left.—Abdomen. Liver natural; no obstructions in ducts; bile in gall-bladder; stomach of a dark-purple colour universally; mucous membrane increased in thickness; bleeds when torn; is evidently a little softened; villous coat like velvet; when in water villi whitish and floating. Near the pylorus we observed a very curious and beautiful appearance; the mucous membrane was here, as in other parts, of a purplish-red colour, marked in many places by rings of a white colour, and perfectly circular, and about half an inch in diameter. These rings, formed by a circle about half a line in breadth, included a space purple like the rest of the mucous membrane; and in many places intersections of these white circles were observed; white serpentine lines were also apparent in this part of the stomach. On placing the stomach in water we discovered that these white circles and serpentine lines were formed by the extremities of villous processes, which had not a purple colour like the rest. Duodenum was also red, but the redness decreased gradually. One intussusception, including a portion of intestine six inches in length, was found in the small intestines. The invaginated portion of intestine was easily withdrawn from within that which had inclosed it, and there was not the slightest mark of inflammation in either. •

OBSERVATIONS.

THIS is a good example of morbid appearances exhibited by those fatal cases of fever which have been lately so frequent in the present epidemic. We have lost nearly twenty patients, in whom the symptoms ran nearly the course above detailed. In all the abdomen became hard and tender about the epigastrium and hypochondria, and often without any premonitory symptoms indicative of the approaching danger. This hardness, and *knotted* feel of the abdominal muscles, was followed

by an appearance of general jaundice of a bright-yellow colour, accompanied by general uneasiness and anxiety of countenance, a very quick and hurried pulse and coldness of extremities. Death generally took place in such cases within twenty-four hours from the appearance of the jaundice, and was preceded in some cases by general convulsions (as was reported, but we ourselves did not observe any general convulsions;) in most by spasms limited to the abdomen, and which obtained among the nurses the appropriate name of "*Twisting of the Guts*," a name which agrees singularly with the intestinal intussusceptions found in almost all. Before we enter into the subject of the pathology of this singular form of fever, we shall detail a few more examples of it.

John Rochford, ætat. 50, was admitted into shed No. 4 with low fever covered with petechiæ; became convalescent after a few days without any regular crisis; appetite returned, and he continued well for about six days, when he relapsed. Belly a little hard, and tender to the touch; complained only of costiveness: some purgative medicine was directed, which not having the desired effect, an oil draught was prescribed, and having operated freely, patient appeared much relieved at next visit; but between 11 and 12 P. M. was seized with convulsions of belly but not of extremities; suddenly became jaundiced, and died next morning. The tip of his nose became of a deep-purple colour.—(See Plate 2.) The friends having taken away the body, we had not an opportunity of examining the morbid appearances.

OBSERVATIONS.

WE have had several cases in which the nose became purple in fever, and, with one exception, they all proved fatal. When the purple nose is combined with general jaundice, the patient presents a truly frightful appearance; this has happened in five or six instances. Sometimes the purple colour is limited to the tip of the nose, while in other cases it spreads from the nose to the upper portion of the cheeks. The parts about to become purple assume at first a pale appearance; this paleness gradually is converted into a livid leaden hue, and the

part becomes quite purple, generally in the course of 12 or 24 hours. It is to be observed that the parts thus affected preserve their natural heat until shortly before death, when, of course, the tip of the nose is among the first parts to grow cold. In the case of a girl in shed No. 2, whose nose and cheeks became purple, this change took place more slowly than usual. At first the parts were observed to be covered with broad patches of a wax-like whiteness, somewhat elevated above the surrounding surface, which so much resembled urticaria that it was considered to approach, in its nature, to that eruption; the following day however these spots were found to have become of a red colour, and on the next day the redness was converted into a deep purple. During the whole of this time the heat of these parts was not less than that of the rest of the body. She died on the following day. In the case of a woman in shed No. 2, in whom the tip of the nose and the ends of some of the toes became purple, these parts were tender to the touch; this woman recovered. Leeches were applied to the tip of the nose, and tepid stupes or poultices kept constantly applied to the discoloured parts: a small portion of the nose separated and came away in the form of a slough. These facts prove that this purple colour of the nose and other parts, *in many instances at least*, arises from a condition of the vascular system of these parts closely allied to inflammation. In cases of severe and protracted fever, the parts of the body most exposed to pressure, as the nates, hips, shoulders, are very apt to strip and slough. This event in fever was formerly considered as a consequence of deficient vascular action in the parts; but Dr. Cheyne has informed us that he has long looked upon it as the result of local irritation, such as friction, &c., and has been very successful in preventing its progress towards sloughing by the application of leeches, &c., and by guarding the part from further irritation. We possess a drawing of a case in which, from exposure to cold, the tops of the fingers became purple and excessively tender when exposed even to the common temperature of the wards in winter. Great relief from pain, and some diminution of intensity in the colour was obtained by keeping the fingers immersed in tepid water. This case, which was treated by Mr. M'Namara, had lasted for some weeks before admission, and yielded, but not until the lapse of a con-

