

**A vindication of the opinions and facts, contained in A treatise on the glandular disease of Barbadoes / by James Hendy.**

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*Wm. L. Garrison*

A  
VINDICATION  
OF THE  
OPINIONS AND FACTS  
CONTAINED IN A TREATISE ON THE  
*GLANDULAR DISEASE OF BARBADOES.*



M. Mowbray Esq.

with affectionate regards  
from the Author

1789

VINDICATION

OF THE

OPINIONS AND FACTS

CONTAINED IN A TREATISE ON THE

CLANDESTINE DISSENT OF BARBERS

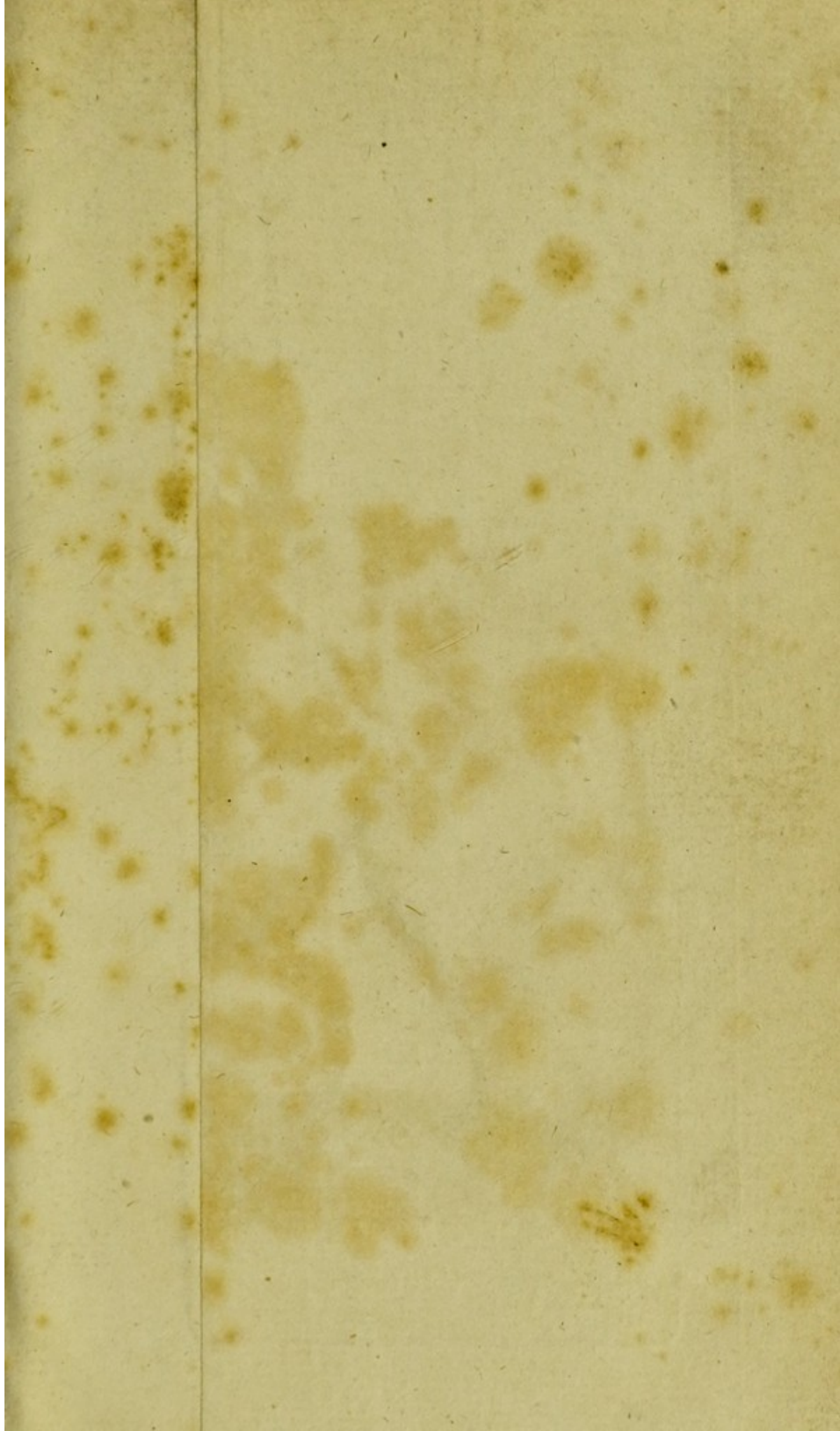




Fig. 1.

See case VIII.  
Page 117.



Fig. 2.  
See page 122.







A

# DICATION

OF THE

OPINIONS AND FACTS,

1407

CONTAINED IN A

TREATISE ON THE

GLANDULAR DISEASE OF BARBADOES,

BY

JAMES HENDY, M. D.

Member of the *Edinburgh* ROYAL MEDICAL SOCIETY; Physician, during the late War, to His MAJESTY'S NAVAL HOSPITAL at *Barbadoes*; Physician-General to the MILITIA; and one of the Physicians to the GENERAL DISPENSARY of the Island.

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*“ Mibi tradendi arguendique rumoris causa fuit, ut claro sub  
“ exemplo falsas auditiones depellerem, peteremque ab iis quorum in  
“ manus cura nostra venerit, ne divulgata atque incredibilia,  
“ avide accepta, veris neque in miraculum corruptis antehabeant.”*

Taciti Annalium, Lib. IV.

