

Remarks on the disease lately described by Dr. Hendy, under the appellation of the glandular disease of Barbadoes / by John Rollo.

Contributors

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R E M A R K S

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L A T E L Y D E S C R I B E D B Y

D R. H E N D Y.



R. E. M. R. I. S.

D. M. E. A. C. E.

D. R. H. B. M. D. Y.

R E M A R K S

ON THE

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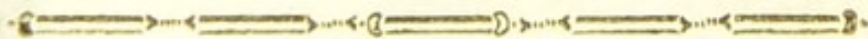
UNDER THE APPELLATION OF THE

GLANDULAR DISEASE

O F B A R B A D O E S.

By J O H N R O L L O,

Surgeon in the ROYAL ARTILLERY.



L O N D O N :

PRINTED FOR C. DILLY, POULTRY,

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D. I. S. T. R. I. C. T.

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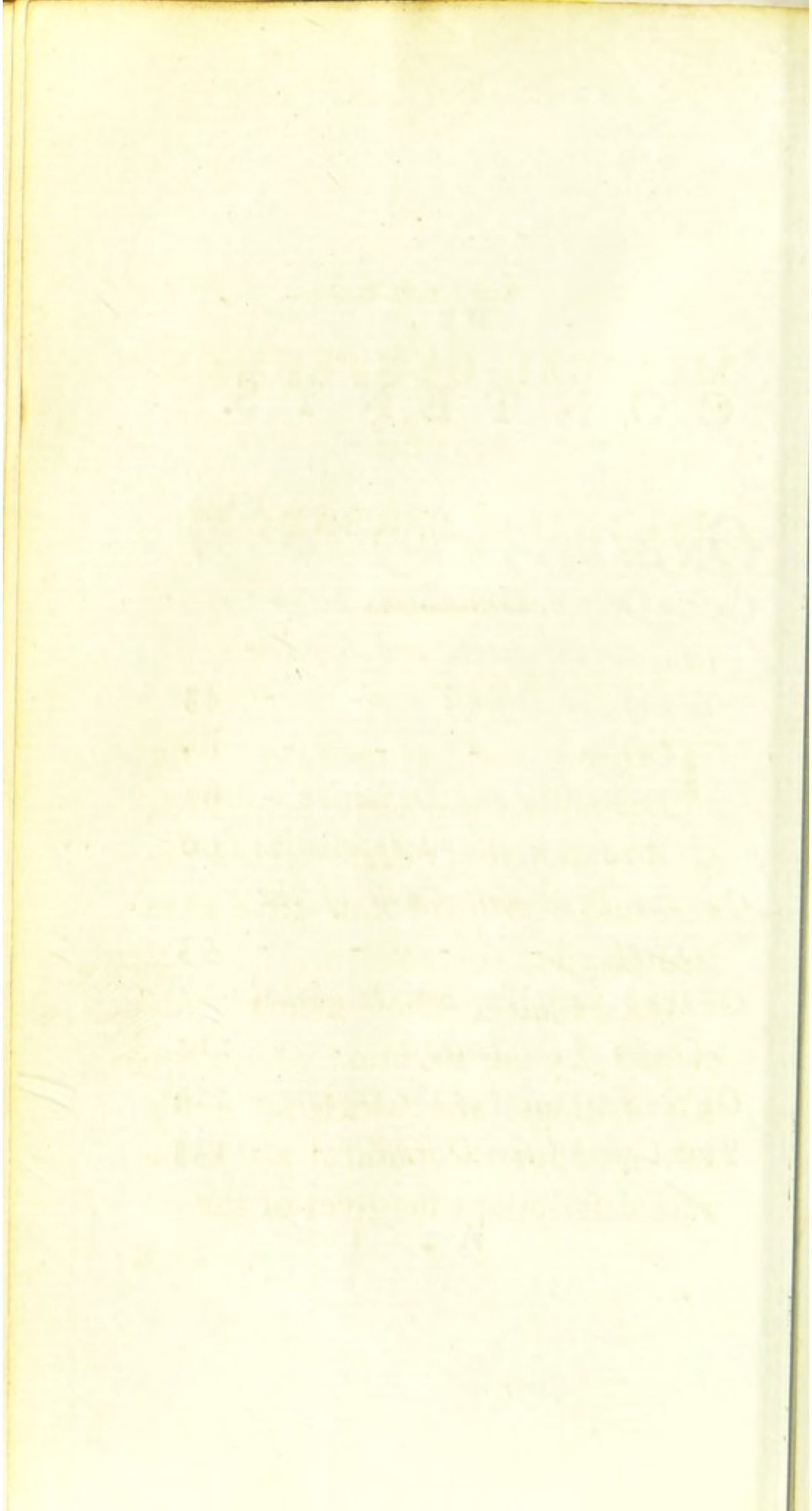
OF BARRISTERS

BY JOHN BOLTON

R12570

T H E
C O N T E N T S.

	Page
<i>ON the History of the Disease</i> -	17
<i>On the Origin, Distinction, Definition, Arrangement, and Appellation of the Disease</i> - -	43
<i>Origin</i> - - -	ib.
<i>Distinction and Definition</i> -	62
<i>Arrangement and Appellation</i>	90
<i>On the Proximate Cause of the Disease</i> - - - -	93
<i>On the Predisposing and Occasional Causes of the Disease</i> .. -	114
<i>On the Treatment of the Disease</i> -	129
<i>Two Cases of the Disease</i> - -	133



TO THE
MEDICAL GENTLEMEN
OF THE
ISLAND OF BARBADOES.

GENTLEMEN,

TO you these remarks are with peculiar propriety addressed; as they regard a disease whose nature and treatment you often have had occasion to consider.

Dr. Hillary, whose memory you respect, by the attention you pay to his writings, and which are justly esteemed for the faithful and accurate descriptions he gives of the attack

tack, progress, and termination of diseases, has also given an account of the disease, the subject of these remarks. With respect to the manner of attack, and indeed the whole history of the disease, very little, if any thing can be added. However, his ideas respecting its nature and proximate cause are deficient and objectionable.

Therefore any attempt to assist you further in the investigation of the disease, merits your attention and indulgence, and claims your thanks. Dr. Hendy, I have no doubt, has obtained both, by the labour he has bestowed in his late publication, in which this disease is described under the appellation of
the

the Glandular disease. His book, however, contains material mistakes regarding the disease; to point out these, is my principal intention. Whether I have succeeded, or had any reason to attempt it, must be decided by you.

Here I think it proper to give the following short narrative; and I hope by this, it will appear, that some trouble was taken while I was in the island to understand the nature of the disease, by which, I may not be deemed presumptuous or altogether incapable to offer remarks on it, and on the account Dr. Hendy has given.

The extraordinary cases of enlargement and disproportion to be
seen

seen in your island when viewed by the eye of a stranger, beget compassion and a tender fellow feeling. Being a medical stranger, these impressions were accompanied with the desire of knowing something about the nature of these remarkable appearances. To obtain information I looked into the local accounts of the diseases of the island.

Dr. Town in his book, entitled, a Treatise on the Diseases most frequent in the West Indies, particularly those which occur in the island of Barbadoes, published in London in the year 1726, gives a description of a disease resembling this in the effects it produces in a neglected and advanced state. Even this
limited

limited description is imperfect and obscure. The commencement and progress is materially different in Dr. Hillary's account, which is published in his book on the diseases of Barbadoes, in the year 1766. By comparing these accounts, it is either to be supposed that the disease has entirely altered its nature and appearance; or that the account of Dr. Town is exceedingly superficial, deficient, and inaccurate. The latter is presumed, as Dr. Hillary looks upon the disease he describes to be the same. Besides, both mention the same effect of amputation, as unsuccessful; the disease returns and fixes upon some other part.

Dr.

Dr. Hillary's account was depended upon. Some doubts, however, arose with respect to the idea he entertained of the nature of the disease. To be more fully satisfied, a few cases were examined, and the result was, I may say, a justification of his description of the history of the disease. But I had reason to differ from its being the elephantiasis. This urged me to continue my enquiry, and to solicit assistance of my medical friends. Having the pleasure of being acquainted with Dr. Hendy, I proposed to him a few questions regarding the disease in April, 1781, with a request of his opinion towards a solution of them.

I was

I was not disappointed in the expectations I had formed of this gentleman's candour; for he returned me an answer to the question in the succeeding month of May. He assured me at the same time, that in giving an explanation of what he knew of the disease in compliance with my request, he was insensibly led into an extensive field of pursuit, which he soon determined to prosecute, and give the result to the world. This resolution gave me great satisfaction, especially as I considered myself the instrument of forming it. With pleasure I dropped the pursuit to one, who from his situation, his character, and his practice rendered him more adequate

quate to the undertaking, than an unsettled military surgeon. I communicated to him the observations made in the perusal of his manuscript, and at the same time three cases of the disease which I had examined.

There is only one of these cases published; it makes Dr. Hendy's No. XIV. The other two are equally authentic. One of them is the case of Mr. W. F. of Bridgetown, a gentleman of the profession of the law, and who is, in public and private character, justly esteemed by you all. He attentively read over the case after it was written, and he approved of it. Although these cases are to be subjoined, no inferences

inferences are to be drawn from them, on purpose that every possibility of objection may be removed. The remarks I am to offer on the subject, arise from an inspection of Dr. Hendy's sentiments and cases; and they contain the observations communicated to him after the perusal of his manuscript.