siderable time, to the employment of tepid applications, &c.

Patrick Mahon, ætatis 45, a stone-cutter, strong habit. Admitted into shed No. 4, labouring under fever of a typhoid character. Tongue loaded; teeth covered with sordes; abdomen hard; tenderness of epigastrium and hypochondria on pressure; complained of weakness.—*Twenty Leeches were applied to the Epigastrium, and Purgative Injections administered.*—The following morning the skin and conjunctiva appeared slightly yellow, which the nurse informed us came on suddenly in the night. Abdomen still hard; pulse weak and quick; much debility.—*Was ordered some Blue Pill, and to repeat the Injections.*—At the next visit, the yellow colour continuing, the abdomen being still hard, and the epigastrium tender, twenty leeches were again applied, and the former medicines repeated. At 4 o'clock in the evening was seized with convulsions, and died early next morning. The convulsions only appeared to affect the abdomen.—Body not examined.

John Gaven, ætat. 22. This man's case differed in no material circumstance from the preceding cases.—*Dissection 20 hours after death.* Body extremely well made, strong, and muscular. Nothing morbid in head or thorax, except dilatation of some bronchial tubes.—Abdomen. Five intus-susceptions in small intestines, without any adhesions or marks of recent inflammation; other parts of the intestines considerably contracted; mucous membrane of stomach, from cardiac orifice to within about two inches of the pylorus of a brownish-red colour. Here the mucous membrane yields readily to the back of the knife, and may be scraped off in a semi-fluid state; it contains several patches of ecchymosis. The whole of the intestinal tube, with the exception of the duodenum and the lower half of larger intestines, has its mucous membrane of a dark-red colour, with numerous ramifications of vessels engorged with blood. In many parts the mucous membrane is very soft, and almost semi-fluid. Liver perfectly healthy: no obstruction in gall-ducts.

OBSERVATIONS.

As our limits will not permit us to detail more dissections of this truly curious and fatal form of fever, we shall merely sum up some of the principal points connected with its pathology. 1st. In none did we find inflammation of the liver,* or obstruction of the gall ducts. 2dly. In *all* evident marks of inflammation were found in the mucous membrane of the stomach, such as redness, softness, &c. 3dly. In almost every instance we found one or more intersusceptions in the small intestines. 4th. All these were without any mark of inflammation of the serous membrane, and the invaginated portion of the intestine could be always easily drawn out of the other. 5thly. In *several* we found effusion of a yellowish or amber coloured fluid between the arachnoid and pia mater, at the base of the brain, and sometimes in the ventricles, but in these only in small quantity. 6thly. In none did we find inflammation of the brain or its membranes. 7thly. We have found the spleen very much enlarged in almost all. When the spleen in acute diseases is thus engorged and distended, it is invariably softer than natural. In but one case did we find a considerable quantity of a dark red fluid in the stomach, together with a good deal of a substance resembling coffee grounds, and in this case the mucous coat of the stomach was in many places of a very dark colour, and a slimy consistence, so that there could be but little doubt concerning the origin of the contained fluid, and the coffee ground substance, which must have proceeded from the diseased and almost disorganized mucous membrane. Such have been the principal appearances observed during the dissection of about fifteen fatal cases of fever combined with yellowness of the skin. The following cases will convey a more exact idea of the train of symptoms which characterise this form of fever than those already related, which proved too suddenly fatal to allow a full development of the symptoms.