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M.DCC.LXXXIX.

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WINDICATON  
OF THE  
OPINIONS AND FACTS  
OF THE  
TREATISE ON THE  
OF BARBDOLE

*I UNDERSTAND that the Public are not satisfied with my silence;—that an Answer is expected from me,—and that if I persist in refusing to plead, it will be taken for conviction. I should be inconsistent with the principles I profess, if I declined an appeal to the good sense of the people, or did not willingly submit myself to the judgment of my peers.*

JUNIUS,



TO

SIR JOHN-GAY ALLEYNE, BART.

S P E A K E R

OF THE

HOUSE OF REPRESENTATIVES

AT

B A R B A D O E S.

DEAR SIR,

**A**LTHOUGH it had been my misfortune to be a stranger to your person, attracted by your genius and talents, your eminent station, and still more powerfully by those admired patriotic virtues, which have so long and so deservedly distinguished you as the

A FATHER



FATHER OF YOUR COUNTRY, I should have been ambitious of your patronage to this second attempt to elucidate the nature of an intricate malady, which too frequently destroys the health and happiness of those grateful sons of freedom, whose constitutional rights you have ever protected with parental sollicitude and successful ardour: but having the honour, by a near family union with you, of becoming intimately acquainted with the many amiable qualities and polite accomplishments which adorn your private character, I could not hesitate to request your favourable acceptance of this artless DEDICATION, as a pure testimony of my sincere regard and zealous attachment. And it is with  
the



the highest pleasure I embrace this public opportunity to assure you, in the language of truth, that I am, with respect and affection,

Dear Sir,

Your most faithful,

Obedient humble servant,

*James Hendy.*

Bridge-Town, Barbadoes,  
May 16th, 1788.



the highest pleasure I embrace the

public opportunity to share you in

the language of truth that I can wish

respect and affection

Dear Sir

I am most respectfully

Obedient servant

James Oglethorpe

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## P R E F A C E.

**T**HIS disquisition concerning the true nature of a disorder which renders the existence of thousands of our fellow-creatures miserable, and threatens an increase of its baneful influence, deserves a minute and candid consideration: it may therefore be reasonably presumed, that critics will not be careless in perusing, or be inconsiderate in their conclusions on a subject, they are here called upon to give their opinions of, as unprejudiced umpires.

THE author's motives will plead his excuse for such little inaccuracies as may be found. He does not fear censure, conscious as he is of not intentionally provoking it; but he is particularly solicitous, that liberal criticisms



criticisms may be accompanied with instruction, by which it is his wish to correct his errors. Situated in a remote part of the globe, he could not possess the advantage of a quick knowledge of those improvements which are daily made in London, that center of science and learning ; neither has he had it in his power to consult extensive medical libraries, for the purpose of determining whether in fact a similar disease is now to be found in several parts of the world ; or whether it is described as having existed amongst the ancients ; neither could he embellish his publications on this subject with numerous quotations.

AFTER requesting every allowance may be made for his defects, he ventures to solicit the communications of all persons, who can favour him with such information as will render a second edition of his Treatise on the Glandular Disease more acceptable to the public, and beneficial to those who are affected with that disorder.



IF the following pages contribute to establish the facts and opinions published in the author's former Treatise, or if they afford additional information concerning the disorder, he hopes he shall stand excused for paying undeserved attention to Mr. Rollo's Remarks.



In the following pages I have endeavored to set forth the facts and opinions published in the author's former Treatise, on the subject of the law of nations, in a more concise and systematic manner than in the former edition. I have also inserted several additional observations, which I hope will be found useful to the reader. I have also inserted several additional observations, which I hope will be found useful to the reader. I have also inserted several additional observations, which I hope will be found useful to the reader.

Remarks.

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A

VINDICATION, &c.

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CHAP. I.

INTRODUCTION.

**I**T is the sentiment of an author\* eminent for his learning and discernment, that “the writer who thinks his works formed for duration (*and most WRITERS have some vanity of this sort*), mistakes his interest when he mentions his enemies. He degrades himself, by shewing that he was affected by their censures, and gives importance to names, which left to themselves would vanish from remembrance.”

THERE is another reason which might operate in preventing my paying the smallest attention to Mr. Rollo's Remarks; it is, because I cannot possibly place the numerous defects of that very illiberal writer in a more conspicuous point of view, than he has already done by his own publications.

\* Dr. Johnson.



IT is however, in my opinion, an indispensable duty which I owe to the public and my own character, to establish the facts published in my Treatise, in such a manner as to render them incontrovertible in future. This shall be done, by bringing numerous and respectable evidences to prove them; and also such arguments in support of my opinions, as will shew they are not fallacious. I cannot do this, without demonstrating on several occasions Mr. Rollo's extreme want of information respecting the subject he ventured to write upon; and without at the same time convincing my readers, that the Remarker's disposition partakes but little of what is esteemed amiable or benevolent.