The object of these remarks will be attained, if they have the effect of clearing the way, and stimulating to further enquiries, by which a more just and satisfactory account of the nature, and I apprehend of the treatment of the disease, may be ascertained.

I think it proper to observe, that my residence being far distant from
your

your island, and at present having very little prospect of returning to it, I despair of personally assisting in your enquiries. However, I flatter myself with hearing of your exertions, and of being corrected or established in the ideas I entertain of this disease; and that these exertions may have every success is my sincere wish.

With great respect,

Gentlemen,

I have the honour of subscribing myself,

Your obedient servant,

JOHN ROLLO.

R E M A R K S

On the DISEASE lately described by

Dr. H E N D Y.

On the History of the Disease.

THE disease makes its attack in this manner. The patient is affected with a languor, yawning, and stretching, which is soon followed by a general sense of coldness, then shivering (*a*); this continues for one, two, or even three hours (*b*),
and

(*a*) In the case of Mr. W. F. there was no rigor or shivering; and Dr. Hendy mentions one attack where there was no cold fit. No. XIII.

(*b*) Vide Dr. Hendy's cases. To avoid the repetition of Dr. Hendy's name, the references made in this History
B are

and is succeeded by an increase of heat with all the symptoms of a hot stage of Intermittent paroxysm; these remain for different degrees of time (*c*), until the disease terminates in a profuse sweat (*d*).

This feverish paroxysm, although varying in the degree of its cold and hot stages, seldom assumes any other appearance than a regular intermit- tent paroxysm, and when it deviates from this, it still follows the same line by running into the form of a Remittent, and this into a continued fever (*e*).

Along

are to his cases and pages---the number therefore will only be afterwards inserted.

(*c*) Cases XI. XIII. XVII. and XVIII.

(*d*) Vide all the cases and observations on the treat- ment of the symptomatic fever.

(*e*) Cases XVII. XVI. XVII. and XVIII. Also Page 68.

Along with the first symptoms of the cold stage, there is a sense of pain and hardness of the lymphatic glands of the groin. This continues, and on the appearance of the hot stage of fever the pain of the groin increases, with a swelling of the glands; at this time a red line may be perceived (*f*) running from the glands down the thigh to the ham. As the hot stage advances, the leg begins to swell with pain and inflammation. When the sweating stage commences, the pain and swelling of the glands gradually diminish, while the inflammation and swelling of the limb encrease and continue---this inflammation

B 2 remains

(*f*) Case IX. gives one instance where this red line was not perceived.

remains for several days, then goes off, and leaves the swelling, which in a little time entirely subsides (*g*).

These appearances of inflammation vary in their attack; but they generally happen in the manner related.

The affection of the glands sometimes precedes the cold stage (*b*), at other times follows it (*i*). The swelling and inflammation of the leg always happen in the hot, or at the commencement of the sweating stage (*k*).

The glands of either groin seem to be liable to this affection; more frequently

(*g*) Vide all the cases.

(*b*) Cases III. IX. X. and XIII.

(*i*) Cases XI. XVII. and XXI.

(*k*) Cases III. IX. XI. XIII. XV. XVI. XVII. XVIII. and XXVI.

frequently however those of the right, seldom those of both (*e*). Sometimes an upper extremity is affected; but this rarely happens.

These are the Phenomena which distinguish and characterize an attack of this disease. The progress may vary by the degree of fever. The termination of the inflammation is generally in resolution; suppuration very seldom happens.

The disease seldom proves fatal, and when this does happen, the disease falls upon the internal parts, or the patient dies in the paroxysm of fever (*m*).

The disease returns, but at no certain

(*l*) Vide the case of Daniel Massiah, who had both his legs remarkably affected.

(*m*) Page 69.

certain periods (*n*)---this circumstance perhaps has not been properly ascertained (*o*). The same Phenomena occur, only the swelling of the limb remains longer in every subsequent attack. This swelling retains the impresson of the finger, but more slightly than in the anasarca; it has however a good deal the same appearance, and it discharges a thin fluid from the puncture of a lancet.

This fluid has been found to be
CO-

(*n*) Page 10. "Neither have those who are habituated to this malady, or even the most attentive and accurate observers, been able to ascertain any degree of regularity in the return of the feverish paroxysm," &c.

(*o*) Case XV. In this case from the age of seven to nineteen, the attacks were commonly once a week. Case XVI. an attack twelve or fourteen times in the space of a year. Each attack consists of repeated paroxysms several afternoons. Case XVII. An attack three or four times in the space of twelve months. Each attack consist of eight or ten exacerbations about five o'clock in the afternoon.

coagulable in a small degree of heat (*p*), and even on being exposed to the air (*q*).

When the Patient is so unfortunate as to have frequent and quick returns of the disease, and when the treatment is either improper or unsuccessful, or what more frequently happens, when the remaining swelling is neglected, the limb arrives at that state in which all efforts to subdue it must prove, as is evident by dissection, abortive.

Of this state dissection exhibits a thickened skin, with an enlargement of its blood vessels; the cellular substance of a hardened or gristly nature, with its cells much distended,
and

(*p*) Case 13th and 16th.

(*q*) Case 9th.

and filled with coagulated lymph; the blood vessels enlarged in their capacities, particularly the external veins, even to thrice their natural size, the smaller arteries partake more of the distension than the larger; the lymphatic vessels distended, the lymphatic glands in one case (*r*) flaccid and pale; the muscles and their tendons not apparently diseased; they appear however flabby and pale, but have no increment of bulk (*s*).

In the progress of the swelling to this state the limb is smooth, and even then it is generally so, except in those cases where external pressure has

(*r*) No. 24.

(*s*) Vide an account of a dissection in page 17, and another in 134.

has been used intentionally or accidentally, or where the skin has cracked or burst, or where some application has been made. The skin is sometimes of a scaly appearance (*s*), but this is only in cases of great distension.

With this enlarged leg, or legs, the Patient may lengthen out a wearisome existence for many years.

The disease is not contagious, and it is found not to be hereditary (*t*).

In place of the description now given of the disease, I might have contented myself with the insertion of that of Dr. Hillary, which is, as I have already observed, clear, and upon the whole, accurate. But I
wished

(*s*) Page 60.

(*t*) Page 39.

wished to give one, that would comprehend every observation Dr. Hendy's cases might be said to afford. However, that the different histories of this disease may be compared, I extract from Dr. Hillary's account his description of it. This will assist in determining how far the observations on the definition and cause of the disease, contained in these remarks, merit attention and further consideration. It will also point out the degree of credit due to Dr. Hendy's sentiments on the subject; and by comparing it with the preceding description, the difference occasioned by Dr. Hendy's cases will be perceived.

Dr.

Dr. Hillary's description (*u*).

“ It is much to be wished, that the Arabians, who are the first Physicians that have mentioned this disease, had more fully described its first symptoms and appearance, and the manner of its coming on, and increasing to its full state, more accurately and clearly, than they or any since them have; which defect I will endeavour to supply, as well as I can, from repeated observations.”

“ The patient, when apparently in perfect health, and without any preceding procatartic cause that he knows of, is first seized with a cold rigor, like the fit of an ague, which
continues

(*u*) This is extracted from his chapter on the Elephantiasis.

continues one, two, or three hours, with acute pain in the head and back, a sickness at his stomach, and sometimes a vomiting, and great pain in one of the inguinal glands, (the Doctor here means the glands of one groin) sometimes in one, in others in the other inguinal gland, never in both, and whether it falls on the right or left gland the first time, it generally continues to fall on the same gland every fit afterwards: the rigor is succeeded by a very hot Fever, which usually continues twenty, thirty, or forty-eight hours, and sometimes longer; the patient is often delirious; the pain in the inguinal gland increases, and it swells and becomes red and hard,
rarely

rarely or never suppurates: soon after it is thus swelled, a red stroke runs down the thigh from the tumified gland to the leg, almost an inch broad, and of a fresh red colour; the leg begins to swell, and is much inflamed and as that inflammation increases, the fever abates, and at last goes quite off (x), most commonly in four or five days time; sometimes sooner, at other times later; and in this time the tumified gland subsides and comes to its natural state. The morbid matter being

(x) Dr. Hillary takes no notice of this fever terminating by sweat, as Dr. Hendy's cases and observations have induced us to allege in the preceding history. Dr. Hillary also with respect to this fever only observes, that it plainly appears to be something of the intermitting kind; but one which has not been described, whereas Dr. Hendy says, it is often remittent, even continued, and that it assumes the form of a reigning Epidemic. These are material differences, and they deserve the attention of succeeding enquiries.

being thus cast upon the leg by this imperfect crisis, it continues to be much inflamed and swelled for several days, and then goes gradually quite off, and the Patient seems to be perfectly well again. The fever makes frequent returns with all the same symptoms, and in the same manner, but at no certain periodical times; sometimes twice, thrice, or four times in a year, especially in the first two or three years of the disease; in others, once a month or three weeks, or oftener: the most frequent returns that I have ever seen in any Patient, was four times in eleven days, but then at no certain periods; it will come sometimes at two or three weeks end, and the

next

next time not till three, four, or six months after; but, whenever it returns, the morbid matter is each time thrown upon the same leg on which it chanced to fall the first time."

"The leg most commonly remains longer swelled after each return of the fever, than it did in the former fit; and after several returns, it continues to remain swelled after the inflammation is entirely gone off; and now it begins to appear œdematous, or as if it was anasarcaous, but that the swelling does not retain the impresson of the finger so much, or so long, as it will in a dropfical case."