Peter Kelly, ætatis 28, on the 29th of December was admitted into No. 4 fever shed, stating that for two

* Dr. Jacob has observed Hepatitis in one case.

days previously he had severe cough without expectoration. Pulse 110, strong; face flushed. Tongue white, moist; pain across forehead, and general distress; great tenderness of epigastrium and right hypochondrium; costive; thirsty; abdomen hard: on examination no morbid rale was perceptible; respiratory murmur natural.—30th Dec. *Venesectio ad 3xv. Hirudinis xx. Epigastrio. Pil. purg. et mist purgant.*—31st. Cough very severe. *Vesicatorum pectori. Mist. pectoralis.*—1st January, 1827. During last night became jaundiced; considerable distress this morning; black stools; great tenderness of epigastrium and right hypochondrium; cough very troublesome. *Venesectio ad 3xii. Hirudines xxx. Hypochondrio et epigastrio. Abradantur capilli et applicetur vesicatorum vertici. Sumat omni hora Calomel grana duo.*—2d January. Much relieved; skin not nearly so yellow; tenderness greatly diminished; some sweat last night. *Rep. Pilulæ.*—3d. Considerably improved; skin nearly natural. *Sumat. Pil. Hyd. et Ip. nocte.*—4th. Mouth affected with mercury; skin natural. *Omittantur medicamenta.*—5th. Removed to convalescent ward.—7th. Convalescence continues, having now no complaint but slight soreness of mouth.

OBSERVATIONS.

Here the yellow colour appeared about the 5th day, and a sweat attended with much relief on the 7th day. The symptoms chiefly worthy of notice are, the violence of the febrile reaction, pain of forehead, great tenderness of epigastrium and right hypochondrium; blackness of the stools, and hardness of the belly. We shall just now see the great importance of these symptoms in determining the true nature of the disease.

January 14th.—Thomas Kearney or Carey, æt. 38, labourer; has been ill for eight days; was first attacked with rigor and pains of loins and limbs, which still continue. He also complains of cough and pain of chest; head first attacked on fifth day; was taken into hospital the following day; got some purgative, which operated powerfully. Present symptoms. Skin dry and hot; eyes and skin *yellow*; great pain of head; tongue dry and white; pulse 60; the colour of stools

very dark; epigastrium tender.—January 15th. *Applicatur Hirudines xx. Epigastrio, et Vesicatorium Pectori. R. Massæ Pil. Hydrar. grs. ix. Extracti Hyosciami gr. vi. M. in Pilulas, tres divide. Sumat i ter in die. Habeat Haustus Effervescentes cum Carbona. Ammonia, et enema Emolliens vesperi.*—Jan. 16. Pain of chest and cough removed, and pain of epigastrium diminished since the application of leeches, which still continue bleeding: ordered to be stopped by the application of caustic; tongue moist; loaded with blackish paste, looking like mercurial ointment; pulse 60; strong; countenance much improved; stools much more natural; yellowness nearly gone; sweated much. *Rep. Pil. Hydr. et Extr. Hyosciami.*—January 17th. No fever; yellow colour quite gone; many loose stools. *Omittatur medicamenta.*—January 18th. Convalescent.

OBSERVATIONS.

The state of the pulse in this case was remarkable. It did not exceed 60, at a time when the existence of many other symptoms left no doubt of the febrile and inflammatory nature of the complaint.

December 30th, 1826. Easter M'Quillan, ætatis 33. Complains of general pains: has been subject to violent pains for the last three years, after having laboured under fever in Cork-st. Hospital; was there also about four monts ago, and was discharged cured.—Present State. Great headache; tongue brown in centre; pulse small and weak; great tenderness of abdomen on pressure; bowels very free; blooded last night for cough and stuffing of chest; finds herself much relieved; blood slightly buffed; no separation of serum; respiratory murmur natural; complains of pain across her back.—*Applicatur Hiruds. xx. Epigastrio.*—Dec. 31st. Tongue parched, furred, and brown in centre; tenderness of epigastrium still remains, but much diminished; is very slightly jaundiced; leech-bites bled well; pulse 100, regular; great thirst; pains of joints and small of back excessive, and preventing motion in bed; breathing free; urine very light coloured.—*R. Nitratis Potassæ ʒij. Decocti Hordei lb. ii. Acid. Nitro. Dilut. ʒi. Misce consumatur in die.*—January 1st, 1827. Colour more yellow; great tenderness of epigastrium and right hypochon-