FROM my first arrival at Barbadoes in the year 1775, my attention was in a particular manner employed in the investigation of the nature of the Glandular Disease. I printed a book on that subject in 1784, and should not then have published my Treatise, had I not been solicited, and even urged, by Mr. Rollo himself, to send it into the world within a twelvemonth after I had shewn it to him: I believe, indeed, he expected a refusal; for he did not appear pleased with my  
my



my compliance, and he would afterwards (from pure friendship, and in kind regard to my reputation, as then it might have been thought) have persuaded me to keep it longer in hand. I was, however, determined to print my Treatise; for, in truth, I began to suspect, that if I did not resolve to publish my researches, they would be ushered into public view by the very polite Remarker; it is probable, if I had even hesitated, it would have been sufficient encouragement for him to have indulged his incurable *cacoethes scribendi*. “ This resolution (that I would print my Treatise) gave me great satisfaction;” says my quondam friend, and goes on, “ With pleasure I *dropt* the pursuit to one, who, from his situation, his character, and his practice, rendered him more adequate to the undertaking than an unsettled military surgeon.” Now this confession, and the style of Mr. Rollo’s publication, render it very certain, that he had himself thoughts of writing on this subject; and the whole composition of his hostile production shews the chagrin of his disappointment. I, however, intrusted the care of the manuscript to Mr. Rollo, to be delivered to



my bookseller at London: time has proved that I was rather indiscreet in my confidence. This friend would not allow his civilities to stop there. He has been pleased to follow my Treatise on the Glandular Disease into the world with his illiberal and disingenuous Remarks. This I consider as a very improper return for my willingness to give him all the information I could concerning this disorder. “ Having  
 “ the pleasure of being acquainted with Dr.  
 “ Hendy, I proposed to him a few questions  
 “ regarding the disease.”—“ I was not dis-  
 “ appointed in the expectations I had formed  
 “ of this gentleman’s candour,” &c. says the Remarker; and I believe this is the only page in his volume, wherein I appear to be a gentleman of candour: but Mr. Rollo will be found to delight in contradicting his own assertions.

THE reasons for my writing and publishing are related in the advertisement and dedication prefixed to my Treatise, and also at page 2, in Part I. “ Since the time of his  
 “ (Hillary’s) publication, however, this  
 “ malady has become very general, affecting  
 “ various parts of the body, and being more  
 “ frequently attended with fatal consequen-  
 “ ces.” This assertion Mr. Rollo questions



at page 41 of his Remarks ; but my Table of Evidences will determine this matter. *See the answers to the 7th question.*

IT is true, indeed, there were other motives which had their influence ; amongst the rest, I flattered myself I was not unequal to the task ; and the Glandular Disorder is so prevalent at Barbadoes, as to cause both humanity and duty to demand a minute scrutiny into its nature and causes from the physicians of that island.

——— *quod magis ad nos*  
*Pertinet, et nescire malum est.*                      HOR.

I MUST also confess, that at the time I endeavoured to be useful to my countrymen, I was ambitious of gaining their approbation ; to deserve which, I depended on my candour and integrity, much more than on my abilities. It is obvious, however, that if I had been guilty of such errors and gross misrepresentations as I am charged with by the Remarker, I should certainly have drawn on myself universal and merited obloquy, which would not have been advantageous either to my reputation or interest as a physician : my faults could not escape detection by my nu-



merous and intelligent medical cotemporaries, and I must inevitably have been exposed as an impostor; this would have been accomplished without the aid of the presumptuous stranger, whose several publications have gained him no other distinction than the denomination of a trifling scribbler.

*“ Let others dictate, who themselves excel,  
And censure freely, who have written well.”*

HALIFAX TO MANWARING.



## CHAP. II.

## GENERAL OBSERVATIONS.

THE few sentences in Mr. Rollo's book of 144 pages which are his own, are introduced, or immediately followed, by an information how very conscious the author himself is that he has written, or rather compiled a book, in which he has advanced nothing new that is in the least degree satisfactory. Thus, at page 90, he gives a definition of his *Morbus Barbadonensis*, to which is subjoined, " 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."

AT page 106 and 107, we find what he calls his " proximate cause;" this precedes it, " 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." He afterwards explains



plains his *idea*, by telling us, “ 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.”

FROM page 121 to 128 is his conjecture concerning the occasional cause, which is followed with “ 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.”

WITH respect to the arrangement of this malady, at page 90 he says, “ In what part  
 “ of their system nosological writers will  
 “ place this disease, is to me uncertain.”

HIS information concerning the treatment is found at page 129. “ With respect to  
 “ the treatment of the disease, I cannot  
 “ from experience recommend any plan  
 “ which has proved successful.”

PAGE 92. What I call the Glandular Disease of Barbadoes, he terms “ Morbus  
 “ Barbadoxensis;” until a name more characteristic of its appearance can be bestowed upon it.



AT his 9th page, he informs the medical gentlemen of Barbadoes, that “ his  
 “ book (mine) contains many material mis-  
 “ takes regarding the disease; to point out  
 “ these is my principal intention.” But  
 adds, “ whether I have succeeded, or had  
 “ any reason to attempt it, must be decided  
 “ by you.”

CONCERNING the causes “ he (Hendy)  
 “ has two complete sections on this subject  
 “ (says Mr. Rollo), and from both I am sorry  
 “ to say I cannot form a clear idea of it.”  
 —“ This, (continues the Remarker) may  
 “ arise from my want of capacity.” In my  
 opinion a little candour and truth is here very  
 evident.