"By these frequent returns of
the

the fever, the leg is each time more and more tumified, and the sanguiferous vessels are distended, the veins become varicose, and the swelling increases down from the knee to the extremities of the toes; the skin of that leg begins to grow rough and rugged; the swelling still increases, and the membrana cellulosa becomes very thick, hard, callous or semicartilaginous in some places; the skin grows thicker and scaly, with great fissures and chops upon its surface (*y*); these seeming scales do not dry up and fall off, but adhere fast, and are daily increased and protruded by the increasing thickness of the membrana

(*y*) Vide the history I have drawn up, where these appearances are explained as nearly accidental, depending upon different circumstances.

brana cellulosa; and the leg and foot are thus continually enlarged to an enormous bulk, when in size, shape, and all other external appearance, it exactly resembles (z) the leg of an Elephant, from whence the disease takes its name."

"The Patient continues in this condition many years, some have lived above twenty years, with a leg of this monstrous magnitude, and their appetite and digestion good, except in the times when the

(z) This is a mistake, as may be seen by several of Dr. Hendy's plates, which are descriptive of the general appearances the disease has in its advanced or neglected state. These appearances, however, depend altogether upon accidental pressure; they are not invariable. The constant appearance these legs would assume, if nothing intervened, is represented in the Figure of Daniel Mafiah, and in the figure F of Dr. Hendy's second Plate, except the first, which are in them of a natural size by the use of shoes.

fever returned; and all their secretions and functions of life have been (at all other times) regularly performed, and they appeared as if in health, without being sensible of any other inconveniency of life, but that of carrying along with them such a troublesome load of leg. This disease and bulk of leg is generally confined to one of them, though it is said that there are some very few instances, where it has affected both at the same time; but I never yet saw one that was so."

"I had an opportunity of seeing one of these legs, of the largest size, amputated, and afterwards, at my request, dissected by Mr. Hickes, an ingenious surgeon in the Navy. We
found

found the rough, scaly skin very thick, its small blood vessels much enlarged; the membrana adiposa was exceeding thick, (though the rest of his body was thin and lean) in the ankle it cut full two inches thick, in other parts of the leg an inch and half or more; when cut it looked clear, like the fat of a hog, or rather like salted pork; the cellulæ of this membrane were greatly distended, and filled with an oily, fat, gelatinous substance; about the ankle and upon the metatarsal bones it was become semicartilaginous, and cut with a grating noise. The coats of both the veins and arteries were also very considerably enlarged, so that such as were naturally very

small branches of the artery, were here pretty large vessels, insomuch, that when he amputated the leg, he was obliged to take up no fewer than twelve branches of the artery with his needle, though the leg was taken off above the knee, and the swelling (in which the vessels were much more distended) extended no higher than the Patella, so that the vessels were distended even in the thigh, where no swelling appeared: the Femoral artery, where it was amputated, was very large, and the Poplitean Nerve was either naturally larger than usual, or its coats were rendered thicker by the disease. The muscles and their tendons were in their natural state, and the bones,
even

even those of the toes, in which there was an ulcer, were all clean and sound."

"From whence it appears, that the morbid matter of this disease was solely deposited in the cellulæ of the membrana adiposa, and was not extended or carried into the cellulæ of that membrane which are expanded between the muscles and their constituent fibres, but was deposited in the external cellulæ of that membrana which contain the fat, after each paroxysm of this peculiar fever; and that the cause of this monstrous leg, which gives the name to this disease, is the morbid matter of a fever which is gradually deposited on the leg by

an imperfect crisis of each paroxysm of this peculiar fever, and is truly the effect of that disease; and may most properly be called a chronical disease, which arises from an acute one."

" I think none of the Greek Physicians have given us any description of this disease; neither have any of the Arabians, except Mahommed Ebn Zacharia Rhazis (z), who has described its last or full grown state very well, but not the preceding fever which produces it: he says, it may be cured in the beginning of the disease, but when it is grown inveterate, it is incurable, and the reason of this will appear more fully hereafter."

" As

(z) Rhazis ad Monfor. Division. p. 418.

“ As this disease is solely produced by the fever above described, taking that fever off, must consequently prevent the production of it, if it be taken before the humours are fixed in the leg.”

“ Though the morbid matter does most commonly fall upon the inguinal glands, and so into the one leg or the other; I have sometimes known it fall upon the arm, each time it came, and in more than one patient; and I once saw a patient where this morbid matter was cast upon the Scalp, the Ears, and the back parts of the neck; and another wherein the matter was cast upon the lower part of the Spina-dorsi, the Os coccygis, and the lower
part

part of the loins, at each time of the return of the Fever, which was attended with all the same symptoms, as when it falls upon the leg; and on what part soever it falls the first time, the morbid matter is generally cast upon the same part, in every return of the Fever afterwards: but these two were very rare and very uncommon cases."

"The method of treatment I have recommended generally succeeds when taken in time, before the leg be grown too large, and the disease is strongly fixed there, and has been so a considerable long time, from the method being neglected or not known. But when the leg is grown very large, and its
membrana

membrana adiposa is become very hard and callous, it cannot be removed, and we can only say with Rhazis that it is incurable."

After an attentive perusal of this description of Dr. Hillary, let me ask, whether Dr. Hendy is not much mistaken, when he observes, " Since the time of Dr. Hillary's publication, this malady has become very general, affecting various parts of the body, Page 2." " Dr. Hillary having given his history of the disease from the advanced stage, was therefore probably misled, and deceived in concluding, that the local affection was the consequence of Fever. He speaks of every symptom of the complaint; but
was

was not sufficiently attentive in observing the progress of it from its first appearance."

ON THE
ORIGIN, DISTINCTION, DEFINITION,
ARRANGEMENT, AND APPEL-
LATION OF THE DISEASE.

ORIGIN.

WITH respect to the origin of this disease, information is wanting to ascertain any thing clearly about it.

It is endemial in Barbadoes.

Dr. Hendy says (*a*), that the disease was unnoticed in the Island of Barbadoes till about eighty years ago. But there is reason to suppose a more ancient period. Dr.

Town's

(*a*) Page 6.

Town's account is published in 1726, and he observes "that several were known to live twenty years and even to a longer period with the disproportionate limbs." It is therefore probable that the disease existed before the year 1700, otherwise, he would undoubtedly have taken some notice of its origin. Dr. Hillary again on the idea of its being the Elephantiasis, supposes it to be imported from Africa, which might be at a time coeval with the first settlement of the Colony. He therefore gave himself no trouble to investigate the particular period of its appearance, this being to him a matter of no consequence, as in his own mind he had clearly fixed its origin.

This

This notion is refuted on the certainty of the disease not being contagious. Dr. Hendy has adduced other reasons, which together sufficiently overturn this opinion.

Future observation will decide whether the disease occurs in other countries, or in the other Islands of the West Indies. Dr. Hendy mentions (*b*) a malady in the East Indies briefly described by Dr. Clarke; but, as he observes, no certain conclusion can be drawn from it. The disease bears no resemblance except in the enlargement of the limbs. The persons affected with it are said to be extremely healthy; therefore it may be presumed, that these enlargements

(*b*) Page 8.

largements did not arise by repeated attacks of fever, accompanied with inflammation, or it could not have escaped such an observer. Hewson's cases, and the case of Mrs. Jeffries as produced by Dr. Hendy are also inapplicable, as not having the least affinity to this disease. Mr. Hewson's cases only shew that the cellular membrane was filled with a gelatinous fluid. In Mrs. Jeffries' case the parts of the fore arm swelled and were painful by distension. Whatever was the cause which produced this swelling, it was unaccompanied with fever and inflammation, therefore the observation at the end of this case is erroneous: for there is not the smallest degree of resemblance.

It

It may be observed here, that there are many instances where the Axillary glands have been taken out, and no such effect, as it is said happened in Mrs. Jeffries' case, has followed.

There is lately published by Charles White, Esq. F. R. S. &c. An Inquiry into the Nature and Cause of that Swelling in one or both of the lower Extremities, which sometimes happens to lying-in Women. His account gives a resemblance in some symptoms to our disease; and, for the satisfaction of the Medical Gentlemen of Barbadoes, I will insert his description.

“ The symptoms of this disorder, when in its simplest state, are these;

In

In about twelve or fifteen days after delivery, the patient is seized with great pain in the groin of one side; accompanied with a considerable degree of fever, which is seldom preceded by a shivering fit or cold rigor. This part soon becomes affected with swelling and tension, which extend to the labium pudendi of the same side only, and down the inside of the thigh, to the ham, the leg, the foot, and the whole limb; and the progress of the swelling is so quick, that in a day or two the limb becomes twice the size of the other, and is moved with great difficulty, is hot and exquisitely tender, but not attended with external inflammation. The pain in
the

the groin is generally preceded by a pain in the small of the back, and sometimes by a pain at the bottom of the belly, on the same side; the parts which suffer the most pain are the groin, the ham, and the back part of the leg about its middle. The pain indeed extends over the whole limb, owing to the sudden distension; but in a day or two it becomes less considerable. The swelling is general and equal all over the limb: in every stage of the disorder it is much harder and firmer than in Anasarca; not so cold in any state of the disease, not so much diminished by an horizontal position; neither does it pit when pressed upon by the finger;

D

nor

nor any water issue from it on its being punctured with a lancet. It is very smooth, shining and pale, and even and equal to the touch in every part, except where the conglobate glands are situated, which in some cases are knotty and hard, as in the groin, the ham, and about the middle of the leg at its back part. This disorder generally comes on about the second or third week after delivery; but I have known one instance of its shewing itself so early as twenty four hours after, and another so late as five weeks, but neither of these are usual. The first parts that begin to mend, both as to pain and swelling, are the
groin

groin and labium pudendi, the thigh next, and lastly the leg."