drium; pains as before; fever unabated.—*Hab. Pilulam Calomelanos gr. iij. Opii gr. ½ ter in die Mist. Camph 3j. ter die.*—January 2d. Pulse 72, weak; at times almost imperceptible but regular; respiration easy; yellow stools passed under her; belly very tense; abdominal muscles contracted and hard; tongue black and parched; raves, but is sensible when spoken to; lies on side. *Repr. Pilulæ et Camphoræ; Appr. Vesicat. Hypochondrio Vini 3vi.*—January 3d. A good deal of cough; raves continually; yellowness deeper; many yellowish stools passed under her; debility much increased; thirst continues; tongue black and parched; heat natural; tremor; pulse 84; blister rose but little; deglutition impeded by a spasm; just before visist was seized with fit, attended with spasms and rigidity of joints, which lasted about a minute; feet cold.—*Vini Rubri 3vj. Appr. Sinapismi pedibus; Repr. Mist. Camph.*—January 4th. Sensible when spoken to; puts out tongue when desired; but at other times raving; seems to suffer extremely when joints are moved; frequent tremor and shuddering; rested scarcely any; other symptoms as yesterday; some swelling of ancles.—*Appr. Vesicatoria suris Vini 3vi.*—January 5th. Moaning and raving during the whole night; no vomiting; cough looser; slept a little this morning; stools yellow; tongue parched; blisters rose well; drinks abundantly; less yellowness; no headache; eyes suffused; pulse 84, scarcely to be felt, regular; no coldness of extremities; flatulence.—*Repr. Vinum.*—January 6th. Slept well; no raving; countenance improving; fever much diminished in every respect.—January 7th. Tongue clean; pulse 180, stronger than before; a large purple spot not elevated occupies whole of the outside of right instep; it is in some places vesicated; appetite good; slept well; smaller spots on other foot; camphorated spirit to be applied to spots.—*Habeat Sulph. Quininæ granum ter in die.*—January 8th. Edges of large spot more vesicated; whole surface has a redder and less purple colour; three stools during night; little sleep.—*Repr. Pilulæ Sulph. Quininæ et Vinum.*—January 9th. Redness of right eye, not painful; foot better.—*Appr. Hircud. ii. Conjunctivæ.*—January 10th. Convalescent; remained for about a week, and was discharged cured.

OBSERVATIONS.

THE symptoms of this case were very alarming; so much so indeed that on the 2d and 3d of January we had little expectation of her recovering. At this period the involuntary discharge of stools, the extreme weakness of pulse, black parched tongue, general debility, raving, tremors, spasmodic affection, which supervened when she attempted to swallow, and finally, the *hard and knotted state of the abdominal muscles*, together with a fit of general tonic spasms; all these symptoms, combined with the yellow colour of the skin, rendered her recovery very improbable. The treatment was in the commencement antiphlogistic. The nitre was prescribed in order to relieve the rheumatic pains; but on the following day it was abandoned, and a preference given to calomel and opium for obvious reasons. Nitre does not act favourably in cases where much debility is present, or where the stomach is weak. In several of the cases, attended with jaundice which proved fatal, the symptoms were very similar to those just described; the case of M'Quillan may be looked on as presenting a good example of this peculiar species of fever. In her case, as well as in several of the fatal cases, the alvine discharges were of a healthy colour; and in several of the latter the bile found in the gall-bladder after death was in its properties quite natural. About one-half of the persons so affected, raved, betrayed great restlessness, and their countenances had a peculiar expression of anxiety; others seemed in perfect possession of their intellectual faculties to the last, but at the same time appeared in a most nervous, irritable, and desponding state of mind. They could not rest for a moment tranquil, but tossed their arms about, and regarded their attendant with a look expressive at once of *nervous* suffering and despair. Many vomited very often; all complained of extreme tenderness of the epigastrium. Here we may observe, that in the present epidemic we have opened many bodies, in which peritoneal inflammation might have been expected, judging from the *Extreme* epigastric and abdominal tenderness during life; and yet have found no marks of peritonitis whatsoever. The tenderness had been occasioned by inflammation of the mucous membrane lining the stomach and small intestines. The

large *purple spot* in the instep seemed at first of a similar nature with the purple colour of the nose and lips before described; it proved however to be erysipelas, and ended in vesication. It differed from common erysipelas in its dark livid purple colour, and in having a well defined abrupt boundary, and in the colour disappearing but little on pressure. In fact, it seemed to be as it were intermediate between purpura and erysipelas. The advantage of wine and stimulants towards the conclusion of this fever were very apparent.