By these paragraphs it might seem as if  
 the author were ambitious to be considered  
 as being diffident, and very modest; but  
 when he is viewed as a scribbling volunteer,  
 obtruding his crude Remarks on the public,  
 without contributing to the advancement of  
 science, no reasonable person will accuse  
 him of too much modesty, or too great a  
 share of diffidence. Was it not therefore  
 imprudent and ill-judged to add those  
 sentences, and to proclaim that kind of  
 doubt



doubt which results from conscious ignorance? If those, and a few other such like paragraphs were omitted, the Remarker might have finished his compilation with truth, by concluding in these words of an ancient and very honest compiler of a medical book :

*“ Protestor enim in fine hujus opusculi,  
 “ quod nihil quod est ad propositum de meo  
 “ apposui, quia quod apponerem ex meipso, in  
 “ meipso non inveni.”*

IT is not my intention, however, to rob Mr. Rollo of that merit which is justly his due; his stock of medical knowledge is already too small to admit of diminution. He certainly has published a book of many pages, not indeed without the labour of transcribing, but certainly without the fatigue of thinking. His plan of composing is equally expeditious, and much less laborious than that employed for the improvement of speculative learning amongst the projectors in the academy of Logado; and therefore our author may reasonably aspire to succeed that ingenious professor, who, Mr. Lemuel Gulliver informs us, being assisted by his forty pupils, with little bodily exertions,

com-



composed folios without the least assistance from genius or study.

“ Tell me, ye learned, shall we for ever  
“ be adding so much to the bulk,—so little  
“ to the stock?—Shall we for ever make  
“ new books, as apothecaries make new  
“ mixtures, by pouring only out of one vessel  
“ into another\*?”

\* Tristram Shandy.



## C H A P. III.

OBSERVATIONS ON PARTICULAR PARTS  
OF THE REMARKS.

MR. Rollo says, at page 103, “ The af-  
 “ fection of the lymphatic glands and  
 “ vessels generally goes off with the fever,  
 “ or soon after: whilst at this time the in-  
 “ flammation of the extremity begins and con-  
 “ tinues.” Which amounts to a certainty,  
 that he is unacquainted with the disorder; for  
 the disease is, as I have said in my Treatise,  
 sometimes unaccompanied with fever; (*See  
 the Table of Evidence, answers to the 4th  
 question*) and in recent cases where fever is  
 attendant, the fever is subsequent to the  
 commencement of the local affection.

THE topical inflammation and the enlarge-  
 ments continue for several days, and some-  
 times increase, although the fever had an ap-  
 parently perfect crisis by copious sweat. In-  
 deed the Glandular Affection depends not  
 on this fever, for the affection of the lym-  
 phatics, with the inflammation and swelling,  
 commence



commence previous to it, though they do not arrive at their greatest height until afterwards; they continue during the fever, when present, and become more or less permanent according to the particular circumstances which attend the morbid change seated in the lymphatic system. These assertions comprise the essential matter which gives rise to the difference of opinion between Doctor Hillary and myself respecting the disorder. Facts must determine who is right in this very material point. At page 23, and note marked †, I have endeavoured to explain the cause of Doctor Hillary's error in these words. " Doctor  
 " Hillary having given his history of the dis-  
 " ease from the advanced stage, was there-  
 " fore probably misled and deceived in con-  
 " cluding, that the local affection was the  
 " consequence of fever. He speaks of every  
 " symptom of the complaint; but was not  
 " sufficiently attentive in observing the pro-  
 " gress of it from its first appearance."

THE Doctor suffered the theory of his time also to misguide him; the doctrine of mor-  
 bific matter was then in great estimation.

WITH respect to the symptomatic eph-  
 mera which attends this disease, and which,



as I have advanced, has sometimes assumed the form of the reigning epidemic, I must observe, that I have no hesitation in allowing that a symptomatic fever cannot be placed under the order *Febres*, which is properly defined *Pyrexia sine morbo locali primario*; I have therefore placed the Glandular Disease under the class *Cachexia*, the latter part of the definition is *sine pyrexia primaria, vel neurosi*.

MR. ROLLO observes that “ the order  
 “ phlegmasiæ has fever, as a pathognomonic  
 “ mark, although the degree of inflamma-  
 “ tion of most of the diseases in this order  
 “ is more violent and extensive, than what  
 “ accompanies any state of the Barbadoes  
 “ disease.” Here the Remarker exposes his slender knowledge of the disorder; for the inflammation is often very violent, and it is sometimes so extensive, as to reach from the groin to the feet, and the whole extremity swells to twice, or even thrice its natural size. He goes on, “ 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.” It is certainly no uncommon thing in practice, to find that a symptomatic fever runs into, or if that  
 pleases



pleases best, changes its nature, and becomes like the reigning epidemic. This is what I have said, for which I have my own experience, and the best authority. Thus topical inflammations (phlegmasiæ to wit) which are attended with pyrexia, have the fever changed into a nervous fever. Says Huxham, (page 184, on Peripneumony) “ In the  
 “ latter part of the year 1745, and the be-  
 “ ginning of 1746, during which time we  
 “ had an epidemic peripneumony, in which,  
 “ after a second bleeding, and even some-  
 “ times after a single bleeding, the pulse and  
 “ strength of the patient sunk to a surprizing  
 “ degree; and they ran into a sort of nervous  
 “ fever, with great tremors, subsultus ten-  
 “ dinum, profuse sweats, or an atra-bilious  
 “ diarrhœa, with a black tongue, coma, or  
 “ delirium.” The more extensive experi-  
 ence of Mr. Rollo enables him to affirm the  
 contrary of this, at page 89, “ the fever  
 “ which attends the order phlegmasiæ never  
 “ assumes the form of continued fever, with  
 “ symptoms of general putrescency.”