The affection of the glands, the fever, and the swelling of the extremity are in this case resemblances to our disease; but they are in other respects materially different. The fever is not so peculiarly marked or described as a regular and perfect paroxysm of fever. The swelling of the extremity is unattended with external inflammation; besides the swelling proceeds downwards, first appearing in the groin, then in the labium pudendi; and so to the thigh, leg, and foot: and it commences immediately with the fever. The disease is after a certain state ---delivery, and seems to be an

effect of it; and it is not taken notice of as returning again in the same patient. The swelling does not pit on being pressed, nor does any water issue from it, on its being punctured with a lancet. These reasons demonstrate, that this swelling is essentially dissimilar from the disease of Barbadoes.

To this description of Mr. White's, it may not be improper to add his opinion of the causes. He supposes the proximate cause to be an obstruction, detention, and accumulation of lymph in the limb. This he supposes to be produced in consequence of the bursting of a common trunk of the lymphatic vessels of the thigh and leg,
which

which he finds passing over the bones of the Pelvis in its way to the thoracic duct. The bursting of this trunk, he imagines to be effected by the pressure of the child's head in delivery, which produces an obstruction to the lymph passing through the vessel; hence an accumulation as it cannot regurgitate, and then such a distention of the vessel as to burst it. This is followed by an accumulation in the lymphatics of the limb; and hence his Proximate Cause,

That pressure will occasion an obstruction is allowed, but that any pressure which can happen in the way stated by Mr. White, will produce an obstruction any longer than
the

the pressure continues is hardly probable. If the Child's head presses upon a common trunk of lymphatic vessels, an obstruction may take place while that continues, but no longer, unless the pressure produces an inflammation of the part, by which a cohesion of the sides of the vessel might take place. This would be accompanied with pain during the existence of the inflammation, and this inflammation would undoubtedly happen immediately or very soon after the pressure; but the obstruction and the pain are not perceived until twelve or fourteen days, even longer, after the pressure has been removed.

Admit however, the effects of
pressure,

pressure, the consequences will not follow. Allow the common trunk of the lymphatics to remain obstructed from the pressure, the ascending fluid meeting with a resistance may produce a slight distension, but this will not continue to increase, it will diminish by the contractile power of the coats of the lymphatic vessel, which, if the fluid cannot proceed forwards will regurgitate it, until it finds a new course by collateral and anastomosing branches.

But admitting regurgitation to be impossible, as advanced by Mr. White, it does not follow that the vessel will be so distended as to burst; for the fluid meeting with a
resistance

resistance will not continue to ascend to the resisting place. Suppose, however, a lymphatic vessel to burst, and to have a cicatrix formed on the part thus burst; and the vessel betwixt this place and the next valve below it to be filled with the ascending fluid: The valve if it prevents the fluid from regurgitating, will also prevent the admission of any more of it, by the fluid pressing upon the other side of the valve in attempting to return or regurgitate. Now the space betwixt this valve and the one below it, will be filled in the same manner, and the same thing will happen. This will go on from one valve to another, until the ascending fluid finding itself unable
to

to go farther forward, gets a passage through collateral and anastomosing branches.

Again, let Mr. White's idea of obstruction, and of a burst vessel be supposed really to happen, would not the ascending fluid continue to pass through the bursted place of the vessel and insinuate itself among the surrounding parts; by which a different accumulation to what he has explained would be produced? This would unavoidably happen, if a cicatrix was not immediately formed, or the bursted part of the vessel by some way or another become closed up. But this would take up time enough, to give sufficient

sufficient leisure to the lymph to find out another channel.

Lastly, Let all that Mr. White has supposed towards elucidating the causes of his Proximate Cause of the disease be admitted, I allege that the great pain of the groin, and the considerable degree of fever which commence, an attack of the complaint cannot arise from them, An accumulation of lymph in the groin must be great, to produce such a distention in it as to excite considerable pain and fever. But the pain of the groin, and the fever take place previous to the swelling, or any mark of accumulation. Besides the pain of the groin is generally preceded by a pain of the small of
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the back, and sometimes by a pain at the bottom of the belly on the same side with the groin affected; hence evident marks of an affection not at all connected with any of Mr. White's causes.

In whatever view therefore these causes are considered, they appear inadequate to the production of his Proximate Cause.

With regard to the Proximate Cause it may be observed, that an accumulation of lymph in the lymphatic vessels cannot arise from any cause to such a degree, and so distend them, as to produce the magnitude of his swelling. Let the lymphatic vessels of the extremity be distended to ten times their natural

tural size it would hardly produce such a swelling.

In all cases of a distension of vessels, the distension will be gradually and slowly produced, and not so suddenly or violently as in this swelling; as it requires time for the fluid to overcome the contractile power of the coats of the vessels so as to affect distension. Distension is unnatural, and by analogy it is therefore to be supposed, the exercise of that power so manifest in the human body in counteracting any deviation from the natural standard, will also here take place. It is to be apprehended that a distension of lymphatic vessels can only happen to a certain degree; and

and when this degree is arrived at, these vessels must lose their power of absorption, hence an accumulation of lymph would unavoidably arise in the cells of the cellular substance. This accumulation therefore would undoubtedly happen in this disease; but the swelling not pitting by pressure with the finger, nor discharging any fluid from the puncture of a lancet, are marks unfavourable for the supposition of it. Therefore the idea of an accumulation of lymph in the lymphatic vessels of the limb, occasioning such a distention in them as to produce this swelling and all its appearances must be rejected.

This digression on the causes of
the

the swelling described by Mr. White is not altogether foreign to the subject of these remarks, to which I return.

From what has been said, the origin of the disease is still obscure, and must remain so until other accounts are obtained.

DISTINCTION *and* DEFINITION.

The History of the Disease and the definitions of Drs. Sauvage and Cullen will sufficiently determine, that it is distinct from the Elephantiasis or Lepra.

ELEPHANTIASIS.

Morbus contagiosus ; cutis crassa, rugosa, aspera unctuosa, pilis destituta ; in extremis artubus anæsthesia ;

thesia; facies tuberibus deformis;
vox rauca et nasalis. Cullen.

Facies deformis tuberibus cal-
lofis, ozæna, raucedo, cutis ele-
phantina crassa unctuosâ, in extre-
mis artubus anæsthesia. Sauvage.

L E P R A.

Cutis, escharis albis furfuraceis
rimosis, aspera, aliquando subtus
humida, pruriginosa. Cullen.

Tubercula callosa, scabie majora,
vel crustis et squamis diffusa, her-
petica, per cutem dispersa, prurigi-
nosa. Sauvage.

These diseases are to be seen in
the West Indies, especially among
Negroes, but they are not any
way connected with this disease.
Although it is said to be sometimes
combined

combined with the leprosy (*c*). Dr. Hillary's description of what he understands to be the Leprosy of the Arabians, is no other than a description of the Elephantiasis of these celebrated Nosologists---he states a difficult respiration, an obscure and a hoarse voice, an ozæna, a lean and deformed body, with the face, calves of the legs, and the feet tumid; and that it is a contagious disease. It is therefore strange he should be led into such a mistake as to have taken our disease for the Elephantiasis, particularly when it is considered that he gives this name only to an effect of a disease, which he acknowledges might be prevented

(*c*) Remarks on the Glandular disease, Page 18.

ed by a timeous treatment. He says, “ the enormous leg is truly the effect of fever, and may most properly be called a chronical disease, which arises from an acute one.” Taking this fever off must consequently prevent the production of it, if it be taken before the humours are fixed in the leg.” “ These methods seldom fail to take the Fever entirely off, and prevent its returning, and consequently the Elephantiasis also.”

The disease Dr. Hillary describes under the appellation of the Yaws, and which he confesses to be described by Hali Abbas the Persian Magus as Lepra, is I imagine the Lepra of the same Nosologists.

E

Dr.

Dr. Hendy's definition of our disease is, An affection seated in the lymphatic system accompanied sometimes with a symptomatic fever, the sole consequence of that affection (*d*).

To establish this opinion he observes (*e*), First, "That the disease may be produced by a topical irritating cause." It is said (*f*) "That the absorption of some stimulating or acrid matter from ulcers, or from the sores made by Chigoes, and even wounds and inflammations, will raise the inflammation in the lymphatic glands with every other symptom distinguishing the complaint."

(*d*) Pages 19 and 21, and other parts of the Book.

(*e*) Page 21.

(*f*) Page 20.

plaint." That these things in particular cases will excite pain and swelling of the lymphatic glands, though it very seldom happens, is undeniable, but that they have produced, or can originally produce this disease, is erroneous.

Inflammation is sometimes accompanied with swellings of lymphatic glands, as in the Paronychia, where the glands of the axillæ are often enlarged and painful, with a communication of pain between the affected finger and them. But affections of this kind, and any other of swelled glands, the consequence of absorption, unless the affection of the gland is to such a degree as to bring on suppuration, go off after

the cause ceases to act. Whatever the affection of the gland may be, or to whatever degree it may be increased by such causes, the real paroxysm of fever, or the symptoms which distinguish the disease of Barbadoes, is never produced.

Dr. Hendy refers to three cases, No. VIII. XI. and XVI.