January 15th.—Robert Farmer, æt. 19. Has been ill five days; was employed in a brewery, where he was exposed to hot steam, which produced a copious perspiration, during which he drank a great quantity of cold beer; was immediately seized with a violent rigor and fullness of head; the rigor lasted for an hour; a comparative calm ensued. The head, however, still continued uneasy; loss of appetite followed; but he endeavoured to work for two or three days, when he was obliged to remain in bed; has been in a violent heat since, unless he gets a cold drink, which causes a rigor, was admitted into Hospital yesterday. *Previous to this* had taken no medicine. Present symptoms. Violent pain or rather fullness of head; throbbing of temporal arteries; pulse 110; thorax free from pain; no cough; epigastrium and abdomen very tense; no tenderness on pressure; skin hot, dry, and tinged with yellow; tongue white and dry; somewhat moist at edges; got some purgative which procured two stools, foetid and of a dark colour; urine natural. *Applicentur Hirudines xx. temporibus. R. Liqueoris Acetatis Ammoniacæ. Aquæ Fontanæ singulorum ℥iij. Tartari Emetici granum. Syrupi ℥i. Misce. Sumat ℥ss. omni qq. hora. Habt. Enema Emolliens Vesperi.*—January 16th. Leeches were applied at 6 P. M.; many still bleeding; eyes and skin less yellow; head ache less; pulse 70; regular; a slight tendency to diaphoresis. *Repetantur Medicamenta ut heri.*—Jan. 17th. Not much headache; heat and pulse natural; much debility; tongue clean and moist; countenance improved; no appetite; bowels free. Convalescent.—January 26th. Left Hospital day before yesterday; and that evening experienced rigor, and headache. Tongue white and furred; pulse 100; skin not very hot; abdo-

men soft; bowels free; great thirst; no head-ache at present. *Habeat Haustus Efferves. c. Carbonate Ammoniae.*—January 27; Respirations 36. Pulse 120. Abdomen soft and natural, a good deal of headache; thirst; head of skin; flushing of face; tongue as yesterday. *Applicentur Hirudines xx. Temporibus.*—January 28th Head somewhat relieved; bled all night from leech-bites; much tenderness of epigastrium; pulse 125; great thirst; no vomiting; some yellowness of skin, but not of eyes. *R. Pilulæ Hydrar. grs. ix. Extract. Hyosciami grs. vi. Misce. Ft. Pilulæ tres. Sumat unam quartis horis.*—January 29th. Fever diminished; was extremely weak last night, and had great distension of belly, with swelling and tenderness; this attributed to taking too large quantities of drink; was relieved by a large oil injection three times repeated. Very little yellowness to-day. *Habt. Haust. Efferves. c. Carbo. Ammoniae.*—January 31st. Skin hot; pulse 110; rather weak; all the symptoms exacerbated since yesterday; much thirst; tremor; no cough nor tenderness of belly; no headache or raving; but little sleep; respirations 40; bowels free; much nausea, but no vomiting. *Habeat Haustum Oleosum. Repr. Haustus Effervescentes c. Carb. Ammoniae.*—February 1st. Face flushed; no headache; a good deal of epistaxis last night; dry burning heat of skin; tongue very red at tip and edges; parched in centre; vomited last night; much thirst; no tenderness of epigastrium; respirations 36; pulse 112; no cough; complains at times of sense of distension of stomach. *Habr. Mist. Camph. cum Magnesia, ʒi. ter in die.*—February 2d. No Fever. Pulse 72. Convalesced slowly, and was dismissed cured.

OBSERVATIONS.