I MENTIONED the scorbutic appearance of the gums, and also a brown fur, which is sometimes seen on the teeth of persons much  
 afflicted



afflicted with this complaint, as giving evidence of a habit of body of the septic tendency. To explain my meaning, I traced these symptoms as they occur in typhus fever, which had hitherto been considered as connected with putridity; for in typhus fever a viscid mucus of a brown colour appears on the tongue, gums, and teeth, which increases, and becomes of a darker colour as the disease becomes more malignant, until they are quite black. The gums swell, and have a \* livid scorbutic appearance.

MR.

\* In a manuscript paper which I wrote during the late war, and which I presented to the Literary Society of this island, intitled *Short Hints on a Dietetic Plan for preventing the Sea-Scurvy*, the following note is referred to from this sentence. "In the scurvy which affects seamen, as bad food commonly causes it, so a proper dietetic plan is best adapted to cure or prevent it."

THE NOTE. We have a fever at Barbadoes, which prevails more amongst women than men, affects the poor more than the rich, and is frequently epidemic amongst the negroes, who labour hard, and are ill-clothed and fed. It is a species of typhus, not dissimilar from Dr. Huxham's "slow, nervous fever;" it is frequently protracted to near the duration of six weeks, and is hence commonly called the "forty days fever." It exhibits, from its commencement to its termination, many of the symptoms of the scurvy, and is treated most successfully by a nourishing diet, joined with very few other remedies. By what I have been able to observe, the symptoms which



MR. ROLLO remarks at page 87, that  
 “ It is evident that this fever is acknow-  
 “ ledged to be regular, and truly charac-  
 “ terized.” *Yes*, the symptomatic eph-  
 mera, when it attends, is commonly very  
 similar to the single paroxysm of an inter-  
 mittent fever. “ It assumes different ap-  
 “ pearances, and different degrees of danger.”  
*It does so indeed*; for it sometimes puts on  
 the likeness of the reigning epidemic, what-  
 ever kind of fever that may happen to be,  
 and the degree of danger is accordingly dif-  
 ferent.

“ THESE changes do not depend on the  
 “ local affection, but on causes quite uncon-  
 “ nected with it.” The changes in the  
 symptomatic fever seem to me to depend on  
 the particular constitution of the patient, and  
 the influence of the prevailing epidemic; it  
 may therefore become a fever, which remits  
 or is continued; it may be a nervous, ma-  
 lignant, or yellow fever.

which appear in scurvy and typhus proceed from a common  
 cause; the body is not sufficiently nourished (in the former dis-  
 order the nourishment is improper, in the latter the digestive  
 organ does not perform its function properly), from hence arise  
 livid gums, petechiæ, hemorrhages, &c.



THAT the symptomatic fever which attends local inflammations is influenced by the epidemic constitution of the period when it happens, is observed by an author of no less fame than the immortal Sydenham. [*See his Works.*] Indeed, many practical writers have established this as a matter of the greatest notoriety, and I have met with many instances in my own practice.

MR. ROLLO says, at page 103, " I am  
 " apt to suppose that any inflammation there  
 " may be of lymphatic glands, is generally  
 " slight and temporary; and that any in-  
 " flammation of the lymphatic vessels is  
 " equally so, and limited." Notwithstanding this, we shall find in Mr. Rollo's proximate cause, that what shews itself in the lymphatic glands, constitutes the fundamental part of the proximate cause of this disease, and is afterwards alluded to in his ratio symptomatum, at page 112, " The great  
 " enlargement of the veins," says he, " may  
 " have been owing to a compression of them,  
 " by a swelling of the lymphatic glands of  
 " the ham during the febrile attack." Is it not absurd to suppose, that the swelling could possibly be slight and temporary, or  
 inconsiderable,



inconsiderable, which could produce such effects?

MR. ROLLO asks, " what is the effect of " inflammation on vessels?" I assure him he has that and much more medical knowledge to acquire. If he has any regard for his medical character, he should read more, and write less. He ought to attend with some diligence to the anatomy of the absorbent system, before he again ventures to reason on its pathology. As one proof of the necessity of which, observe these quotations:

*Rollo's Remarks,*  
page 102.

" It is known, that  
" the superficial and  
" deep-seated lymphatic  
" vessels of the ex-  
" tremity *all pass* into  
" the glands seated up-  
" on the *upper* part of  
" the thigh."

*Hewson's Inquiry,*  
page 212.

" The lymphatic ves-  
" sels do *not constantly*  
" *pass* through glands,  
" but some of them pass  
" by their sides; hence  
" it is possible that a  
" gland may be per-  
" fectly obstructed, and  
" yet the lymph may  
" get by the collateral  
" branch of a lymphatic  
" into the thoracic  
" duct."



MR. CRUIKSHANK differs in some respects from the accurate Mr. Hewson; but both these celebrated anatomists positively contradict Mr. Rollo's assertion.

“ I CONFESS that I have injected lymphatic vessels from the great toe, which ran along the lower extremity, and passed under *paupart's ligament* (says Mr. Cruikshank\*) without having previously entered any gland; but if they did not enter the glands before, they *always* entered them at that place, or other glands in the course of the iliac vessels; and if it so happened that they passed these, they *always* terminated in the *lumbar glands* before they entered the duct.”

WHEN the glands in the *groin* are considerably affected, it is highly probable that the deep-seated lymphatics partake of the disease; for these commonly pass through the superficial glands; but it is evident that the deep-seated lymphatic glands and vessels may be obstructed, and the morbid affection may not reach or be communicated to the superficial lymphatic glands and vessels.