No. VIII. This is the case of a Gentleman, who to my knowledge had been for some time in an indifferent state of health, previous to the sore he mentions to be on his foot in the month of March. The state of this sore was particular, in having a discharge very corrosive and irritating. There is reason to suppose, from his previous indisposition,

fition,

sition, the bad state of a sore arising from no exterior or known cause, the pimples and pustules which came out on his legs and thighs continuing so long without any inclination to heal, and the nature of the discharge from these places, that there was a general affection. This general affection was very probably much concerned in the production of the appearances. Observe the progress of the case, and it will be evident that the disease was Erysipelatous. The Gentleman thought so when he says, the appearance of inflammation, and the tension remaining in his leg, was accompanied with that shining pale red to be observed in the Erysipelas,

pelas, to which disease he believed his distemper to bear a near affinity. This Gentleman was an experienced Hospital Surgeon of the Army; he wrote his own case, it may be therefore credited. He likewise says, that the chilliness and rigor were not near so violent, as they commonly are in an Intermittent fever: And I may observe the hot stage which followed was very slight; the heat of his skin being nearly natural.

I am at a loss to find the origin of the opinion given in the last paragraph of this case. “ That the glandular disease seems to be brought on by the absorption of acrid humour from a preceding Erysipelas.”

Erysipelas." This opinion it is presumed is Dr. Hendy's, as not in the copy of the case I had from the Gentleman. However, it has certainly no foundation in the case; for it plainly tells us that the Erysipelatous appearance succeeded the feverish attack, and the affection in the groin. Therefore the paragraph ought to be rejected, and in my opinion the case itself, as any way tending to illustrate a disease, that it apparently has no connection with.

No. XI. This is the case of a Mulatto woman, who, Dr. Hendy says, always found any small ulcer, or irritation about the toes of the foot affected, certainly to bring on a
fresh

fresh attack. This is inadmissible as a fact. The account is vague, neither specifying the times when this happened, or the circumstances of the patient's situation at these times. Besides, it is probable from the case, that allowing any ulcer or irritation about the toes to have produced some distant effect, it was unattended with the genuine paroxysm of fever she at other times had in an attack of the disease, therefore, this would only give a common case of lymphatic glands being affected by an absorption of acrid matter. This may be supposed to happen more readily in cases of this kind, where the lymphatic glands have been frequently affected by disease accompanied

panied with a general affection of the system.

No. XVI. This gives an account of the disease; and it is observed in the last paragraph, “ That the patient formerly had an issue in his leg; this however, although it discharged freely, had little or no effect in reducing the swelling.” What can be inferred from this? And this is the only part of the case that mentions any thing like a fore. Is it not probable by the account that he had the disease previous to the issue in his leg? or suppose he had not, can any discharge from an issue produce such a disease as this case represents? I answer in the Negative.

Secondly,

Secondly, That when there is a fever, it is constantly preceded by the local symptoms, unless the complaint, by frequent returns, shall have become habitual (g). And,

Thirdly, That in many cases no fever is excited; for it will certainly be allowed that a consequence cannot precede its cause; nor can it be said that these enlargements are produced by fever, when in many cases, even of the worst nature no fever exists (g).

Where Dr. Hendy found reason to produce these assertions, I believe no Person can shew, at least by any thing yet published respecting this disease. The whole of the
cases

cases he has published, three only excepted, prove the existence of fever, and these three cases, as will afterwards appear, are inadmissible, and all of the cases also prove, that the inflammation and swelling of the extremity come on as the fever goes off. Therefore, the local symptoms cannot be said to precede the fever; especially, as this inflammation and swelling of the extremity is the principal part of the local affection, and lays the foundation of the enormous leg.

By Dr. Hillary's description, symptoms of fever constantly precede the local symptoms, hence his opinion that the local complaints are truly the effect of the Fever. In
the

the two cases which I subjoin to these remarks, the febrile symptoms ever preceded the affection of the groin. Dr. Hendy acknowledges (*b*), “ That in process of time the local symptoms and the fever seize upon the patient so nearly at the same time, that it becomes very difficult to say which precedes the other.”

In No. XI. it is said “ She is seized with a rigor which continues for an hour or two: and upon examination, feels the glands of the groin enlarged, &c.” No. XVII. “ At first he is seized with a shivering and yawning, which, in the space of an hour or two, are succeeded

ed

ed by a pain and swelling of the glands of the groin, &c." No. XXI. " For about twenty years past, but more particularly lately, he has scarcely been able to determine whether the local symptoms or the cold fit come on first. He says, that lately he finds the first local symptom to be a purple hue on the finger nails, and a great coldness in the palms of his hands." This is to be sure straining hard to give the precedence to local symptoms, when the first feelings of the cold stage of fever are so accounted.

Again, " The inflammation of the lymphatic gland, the swelling of the part, and all the local affections, make their appearance, in
many

many instances, without the least degree of fever (*i*).” These many instances are in Numbers 1, 2, 5, 6 and 26. No. 1 and 2, are cases very superficially related. The complaint in the first arose by exposure to cold after being over-heated; the other the consequence of a long exposure to a damp house, and following a period in which the person was exposed to the severest inclemency of weather that ever happened in the Island; these causes would produce local affections and probably of the same kind in any country. It is not said that the disease returned in No. 1, but it is expressly said it had not returned in
No.

No. 2. From the description therefore of these cases, and the circumstances attending them, the character of our disease is not given. No. 5 is still, if possible, more superficial than these. No. 6. In this it is said, "That the Patient after drinking freely on the 4th of November, was obliged to ride several miles in the country; before he returned he caught cold, and immediately after perceived a swelling of the right ankle, and an enlargement of the inguinal glands on the same side." I may ask in what way was he sensible of catching cold, so as to attribute what immediately followed to it? Perhaps he felt a rigor or shivering. In the case, it is afterwards
observed,

observed, that he had no fever, except a symptomatic one proceeding from the pain and inflammation of his leg, &c.” It is impossible to conceive what Dr. Hendy means here, for he calls all along the fever that attends the disease, symptomatic. But now he makes a distinction, and tacitly implies another kind of fever attending this disease, and which is not symptomatic, or does not proceed from pain or inflammation. With respect to No. 26, a regular paroxysm of fever is there acknowledged to have accompanied the disease.

“ When the disease hath existed for any length of time, as a local complaint, the regular paroxysm of
fever

fever has supervened, in most of the cases that have fallen under my notice (*k*).” In support of this, only two cases, No. 3 and 4, are referred to, and how far these can be admitted, will be perceived by any one who carefully peruses them. It may, however, be observed with respect to No. 4, which gives the case of a young Lady of fifteen who had a regular attack of this disease with fever, that the attack she had seven years before, called Rheumatism, was very probably accompanied with fever, although it is not mentioned. Dr. Hendy says (*l*), “When the disease has existed for a very considerable time, it is not by

(*k*) Page 19.

(*l*) Page 23.

any means so violently painful as in the incipient state: hence the local affection is not so much felt." And I may add, hence less probability of a supervening fever, when the disease hath existed for any length of time as a local complaint. For I would ask what can produce this supervening fever? It cannot be produced by an increase of pain, because this is diminished, nor can it be by an absorption into the system of Dr. Henty's mild fluid, the lymph, which he supposes to be now accumulated in the cells of the cellular substances.

Many cases of the Glandular disorder are, even from the first attack of the disease, attended with the febrile

febrile paroxysm (*m*). Ten cases are here referred to; and these undoubtedly support and establish a circumstance of the disease, that Dr. Hendy, in the whole of his observations, strenuously labours to overthrow.

RECAPITULATION.

1st. To prove that the local complaints exist without fever, five cases are given---But two of these have been found to be accompanied with fever---the other three inadmissible.

2dly. To prove that fever supervenes, after the local complaints have existed a length of time---two cases---and these probably inadmissi-

(*m*) Page 19.

F 2

fible.

fible. See also the observation of Dr. Hendy that the disease, after it has existed for some time, becomes less painful in subsequent attacks of the disease.

3dly. To prove that fever accompanies the local complaints from the first attack of the disease---ten cases---And to these may be added, the two cases I have subjoined, and all the cases Dr. Hillary examined.

Other things may be stated from Dr. Hendy's Book, which are irreconcilable with the opinion he has formed and published of the disease ---among the number are these:
“ The fever accompanying the disease is a regular and truly characterized

terized paroxysm of fever (*n*). The fever which is excited, is exceedingly apt to run into the Epidemic, if there should be any prevailing (*o*). The fever, though it be most commonly simple, and does not last long, yet it sometimes terminates in a Remittent, or even a continued putrid fever (*p*). May it not be said, that this complaint is a local inflammation in the lymphatic system, often connected with a symptomatic ephemera; that it is exceedingly irregular in its returns, as it depends on exposure to fresh occasional causes; and that this fever is very apt to take the type of the

(*n*) Page 10.(*o*) Page 68.(*p*) Page 68.

the reigning epidemic (*q*). In the history of this disorder, I have mentioned the scorbutic appearance of the gums, and a brown fur which is often perceived on the teeth; we may perhaps account for these symptoms by observing, that this distemper has in many cases a sceptic tendency; and that in diseases of the putrid kind, and particularly in typhus fever, a viscid mucus of a light brown colour appears on the gums and teeth. As the disorder advances, and becomes more and more malignant, this mucus, as well as the fur on the tongue, grow of a darker colour, till they are quite black.

black. The gums swell, and have a livid scorbutic appearance (r).”