Here the crisis of the relapse was better remarked than that of the first attack, and occurred on the 9th day of the relapse. One of the most prominent features of this fever was the distended state of the epigastric region, in the first attack unattended by tenderness, but in the relapse accompanied by much epigastric tenderness. It is probable therefore that the distended state of the epigastric region proceeded in both instances from the same cause, namely inflammation of the mucous membrane of the stomach. We have already seen

that this inflammation may, and generally does produce very great tenderness; this case, however, seems to prove that inflammation of the mucous membrane of the stomach may occasionally exist without producing tenderness. We have found both the extract and tincture of *Hyosciamus* extremely useful in abating irritability and procuring sleep in the advanced stages of fever. In the fevers attended with jaundice we were induced to combine it with mercurials, from observing the frequent occurrence of intur-susception in the fatal cases—still bearing in mind, that means calculated to abate the inflammation of the stomach and intestines, by lessening the cause, would strike at the root of the spasm, and thus prove the best antispasmodics. This plan has been successful in several instances, but in the majority of the yellow cases, we regret to say, that the progress of the disease was so sudden, mostly terminating in 24 hours after the appearance of the jaundice, that all our efforts proved ineffectual. In our next report will be found the history and dissection of several of those cases which have occurred since the beginning of February. It is not to be supposed that the present report affords specimens of all the different varieties of fever treated during the time it embraces—we have omitted to detail any but those calculated to convey an accurate idea of the general character of the epidemic and its peculiarities, reserving for a future period an account of the more ordinary forms of petechial and typhous fever, which were not unfrequently observed. At present we shall conclude with some remarks on that form of fever which was accompanied by jaundice. Cases of probably a similar nature have been observed by Dr. Cheyne and others in former epidemics, but in no other epidemic were they so frequent or so fatal in this city. Those who are familiar with the symptoms and morbid appearances observed in the yellow fever of America, the West Indies and of Spain, will at once perceive many striking points of resemblance between yellow fever, properly so called, and that variety of fever we have described. In both the yellow colour depends upon the presence of bile, and in both the absorption of bile into the system, seems independent of hepatic inflammation or obstruction in the biliary ducts. We are aware that Tommasini, in his excellent work upon the fever, which occurred at Leghorn in

1804,* proves that the liver is inflamed not unfrequently in yellow fever, *and he supposes* that it is inflamed in all cases arguing that where no very *visible* or *external* marks of hepatic inflammation have been observed, that still inflammation may have existed in the internal parts of the liver, attacking chiefly its vascular system and the *pori biliarii*.—(Page 315.) As, however, no such inflammation, to our knowledge, has been detected in those cases of yellow fever which present an apparently healthy state of the liver, and as the most accurate descriptions of the morbid anatomy of yellow fever with which we are acquainted,† report a healthy state of the liver in the majority of cases, we must, for the present at least, consider the jaundice of yellow fever as independent of hepatitis. An inflamed state of the mucous membrane of the stomach, often amounting to its absolute disorganization, is the most constant and the most essential morbid appearance in yellow fever:—a similar state of the duodenum is likewise frequent; now in both these respects our cases agree with yellow fever, except indeed that in the latter the disorganization of the mucous membrane is greater; still however this is only a difference *in degree*; and in one of our cases we have seen that the disorganization of the mucous membrane was fully equal to that described in yellow fever attended with black vomit; and in that case the stomach contained a matter very similar to, if not absolutely identical with the black vomit. We should recollect also, in comparing these two forms of disease together, that in many cases of yellow fever there is no black vomit, and the inflammation has in such persons been found to have attained a degree not greater than was observed in our cases. The tenderness of the epigastrium, so prominent a feature in yellow fever, occurred in all our cases; and if space permitted, we could point out many other circumstances of similarity between these two forms of fever. It may appear to many ridiculous to maintain a similarity between these cases and yellow fever, a disease of warmer climates, and which commits such fearful ravages wherever it appears. We need, however,

* *Sull' Febbre di Livorno, e sulla Febbre Gialla, &c.*

† See Lawrance's very accurate Dissections of Subjects Dead of the Yellow Fever, made at New Orleans during the years 1817-18-19.—Philadelphia Journal, Vol. I., New Series.