\* Anatomy of the Absorbing Vessels, page 76.



THE lymphatic glands in *the groin* are in number, six, seven, or eight. These glands, and the plexus of lymphatics which form them, are not equally superficial: among these, that lymphatic gland which is nearest the skin, and the absorbents which compose it, may be affected, and authorise my assertion. But in truth, what I meant by deep-seated lymphatic vessels was, those which accompany the large blood-vessels: these, as I have already said, do commonly pass through the deep-seated glands, before they arrive at the conglobate glands, which are placed in the groin. This is proved by Mr. Hewson at page 27 and 28 of his Lymphatic System, and therefore the anatomical structure of the absorbent system favours my opinion, that the Glandular Disease may be seated in the lymphatics which accompany the large arteries, without appearing in the superficial glands or vessels. This may be a proper place to observe, that in a late dissection, not only the glands were found diseased, but that from it I have also reason to advance, that in one instance some of the absorbent vessels were so greatly distended as to burst: now, in proportion as this effect is produced



in a diseased part, the tumour will be likely to be greater, and remain permanent; for absorption being impeded, the evacuated lymph will harden, so that each attack of the disorder must certainly increase the swelling. This will remove the difficulty in explaining the fact, *viz.* that the swellings sometimes continue, and become fixed. *See additional cases, No. 9.*

RESPECTING Mr. White's Inquiry concerning the swellings of the lower extremities, which sometimes happen to lying-in women, I am much mistaken if I have not seen the disease described by this ingenious, and observant gentleman, and am persuaded I viewed it as the Glandular disorder; and, if a case of this kind should again fall under my observation, I am somewhat doubtful how I should accurately distinguish the one from the other, for the similarity is striking when compared to some cases of the Glandular disease; I mean those cases where the deep-seated conglobate glands and absorbent vessels are affected. They seem to differ essentially in their terminations only; the one commonly leaves permanent enlargements;



ments; the swellings produced by the disease of lying-in women are constantly evanescent.

I have noticed at page 85 of my Treatise,  
 “ That the Glandular complaint had been  
 “ brought on by bleeding, and that I had  
 “ seen very fatal events in two or three in-  
 “ stances, where this malady appeared just  
 “ after delivery.” I have also seen many  
 cases in women under the like circumstances,  
 which have terminated favourably. May  
 not those particular debilitating causes (he-  
 morrhage &c.) which attend delivery, pro-  
 duce, (even in a northern climate,) such  
 sudden relaxation, and debility of the system?  
 and along with this, may not such pressure  
 sometimes take place on the lymphatics,  
 during the latter months of gestation, as to  
 leave those vessels, when the pressure is sud-  
 denly removed, (by the delivery) in a state  
 highly irritable? If so, the occasional  
 causes may exist in a lying-in chamber, and  
 excite a disease of a similar nature.

MR. ROLLO allows, page 51, speaking of  
 the disorder described by Mr. White, that  
 “ the *affection* of the *glands*, the *fever*, and  
 “ the *swelling* of the extremities are in this  
 “ case resemblances of our disease, but they



“ are in other respects materially different.”  
 What other respects?

THE Remarker has not attained such a knowledge of either of the diseases in question, as to be able to trace how far the analogy goes, or on what the dissimilarity depends. He cannot form a clear idea!

THAT Europeans of evidently relaxed habits are liable to be invaded with the Glandular Complaint, is a fact, which certainly supports my opinion that the malady is not produced by the ingesta. (*See my Treatise, Sect. VI.*) It points out, that the distemper must depend on a cause, which acts with greater celerity, and which may exist in the atmosphere. Thus it may be observed, that strangers are commonly invaded with the Seasoning Disease of the country they visit, so soon after their arrival as to exclude even the suspicion of any other cause except what may be connected with the state of the air.

I HAVE said, “ that the predisponent cause  
 “ of the Glandular Disorder is perhaps a ge-  
 “ neral relaxation of habit, and a peculiar de-  
 “ gree of irritability of the lymphatic system;”

in



in which opinion I am confirmed by long experience. If Europeans arrive at Barbadoes, having at that time constitutions evidently relaxed, the effects of our hot and dry climate will certainly be to increase the predispotion of this malady, and such persons will be liable to be affected by it more readily than others who have strong constitutions. Observation will sufficiently support these conclusions.

MR. HUNTER, in his Treatise on the Venereal Disease, gives proof that the absorbent system is capable of being affected as well by *irritation*, as by the absorption of matter: he likewise shews that the absorbents may have a morbid degree of irritability in a cold climate. "I have known," says Mr. Hunter, "a prick in the finger  
 " with a clean sewing-needle produce a red  
 " streak all up the fore-arm, pain along the  
 " inside of the biceps muscle, a swelling  
 " of the lymphatic glands above the inner  
 " condyle of the humerus, and also of the  
 " glands of the arm-pit, immediately follow-  
 " ed by sickness and a rigor, all of which  
 " however soon went off."



## C H A P. IV.

CONCERNING THE HISTORY OF THE  
DISEASE.

**T**H E history I have given of the Glandular Disease of Barbadoes, is the result of my observation and experience ever since my arrival in the year 1775. I thought it right to publish with my Treatise some cases of the disorder, to prove particular facts; and for this purpose, I chose such cases as were given me by my medical friends, in preference to similar instances which came under my own eye; because my conclusions, if justly drawn, would, I vainly hoped, by that method be rendered indisputable.