It is evident then that this fever is acknowledged to be regular and truly characterized, and assumes different appearances, and different degrees of danger. These changes, it is said, do not depend on the local affection; but on causes quite unconnected with it. This Fever may be Remittent or continued; it may be Putrid and Malignant.

I have no hesitation in alleging that such a fever was never produced by local inflammation of any part.

The variolous fever is said to be influenced by the causes of a reigning

ing epidemic; but admitting this, it is a fever not produced by local or general inflammation, the eruptive inflammations being the consequence of it (*s*).

The order Phlegmasiæ has fever as a Pathognomonic mark (*t*). Although the degree of inflammation of most of the diseases in this order is more violent and extensive, than what accompanies any state of the Barbadoes Disease, the fever is not so strikingly or regularly marked as a perfect paroxysm of fever, nor is it liable to be changed in its form. This fever however may

(*s*) Synocha contagiosa cum vomitu et exepigastrio presso dolore. Tertio die incipit, et quinto finitur eruptio papularum phlegmonodearum, &c. Cullen.

(*t*) Pyrexia; phlegmone, vel dolor topicus simul leva partis internæ functione, &c. Cullen.

may vary in its degree, but this will depend on the Phlogistic diathesis prevailing in the system, and on the state of the local inflammation, and not on exterior and contingent influences. It never assumes the form of a perfect paroxysm of fever, of a Remittent or continued fever, with symptoms of general putrescency.

I think myself now at liberty to set aside Dr. Hendy's definition of this disease, as being a local inflammation seated in the lymphatic system, that often produces a symptomatic fever. And for the same reasons which have given me this liberty, it is imagined the offer of the following definition will be justified.

A

A fever, accompanied with a partial affection of lymphatic glands and an inflammation and swelling of the extremity whose lymphatic vessels lead to these affected glands, appearing towards the termination of the fever.

This definition may be imperfect and defective; however, I have only to say, that it is the most agreeable to the History of the disease I was able to draw.

ARRANGEMENT *and* APPELLATION.

In what particular part of their system, Nosological writers will place this disease, is to me uncertain. Dr. Hendy's classification of the
disease,

disease, is, especially upon our definition of it, altogether improper and indefinite: For he arranges the disease in Dr. Cullen's Class Cachexiæ (*v*) and in the order Impetigines (*u*).

The name or appellation Glandular Disease, has not been adopted, because it is deficient in conveying an idea of the disease. The fever, inflammation and swelling of the extremity, though material parts of the disease, are not in the least comprehended under this appellation. As it seems at present to be a disease peculiar to Barbadoes, may it not be called the Barbadoes Disease, vel

Morbus

(*v*) Totius vel magnæ partis corporis habitus depravatus; sine pyrexia primaria vel neurosi.

(*u*) Cachexiæ, cutem et externum corpus præcipue deformantes.

Morbus Barbado-nensis; until a name more characteristic of its appearances can be bestowed upon it?

N O

ON THE
PROXIMATE CAUSE *of the* DISEASE.

DR. HILLARY says, “ The cause of this monstrous leg, which gives the name to this disease, is the morbid matter of a fever, which is gradually deposited on the leg by an imperfect crisis of each paroxysm of this peculiar fever, and is truly the effect of that disease.”

Dr. Hendy with a word rejects this opinion; but I am to observe, that although it is objectionable, it is more consistent with the history
and

and appearances of the disease, than the one espoused by him. Dr. Hillary attributes the enlargement to be the effect of fever in the repeated depositions of morbid matter; and though the idea of morbid matter as a crisis of fever is inadmissible; yet it is not improbable, but that in this disease something takes place analogous to what happens in the Erysipelas. This the celebrated Cullen supposes (*x*) to depend on a matter generated within the body in the course of fever, and is in consequence of this fever thrown out upon the surface of the body. We agree however with Dr. Hendy, with

(*x*) First lines of the Practice of Physic, Vol. II. Page 124, 222.

with respect to the enlarged leg, which I hold to be only the effect of repeated attacks of the disease when it has been neglected or unsuccessfully treated, “ that the lymph is not to be included in the class of the almost obsolete doctrine of peccant humours.”

Dr. Hendy’s opinion of the Proximate cause of the disease is, I apprehend, thus explained, Page 53 ; “ The lymphatic glands being the parts through which the lymph, which is absorbed from the several parts of the body, must in general pass, in order to be conveyed into the thoracic duct, it is evident that, if from any cause whatever these glands shall be so diseased as not to permit

permit the absorbed fluids to pass through them, there must be an accumulation of it between the lymphatic gland and the part from whence absorption began; and when the absorbent vessels are so much distended as to be incapable of further absorption, the cells or cavities, in consequence of the fluid secreted into them by the exhalent arteries, must become filled and very turgid. This inflammation in the gland, produced by some particular irritation, together with the distension and swelling of the part, are sufficient causes, particularly so in constitutions rendered irritable by a hot climate, to give rise to the symptomatic fever." Page 58, "The passage
page

stage of the lymph through the inguinal gland being impeded, the lymphatic vessels leading to the gland become distended, often very painful, and much inflamed; these vessels form the cord (the red line, stroke or ridge) which appears very red and hard, and considerably inflamed when superficially seated; but when the deeper vessels are concerned, these appearances are less evident." Page 60, "If the inflammation of the lymphatic glands should abate, so as to allow the lymph to pass through them, then the swelling gradually subsides. But if this should not happen, the lymph, by being long retained, begins to lose its fluidity, and be-

G

comes

comes gelatinous. On the next attack the enlargement increases; the lymph already effused becomes more solid; and on each succeeding attack the swelling becomes larger and harder."

This opinion of the Proximate Cause is inconsistent with the Phenomena of the disease, and with other medical facts: For,

1st, It is formed upon the notion that the fever is not a constant or necessary attendant, and when it does happen, is merely symptomatic, or the effect of the local affection. This is incompatible with the history of the disease, and it has been sufficiently exposed in considering Dr. Hendy's definition.

And,

And, 2dly, It is formed upon the idea that an inflammation of the lymphatic glands, and of the lymphatic vessels leading to them, occasions an accumulation of the lymph in the part between them, and from whence absorption began. Hence the cause of enlargement, and of the monstrous leg.

A disease of lymphatic glands, as in the venereal bubo, the swelling of the glands from the absorption of acrid matter, and even the loss of these glands altogether, are not always followed by an accumulation of lymph in the extremity. In cases of Cancerous Mammæ, the glands in the arm-pits are often both indurated and enlarged: but swelling

and inflammation of the arm are not the unavoidable consequences.

Dr. Hendy was right in passing over these difficulties with so much ease as in these words: "It would lead too far from my present purpose to investigate the reason why the same phenomena do not always take place, when a lymphatic gland is diseased from the absorption of cancerous, variolous, syphilitic, or other acrid matter. I shall only briefly observe, that in the glandular disease, not only the lymphatic gland or glands, but the whole cord or plexus of lymphatic vessels leading to it, or them, are affected."

Page 66.

What is the effect of inflammation

tion on vessels? It thickens their coats; and this will be in proportion to the degree and continuance of the inflammation, and to the repeated attacks of it on the same vessel. Now, in this disease we must either suppose that the inflammation of the lymphatic vessels is very slight and temporary, or that it does not produce the usual effect: For the dissection in Dr. Hendy's twenty-fourth Number expressly exhibits a distended vessel with very thin coats, so thin that the lymphatic vessels would not be filled with quick-silver without making it burst.

Dr. Hendy says (y), "Although
the

(y) Page 66.

the superficial lymphatics be most commonly first affected with the disorder, yet this is not a constant rule: hence, perhaps, the red line may not appear in those few cases, where the disease has fallen upon the deeper seated lymphatics." Does not this contradict what he says before. viz, That the whole cord or plexus of lymphatic vessels leading to the gland, or glands, are affected? It is known that the superficial and deep seated lymphatic vessels of the extremity, all pass into the glands seated upon the upper part of the thigh; how then can it be explained, that a cause producing inflammation in these glands, should only affect sometimes

one

one of these sets of vessels, and not both of them, or that they should not be both affected at the same time?

The affection of the lymphatic glands, and vessels, generally goes off with the fever, or soon after: While at this time the inflammation of the extremity begins and continues. I am apt therefore to suppose, that any inflammation there may be of lymphatic glands, is generally slight and temporary; and that any inflammation of lymphatic vessels is equally so, and limited. The lymphatic glands seldom or ever suppurate, which may be taken as a fact that the degree of inflammation is generally slight. It is said,

said, that in several cases these glands have been left enlarged and indurated; but the dissection described in Dr. Hendy's No. 24, points them out as flaccid and pale. And the same dissection gives no appearance of the effects of inflammation on the lymphatic vessels, these being seen merely distended, and with very thin coats.

The inflammation of the glands will appear very slight, when we compare it with its violence in the extremity. In No. 9, there is only an enlargement of the glands, and this without much pain, otherwise it would have been specified; but as the fever left the patient, a considerable inflammation and swelling commenced

menced in the extremity. In No. 10, there is an enlargement of glands, with an exquisitely painful swelling of the testicle of the same side. Indeed, there is only one case, which is the No. 18, where the pain in the groin is said to be violent, or nearly equal with the inflammation in the leg.

The appearance of dissection in an advanced state, likewise, shew a more remarkable affection of the small arteries, the veins, and membrana adiposa, than of lymphatic glands and vessels.