only refer to the Works of Tommasini, of Bancroft, and Dr. James Johnson, which contain ample proofs that even in the warmest latitudes epidemics of yellow fever are always mixed with fevers of a bilious character, but of a milder type; a circumstance which renders it highly probable, that were such an epidemic influence at any time, from a particular combination of circumstances, to spread to temperate latitudes, the reverse would happen, and this influence would then produce an epidemic of a bilious or gastric character, with comparatively few cases approaching in violence to yellow fever. Tommasini and the best modern pathologists consider it as now placed beyond all doubt, that yellow fever cannot be considered as a specific disease, but merely as the maximum of bilious or gastric fevers. In proportion to the warmth of the climate these fevers increase in intensity. Thus, in Cadiz and Gibraltar we need not be surprised at the occasional appearance of the yellow fever, approaching in violence to that of the southern parts of North America and the West Indies. At Leghorn the resemblance, although still striking, was not so perfect; and again, in the bilious epidemics of France, Holland, and Germany, the difference, as to intensity, is still greater, (Tommasini, 81, 82, 83,) but still the disease, in its essential characters, remains the same in all and the same symptoms, and the same morbid lesions are found;—they differ only in degree. Hitherto we have not made any remarks on the frequent occurrence of spasmodic action in the intestines, as proved by the intus-susceptions so constantly observed in our cases; a circumstance, we believe, peculiar to those cases, for we have not met with any account of a similar occurrence in other epidemics. How far such spasms, either by directly causing a temporary constriction of the ductus communis choledochus where it enters the intestine, or by extending to that duct itself, may have contributed to obstruct the passage of the bile and thus produce the jaundice, is a question worthy of consideration.

We beg to refer to the case of Michael Higgins, which will be found in the preceding report. Since the printing of the case he has died, and leave being given by his friends to examine his chest, the following report of the dissection may not be uninteresting:—Body some-

what emaciated—*no œdema*. On raising the sternum the lungs were found scarcely collapsed; there were no adhesion, nor was there any serum in the pleural cavities; the lungs felt soft and elastic, but little crepitation was heard on pressure; in no place did they feel solid; when examined carefully the air-cells were, in many places, found dilated to three or four times their natural bulk; there were no sub-pleural vesicles; drops of opaque mucus exuded from the cut extremities of the bronchial tubes; the heart was greatly enlarged, being more than double its natural size; both ventricles were much thickened, and both auricles dilated; the mitral valve was found greatly disorganized, being almost entirely converted into a solid long mass, by which the orifice was greatly contracted; in one portion only did this long valve present a rugged edge; the rest was covered by a fine membrane.

OBSERVATIONS.

THIS was a case of dilatation of the air-cells without interlobular emphysema, as is proved by the absence of the sub-pleural vesicles. In the forthcoming Number of the Dublin Hospital Reports, we have detailed a case where both these lesions existed. As far as our experience goes, we may state that they generally co-exist, but that the true emphysema is consequent to the dilatation of the cells. It is remarkable, that during the period of this patient's stay in the hospital, we had not any decisive proof of the state of the mitral valve. When first seen at the Dublin General Dispensary, it was observed that at each pulsation of the heart a distant vibratory motion could be felt;—the "*frémissement cataire*" of the French authors.* This phenomenon, first described by Corvisart,† is generally accompanied by a rushing or grating sound on the contraction of the particular cavity; and we have uniformly observed the intensity of these sounds to vary with the force of the heart; but while the patient was under our care the action of the heart was great. Why then did we not observe the phenomenon in question? Can this be explained by the circumstance of the extensive osseous de-

* Laennec, Vol. II. p. 448.

† Corvisart's Treatise on Diseases of the Heart.