MR. ROLLO, it would appear, gives the preference to Dr. Hillary's account of this disorder, and at page 26 he tells his readers, " that the different histories of this disease  
" may be compared; I extract from Dr.  
" Hillary's account his description of it."  
The reader will find, at the second section of  
my



my Treatise, “ the disease is sudden in its  
“ attack.”

“ IT is truly characterized by the ap-  
“ pearance it produces in the lymphatic sys-  
“ tem: it is sometimes attended by a symp-  
“ tomatic ephemera,” which I have com-  
pared to a single paroxysm of intermittent  
fever. At section 3d I have said, that “ the  
“ topical appearances in the lymphatic sys-  
“ tem, in recent cases, always precede the  
“ symptomatic fever; that it was sometimes  
“ eight or ten hours before the febrile symp-  
“ toms came on,” &c. How dissimilar  
from this account of the disorder, is that said  
to be mine in Mr. Rollo’s Remarks?

“ THE patient is affected with languor,  
“ yawning, and stretching, which is soon  
“ followed by a general sense of coldness,  
“ then shivering; this continues for one,  
“ two, or even three hours, and is succeeded  
“ by an increase of a hot stage of intermit-  
“ tent paroxysm; these remain for different  
“ degrees of time, until the disease termi-  
“ nates in a profuse sweat.” (Page 17 of  
his Remarks.) After he has related the fe-  
brile symptoms, and a paragraph of eight  
lines intervenes, it is then said, “ Along with  
“ the



“ the symptoms of the cold stage, there is  
 “ a sense of pain, and hardness of the lym-  
 “ phatic glands of the groin.”

THUS, very unfairly, he strives to pervert the conclusions I had drawn from the whole of my experience; and, to use his own expression, “ he strains” to make the local affection the consequence of fever.

As Mr. Rollo had chosen to extract from, or rather to copy Dr. Hillary’s history of the disorder, why did he not either give my history of the disease, or at least a fair extract of it? Surely, when a comparison was to be drawn between Dr. Hillary and myself, it was illiberal to deviate from, but it was highly criminal to alter my history of the distemper; for such conduct evidently carries with it a designed imposition, particularly when the comparison, in the Remarker’s opinion, was of no less importance to my reputation than,  
 “ to point out the degree of credit due to  
 “ Dr. Hendy’s sentiments on the subject.”

MR. ROLLO having altered my history of the disorder, and rendered it very little different from Dr. Hillary’s, he tells his readers that, “ in place of the description now given  
 “ of the disease, I might have contented  
 “ myself



“ myself with the insertion of that of Dr.  
“ Hillary’s.” “ But (says he) I wished to  
“ give one that would comprehend every  
“ observation Dr. Hendy’s cases might be  
“ said to afford.” And in another part of  
his book he says, “ that the Remarks he  
“ offers on the subject, arise from an inspec-  
“ tion of Dr. Hendy’s sentiments and cases.”  
My sentiments on this subject are to be found  
in the second and third sections of my Trea-  
tise, and not in Mr. Rollo’s Remarks.

I SHALL now examine whether he is just-  
fied in his conclusions by those cases sub-  
joined to my former publication.



## C H A P. V.

★ GENERAL VIEW OF THE CASES SUB-  
JOINED TO MY TREATISE ON THE  
GLANDULAR DISEASE.

**T**O prove particular facts related in the history of the disorder, I added a second part to my Treatise; which consisted of twenty-six cases, most of which were given me by my medical friends, who had perused my book in manuscript, as it is mentioned at the beginning of those cases in my publication. I could have multiplied cases to a very great number, but this was not necessary, and would have made the book too voluminous.

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THE twenty-six cases of the Glandular Disease, arranged according as they were attended or unattended, preceded, or followed by the symptomatic ephemera.

Cases of recent attacks of the disease, unattended with the symptomatic paroxysm of fever.

Cases 1st, 2d, 5th, and 12th.

Case



Case 3d, several of the first attacks without fever.

Case 4th, the first attack without fever.

Case 6th, unattended by (what I have described as) the symptomatic ephmera, but there was a quick pulse and heat of the skin.

---

THOSE cases where the local affection was followed by fever.

Case 3d, after several attacks.

Case 4th, second attack attended with fever.

Case 9th, 10th, 13th, 14th, 15th, 16th, 18th, 19th, 21st, 22d, and 26th.

N. B. The 14th case was given me by Mr. Rollo himself, which I shall reprint in Chapter VII.

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THE local symptoms not perceived before the accession of fever.

Case 11th. Case 17th. This patient having had the disorder from his infancy, did not know in what manner he was at first invaded; but after having the disease many years, the symptoms of the cold stage of fever were



were first perceived. See the continuation of the case in the next chapter.

Cases that prove other facts than the above.

Cases 7th, 20th, 23d, 24th, and 25th.

Case 8th is omitted in this view, but is left for after discussion.

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How then could Mr. Rollo say, consistently with candour or truth, that he wished to give such an history, as would comprehend every observation which Dr. Hendy's cases might be said to afford? Consistently with my cases, no such conclusion could be fairly deduced. It is evident, on the contrary, that he has disregarded both my sentiments and my cases, and has thereby forfeited his claim to candour.

THE manner which he has adopted of excluding many of my cases, is indeed sufficiently concise, but is by no means to be admitted. Thus those instances of the disease, said to be excited by absorption, "are erroneous." The slight and first attacks of the disorder, to wit, Cases No. 1, 2, and 5, "are very superficially related;" yet the  
reader



reader will observe, that these cases are well marked by the characteristics of the Glandular Disorder ; but indeed all the cases that stand in the Remarker's way, are either " vague, inadequate," are " very superficially related," and lastly, they are " inadmissible."