These objections to Dr. Hendy's opinion being stated, it may now be asked, What then is the Proximate Cause of this disease?

To

To answer this, with any probability of success, will be to form an opinion reconcileable with the phenomena, which happens in an attack of the disease. Upon this view an idea of the Proximate Cause is submitted; and I will be happy to see it either overturned by one more adequate, or to find it supported by future observation.

I suppose then, that a general affection of the system particularly shewing itself on some lymphatic glands, constitutes the fundamental part of the Proximate Cause of this disease. By this affection, fever is excited, which communicates an effect to the extremity or part whose lymphatic vessels lead to the affected glands;

glands; and by this effect, the inflammation and swelling of the extremity or part are produced.

Why a cause producing a general affection, should at the same time excite a particular effect upon the lymphatic glands of one place only, is, I confess, a great difficulty. Such an operation certainly happens, and I receive it as a fact, although I cannot explain the manner of that operation. However, it may be observed, that the reason why the Erysipelas most generally affects the face, or, in the Plague, why the lymphatic glands of one place and not of another are affected, is not, so far as I know, satisfactorily explained.

The

The effect communicated by the fever to the extremity or part, produces the inflammation and swelling of it, probably by irritation. This excites the local motion of the vessels, by which a greater quantity of fluids is thrown into them, and more than the usual proportion of lymph is separated (z). The fluid thus separated is accumulated in the cellular membrane, by its being in too great a quantity for the lymphatic vessels to absorb. Besides, these vessels by some affection may have their ordinary power diminished, and if the swelling of the lymphatic glands

(z) By the Lymph is only meant, the pure serum of the blood, which in this disease, and when thus separated, probably contains a much greater than its usual proportion of the coagulable lymph.

glands remains, the absorption of the accumulated fluid will be further retarded.

This effect, whatever it is, that is communicated by fever, is not supposed to be for any time continued; but that the parts are left to resume their former appearance, in which they gradually succeed. If the disease however should make quick returns, the accumulation will continue, by reason of an induced debility of the vessels of the extremity or part; or, as Dr. Hendy says, the lymph, by being long retained, will lose its fluidity, and become gelatinous.

The appearance by dissection of one of the large legs, where the
disease

disease has made many attacks, are not unfavourable to this account of the Proximate Cause. The distension of the small arteries point out increased motion, and that larger quantities of fluid have passed through them, than when they are in a natural state.

Dr. Hendy says (*a*), "May it not be presumed, that the exhalent arteries will be more or less affected with the inflammation of the contiguous parts?" Again (*b*), "If the inflammation brought on the exhalent arteries should be so great as to render the lymph liable to coagulate immediately on its secretion into the cellular substance, &c."

These

(*a*) Page 56.

(*b*) Page 73.

These two extracts contain all that Dr. Hendy has said with respect to an inflammation of any other part, besides the inflammation he supposes of lymphatic glands and vessels. However, these serve to shew, that he acknowledges an affection of other parts quite distinct from lymphatic glands or vessels. Indeed, it is wonderful, that he should so carelessly pass over the inflammation of the extremity, which constantly appears in this disease, and is the most troublesome and painful part of it. See all the cases and his observations on the treatment. Surely this inflammation of the extremity cannot be supposed to occupy the lymphatic glands and vessels

vessels only. This matter might be carried further, and urged against Dr. Hendy's opinion of the Proximate Cause. But this I apprehend has been already sufficiently exposed.

The great enlargement of the veins may have been owing to a compression of them, by a swelling of the lymphatic glands of the ham during the febrile attack. If it is found that these glands share in the affection, this becomes highly probable. See Dr. Hendy's No. 13 and 16. In Dr. Hillary's dissection the blood vessels were distended above the knee, in this case, they may have been compressed by the glands of the groin in each attack
of

of the disease. Suppose then this compression to take place, it will be assisted in producing a distention, by the blood being thrown with more celerity into the veins during each attack of the disease, and it meeting with a resistance will gradually distend them.

The distention of the lymphatic vessels, probably proceeds from the obstruction given to the passage of the lymph through them during the swelling of the glands; or to the vessels receiving a greater than the usual quantity of fluid during the disappearing of the swelling in the extremity, and this certainly happens, otherwise the swelling could not subside.

O N T H E
P R E D I S P O S I N G *and* O C C A S I O N A L
C A U S E S *of the* D I S E A S E .

O N this part of our subject, very little satisfaction is derived from the observations yet published, respecting the disease.

Dr. Hillary precluded in himself all enquiry, by adopting the opinion, that it was a disease imported from Africa.

Dr. Hendy has attempted to explain the causes of the disease, but he has not been, in my opinion, successful. He has two complete sections on this subject, and from
both,

both, I am sorry to say, I cannot form a clear idea of it. This, however, may arise from my want of capacity.

I have endeavoured to fix his meaning in these extracts.

1st. Page 41. "What then is the Predisponent cause of the glandular disease? Perhaps a general relaxation of habit, and a peculiar degree of irritability in the lymphatic system, which may be produced by our hot climate and other local circumstances. But can any reason be assigned why these predisponent causes shall have existed of late years more than formerly; or why they should be peculiar to Barbadoes, and not common to the neighbour-

ing Islands?" Page 48. "It is this gradual change from a very moist to an exceeding dry atmosphere, in this warm climate, which, in my humble opinion, constitutes the remote cause that produces the predisposition, and lays the foundation for this new disease; for it is very observable how greatly the healthfulness or the unwholesomeness of any place depends on its situation; whether it be high land or mountainous, low land or marshy; whether it be covered with woods, or whether cultivation, as we call it, has not totally divested the country of trees, which are no less useful and necessary to the soil, than agreeable and ornamental."

2dly.

2dly. Page 31. "It is obvious to every common observer, that the Negroes have this complaint more frequently than the white Inhabitants: these poor creatures are badly clothed; and their indiscretion exposes them to these circumstances, which, in my opinion, are the cause of the disease. When heated by hard labour, or by the violent exercise of their amusements, or when they are intoxicated with rum, they frequently throw themselves on the ground, and sleep till they are sufficiently rested, or till they become sober; and it often happens that they remain exposed in this manner for whole nights. After their noon day labour, it is common

mon for them to jump into ponds, Negroes too being without shoes, often get chiegoes and sores in their feet and toes: these, as I have said, are capable of bringing on the disease, when there is a disposition in the habit to allow of its being excited. The poor inhabitants are, in many respects, in a less comfortable situation than the Negroes who have humane masters. But to say the truth, even the more wealthy inhabitants of both sexes, in this country, are not sufficiently attentive to avoid those indiscretions, which they well know are apt to produce the disease. They sit in windows, or in places where a current of air blows upon them, after they have
been

been heated with walking or dancing. They expose themselves to night air, and damps; and they often carry their indiscretion so far, as to sleep with their windows open for the whole night. These, and other more notorious instances of imprudence, cause the opulent to be affected no less than the poor and indigent. There are very few persons who are sufficiently careful in avoiding the obvious occasional causes of the Glandular disease."

If these causes are admitted as sufficient to account for the appearance of the disease, we should find it in every country within the torrid zone; indeed in any country where relaxation and irritability are produced;

duced: For the same occasional causes may occur every where.

Dr. Hendy says, in Page 45, "I know of many instances, in which Europeans, of an evidently relaxed habit of body, have had the Glandular complaint in a very short time after their arrival; in which case the ingesta could not be supposed to produce it; and the idea of its being occasioned by bad water must also be rejected, because the persons had used very little." And may I not add, that any influence of the climate could not have produced the disease; because the relaxed state of the body existed previous to the persons arrival in the island, and of course before the climate could have produced

produced that, or any other general effect.

Here is an undoubted proof that we have still to enquire after the occasional cause, which acts on a relaxed and irritable habit in producing the disease. This enquiry, I apprehend, can only prove successful by further and more attentive observation. In the mean time I hazard a conjecture.

Along the windward sea coast of Barbadoes, from Oistins to Bridgetown, the ground is in many places low and marshy. The marshes are occasionally covered with the spray of the sea in stormy weather. In moderate and dry weather they drain, but I believe never become thoroughly

thoroughly dry. Many of the inhabitants of the island repair to these marshes to sport with the lives of different species of birds, that annually visit, and are found to hover chiefly over these places, and it is astonishing to see with what industry, and perseverance, this game is pursued. Parties are formed, tents are erected near the marsh, and the bowl circulates with potent punch, until the signal is given for the appearance of birds; then every one gets slowly out of the tent in a bended posture, or creeps along the ground to watch an opportunity to fire. After which, they retire to the tent until another signal is made, and thus they spend a whole day inebriated,

briated, or much fatigued, and often wetted, they retire in the evening to their respective homes, and they return early next morning to the sport.

May not the effluvium of these marshes, as impregnated with sea salt, produce a febrile disease, remarkably different from that produced by the effluvium of marshes not impregnated with it? And may not this effluvium act in producing our disease in people predisposed? This will be rendered somewhat probable by observing, that among those people who are fond of fowl gaming, or those who accompany them for social purposes, or for service, this disease will be found
very

very generally to happen. Also to my knowledge the Gentleman in Dr. Hendy's No. 19, lived in a situation near the River, and a marshy ground to windward of Bridgetown (*c*). This river is chiefly formed by the sea; every tide raises it; but its edges in different places are swampy and slimy. I have been sensible of a disagreeable smell from this river, when I have had the pleasure of being in the gentleman's house. Two of this gentleman's family have unfortunately had the complaint; and besides these, the Mulatto woman of the 14th Case was a servant in the family.