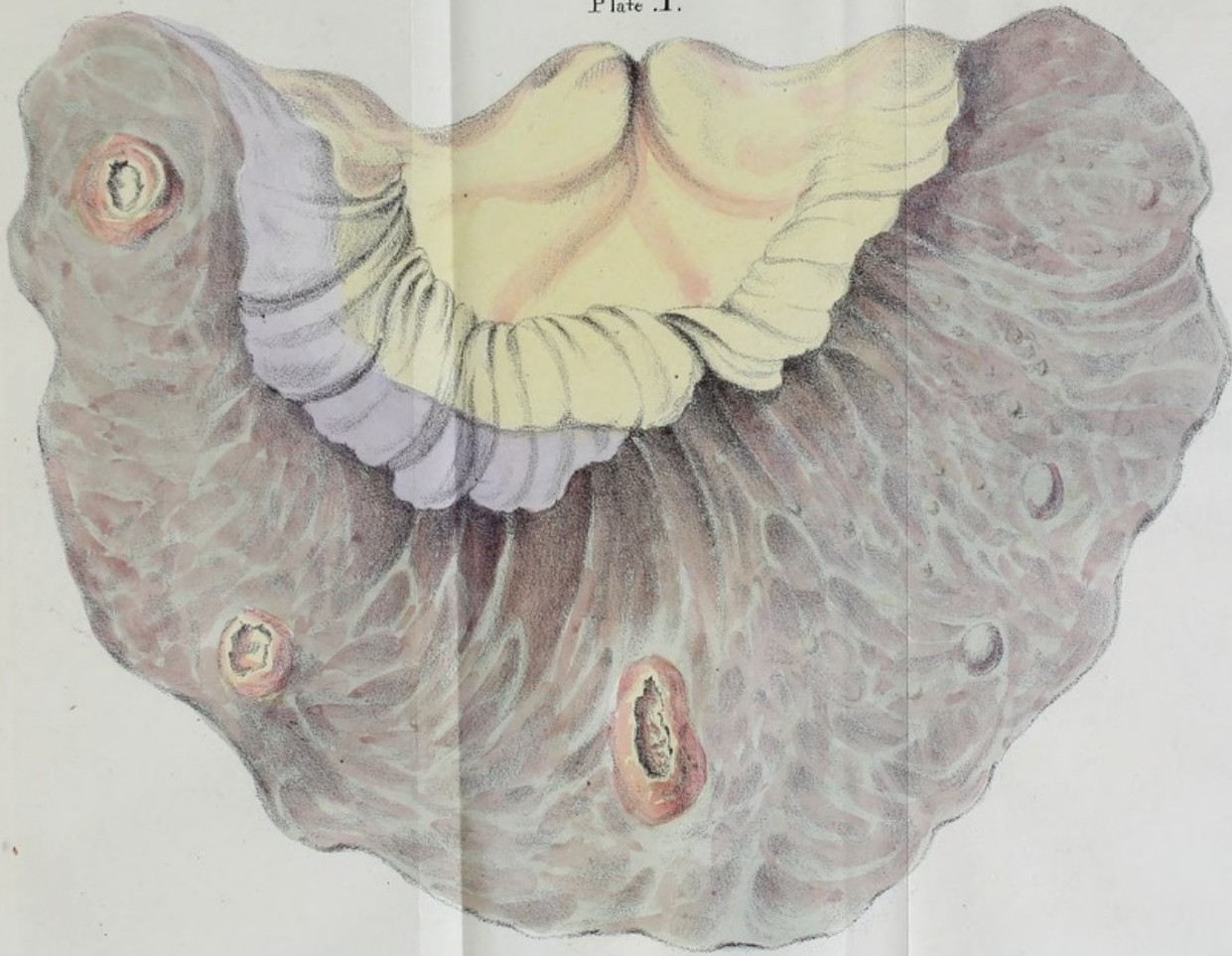
position between the membranous folds of the valve presenting a rounded edge, except in one particular part, and completely preventing the free action of the valve? The opaque mucus which flowed from the divided extremities of the bronchial tubes, leaves no doubt as to the existence of bronchitis, but particular circumstances interfered with a further examination at this stage of the dissection.—The Heart is preserved in the Museum at Park-street.

END OF PART I.

position between the membranous folds of the valve presenting a rounded edge, except in one particular part, and completely preventing the free action of the valve. The opaque mucus which flowed from the divided extremities of the bronchial tubes, leaves no doubt as to the existence of bronchitis, but particular circumstances interest with a further examination at this stage of the dissection. The Heart is preserved in the Museum at first stage.

END OF PART I.

Plate .I.



Drawn by J Cooney, Lithographed by Holbrooke & Son





Drawn by T. Cooney Lithographed by Holbrooke & Son