Besides

(*c*) This gentleman's house is situated on the windward side of the river; but he has a marshy ground to windward of his house, scarcely above the level of the sea,

Besides these circumstances, the nature of the fever may be considered. The fever in this disease resembles the Intermittent Paroxysm (*d*). It does not appear, however, to return periodically (*e*) as the Intermittent, and it is always accompanied with local affections. These differences of this disease and the intermittent may arise, by the nature of the marsh effluvium impregnated with sea salt differing from the marsh effluvium not impregnated with it.

Although

(*d*) Vide Dr. Hendy's book, and Dr. Hillary's account of the Disease.

(*e*) In the history, some cases of Dr. Hendy's have been taken notice of which point out a return of the disease once in seven days, and in two cases there were eight or ten Paroxysms in each attack. This shews a disposition to observe a period, and hence a nearer affinity to the Intermittent. This matter, therefore, merits further observation.

Although Dr. Hendy has said, that the few inconsiderable marshes to be found in the island are on the leeward shore, these marshes I have mentioned are well known. Probably he had no intention to take notice of any but inland marshes.

I proposed the following question to Dr. Hendy, which I dare say he will find among his papers.

Whether those marshes situated near the sea, and are occasionally overflowed by it, produce the same diseases, or in the same degree, as those marshes which are in the inland parts of the country?

Dr. Hendy thought it probable, if all the circumstances were the same; except merely that was there

an

an inlet of sea water which mixed with the water of the marsh, it would give a tendency to increase the violence of diseases.

But if the vapour of these marshes should be allowed to produce the disease, why does it not produce it in other islands or countries? I answer, that where it does exist, in like circumstances and situations, and where people are equally predisposed and exposed to its influence, the disease may be, or is actually produced. I know of no island in the West Indies, where there are sea marshes (if they may be called so) in the same extent, and where people are so predisposed, or where they expose themselves so much to the effects

effects of their effluvia, as in Barbadoes. However, if it should be found that this disease appears in countries or situations where there are none of these marshes, I acknowledge my conjecture falls to the ground. In the mean time I hope, that what I have advanced on this part of the subject, will meet with further attention.

ON THE
TREATMENT *of the* DISEASE.

WITH respect to the treatment of the disease, I cannot from experience recommend any plan which has proved successful. When once the nature of the disease is well understood, the principles upon which it is to be removed will be more certainly ascertained.

In the mean time, from the opinion I have formed of the disease, the principal object I apprehend, is to facilitate the termination of the fever; for upon its severity and
I continuance

continuance probably depends the degree of inflammation and swelling in the extremity. The next intention is, no doubt, to moderate the inflammation, and after this is removed to effect a reduction of the swelling, which I think may be accomplished in every recent case of the disease; and I even imagine a leg already enlarged may be prevented from enlarging farther by any subsequent attack. The last step, is, to prevent a return of the disease, by restoring the strength, and giving a greater degree of tone to the system, than it was possessed of before the attack.

When the occasional cause of this disease is ascertained, the means of prevention will become more clear
and

and certain. It is undoubtedly prudent, however, to avoid all causes, which are at present supposed likely to produce the disease.

On this part of the subject Dr. Hendy has thrown out many practical hints; but these in their present arrangement can be of very little use. He first treats of the topical complaints, and then of the symptomatic fever; and of each separately in distinct sections. This method may be consistent with his view of the disease; but it is perfectly opposite, as we have seen, to its real history. Besides, the practical observations under these divisions, are neither connected, or clearly and intelligently explained. A stranger will find them more

satisfactorily described by Dr. Hillary, and he will more easily understand him. For although his idea of the Proximate Cause is objectionable, his plan of treatment with some alteration will give one, that may probably prove successful. A mere perusal of these accounts of the treatment will evince the truth of what has been asserted.

I have now only to repeat, what has been formerly said to the medical gentlemen of Barbadoes, that the object of these remarks will be entirely attained, if they clear the way, and stimulate to further enquiries; and even if they urge Dr. Hendy to review the subject, and bestow upon it more attention and deliberation.

TWO CASES *of the* DISEASE.

CASE I,

Mr. W.---F.---Age 40.

THIS gentleman has a swelling or enlargement of both his legs, but more remarkably of the right.

The ham of the right leg measures, in circumference, fourteen inches, of the left twelve; the calf or the thick of the right leg eighteen inches, of the left fourteen; above the ankle of the right leg thirteen inches and a half, of the left ten; the right foot ten and a half, and the left foot nine inches.

The

The swelling does not extend above the knees, except by the pressure of a laced stocking on the right leg. The skin of both legs is smooth and equal, and destitute of pimple or any kind of eruption. Pressure with the finger leaves an impression, but not so readily as in Anasarcaous swellings.

About the year 1763, the first appearance of a swelling arose from a sprain or twist of the right ankle on board of a ship. After this accident he soon arrived at Barbadoes; the swelling of the foot and ankle continued with inflammation for some time, and then went off gradually and entirely.

In the year 1764, he had an
attack

attack of fever, which he thus describes. “ He was seized with a sickness at his stomach, and a loathing of food; head-ach and a dry hot skin, accompanied with an intolerable thirst. These continued for about three days. He had frequent and similar attacks, but no swelling of his legs.

In the year 1766, he had another attack like that which has been described; only in this, there was an affection of a groin and leg. The feverish attack commenced with nausea and head-ach, and other symptoms of fever; but they were not preceded by rigor or shivering. These symptoms were followed in six or eight hours by a hardness resembling

resembling a kernel in the right groin. And from this kernel he perceived a red line running down to about the middle of the thigh. At this time, the right foot and leg swelled with pain and inflammation. He felt no pain in the red line mentioned, or in the thigh, and any pain in the groin was trifling. The fever went off in two or three days, and then the inflammation gradually disappeared; but the swelling continued. He has had many attacks in the same manner, and always with an increase of the swelling. The swelling of the left leg was always less than that of the right, and it appeared after the termination of the fever without inflammation.

inflammation. In the left groin and thigh, he has never felt any affection.

In the years 1764, 1765, and 1766, he lived on a good diet and pretty freely, and occasionally indulged in late hours. These are the only causes he can assign for the production of the complaint.

In the time of the feverish attack, emetics and laxatives were the medicines principally used; and for the swelling in the absence of fever, he has successively diminished it by evacuation and pressure. In the years 1770, 1771, and 1772, he was in England, and by a course of medicines consisting of bark and steel, laxatives, and the use of the waters
at

at Bath, with a suitable regimen, temperance, and exercise, he got towards the end of that period perfectly free of the swelling; and he had no return of the fever or swelling until his return to Barbadoes, in the year 1775.

During his passage from England, he was laid up with the gout in both ancles, and in the joints of the great toes. He got better of this disease on entering into a warm climate. Soon after his landing on the island, he had an attack of fever exactly like that which happened in the year 1766; his legs swelled in the same way and assumed the same appearances. He has had frequent attacks of this fever, by which his
legs

legs have increased in size to their present enlargement. This enlargement, he finds, may be diminished even now by evacuation and confinement.

This gentleman is not a native of Barbadoes.

The case was taken on the 21st of June, 1781; it was given to him for inspection, and he returned it attested on the 25th of the same month.

C A S E II.

Philander---a slave Mulatto-man.

Age 45.

May 29th, 1781.

THIS man twelve years ago was at the island of Tobago, and he had an attack of an intermittent fever of the Quotidian form. By this fever he was so much reduced, that his master thought it necessary to send him to Barbadoes for the recovery of his health.

At this time he had œdematous swellings of both legs; he soon regained strength, but the swelling did not go off entirely. He had another attack of fever which encreased

creased the swelling of his legs, and it never went off. Some time after it was further increased by an attack of fever differing from the former, in being accompanied with local affection.

He was seized with coldness and shivering, and when these went off and he felt exceedingly hot, he perceived a swelling resembling a kernel in the right groin, which was hard and painful with a tightness in the thigh; the swelling of the leg of the same side increased with inflammation. These were accompanied by a painful enlargement of the testicle of the same side and a distension of the scrotum. This swelling has partly continued.

For

For these six years past, this man has been accustomed to hard labour, and he feels no inconvenience from his legs or scrotum. He has enjoyed tolerable good health, and for that time, he has had no return of fever or local pain. Now and then he is confined with a nausea and want of appetite, and at these times by a horizontal posture and rest, his legs considerably diminish; but on his return to work, they get to their usual standard. He has never used any thing to remove these enlargements. His ordinary diet has been roots, fish, and salt meat; and he acknowledges to have been a free rum drinker. He is married and has two children.

The

The testicle and epididymis are much enlarged, and the scrotum is apparently thickened; there does not appear to be much if any accumulation of fluid.

The ancle of the right leg measures round fifteen inches, of the left fourteen; at the thick or calf of the right leg twenty inches, of the left seventeen and three fourths; round the ham of the right sixteen and a half, of the left fourteen and a half; above the knee of the right seventeen, and of the left fifteen inches. It may be perceived that the swelling of the right leg extends a little above the knee, the joint however is as supple and seemingly free of disease, as the other where the swelling is confined
to

to the leg. Both legs leave an impression by pressure of the finger; but this impression was formerly stronger. The skin of both is smooth, without eruption or fissure. At the flexure of the foot and leg there are several indentations. He never perceived any discharge of fluid. On the upper part of the right foot there is a rugged appearance occasioned by a stroke with a stick.

F I N I S.