THUS Mr. Rollo, without reason, without even the appearance of argument, in a manner truly dictatorial, excludes many examples of the disorder ; he then presumes to suppose what he pleases concerning this malady.

BUT an impartial judge would certainly never dismiss an evidence, because he could not prove all that is set forth in a cause. It is required that each fact be proved by credible witnesses ; the sum of whose evidences, taken together, must clearly confirm the several allegations, before sentence is pronounced.

IN the history of a disease, all the circumstances are to be included which constitute the genera ; the history must therefore consist of facts, collated from a great variety of cases ; and as one case differs from another in some of its symptoms, we therefore have



different species and varieties. If any single instance of a disorder comprises all the occurrences of its genera, then that case alone would become the *historia morbi*; but this seldom if ever happens; and it certainly is not commonly the case in the Glandular Disease of Barbadoes. Dr. Hillary unfortunately confined his history of the disorder to the advanced stage of it; from hence his misrepresentation in a great measure originated.



## C H A P. VI.

A REVIEW OF PARTICULAR CASES SUB-  
JOINED TO MY TREATISE ON THE  
GLANDULAR DISEASE.

CASE, No. 6. Mr. Rollo observes concerning this case, “ That it is impossible to  
“ conceive what Dr. Hendy means here,  
“ for he calls all along the fever that at-  
“ tends the disease symptomatic; but now  
“ he makes a distinction, and tacitly im-  
“ plies another kind of fever attending this  
“ disease, and which is not symptomatic,  
“ or does not proceed from pain or in-  
“ flammation.”

THIS case was given me by a medical gentleman, and I shall, with his approbation and concurrency, explain what is here related. His words are these: “ During  
“ this period he had no fever, except a  
“ symptomatic one, proceeding from the  
“ pain and inflammation of his leg, &c.” By no fever, is meant, that the symptomatic fever, or that well-marked paroxysm which I had described in my manuscript, (which



he had read) and which I had fully explained to be the symptomatic fever of the Glandular Disease, was not present; or, in other words, the patient had not the cold fit followed by the hot fit, terminating by sweat: but at this time the inflammation being high, and the pain great, there was heat on the skin, and a quick pulse.

I THINK myself supported, by a strict attention to the nature of the febrile affection which accompanies the Glandular Disorder, in denominating it a symptomatic fever, meaning to imply not only that it is a consequence of the local affection, but that it is characterized by the stages of an intermittent paroxysm, and dissimilar from the symptoms which commonly mark inflammatory diathesis, for these differ essentially from fever, inasmuch as “ the symptoms  
 “ of the first stage do not necessarily pro-  
 “ ceed or accompany it; and, as it does  
 “ not increase by exacerbations, followed  
 “ with relaxations.” *Dr. Fordyce's Elements of the Practice of Physic*, page 190.

IN the Glandular Disease, where the local inflammation is extensive, and the pain of the part violent, a hot skin and quick pulse



pulse are often excited. This is what surgeons call symptomatic fever; our artillery-surgeon therefore could not, or would not, comprehend a symptomatic fever to be such as I have with strict veracity described it.

THE unfortunate person, whose case makes No. 6, was an apothecary: he informed the medical gentleman who took his case, that he caught cold, and immediately after he perceived what he considered as the consequence of it.

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CASE, No. 8. Although this case is not included in the above table, I shall now prove, that it is properly considered as a case of the Glandular Disease. My readers are requested to peruse that case, and then determine, if it can be said to be no other disease than the "Erysipelas." Mr. Rollo affirms, "that the gentleman who gave the  
 " case, and who described his own situation,  
 " thought so, by noticing that it was ac-  
 " companied with that shining pale red  
 " which is to be observed in Erysipelas, to  
 " which disease he believed his distemper to  
 " bear a near affinity." He goes on "this  
 " gentleman was an experienced hospital  
 D 3 " surgeon



“ surgeon of the army ;—he wrote his own  
 “ case, IT may therefore be credited.” I  
 readily admit this, and I certainly should  
 not have published the case, if its authen-  
 ticity had not been unquestionable ; and the  
 same love of truth which induced me to sub-  
 join that case, would not suffer me to admit  
 the cases of W. F. and Philander, although  
 they were written by the sagacious and can-  
 did Mr. Rollo, and notwithstanding he was  
 a surgeon in the royal artillery.

THAT the gentleman who furnished me  
 with his own case, knew the Erysipelas, I  
 am not in the least inclined to dispute. He  
 says, “ that his distemper was accompanied  
 “ by that pale red to be observed in the  
 “ Erysipelas.” His distemper, however,  
 during its continuance, exhibits the symp-  
 toms of the Glandular Disorder ; such as  
 these, “ a streak of red running from the  
 “ ankle to the groin, where the inflamma-  
 “ tion spread more, and the glands were a  
 “ little enlarged and indurated, &c.” His  
 own words are these : “ The appearance of  
 “ inflammation and the tension remained in  
 “ my leg, accompanied with that shining  
 “ pale red to be observed in the Erysipelas,  
 “ to



“ to which disease I am inclined to believe  
 “ this distemper bears a near AFFINITY.”  
 What distemper? Surely not Erysipelas; for  
 it would be absurd to say, that Erysipelas  
 has a near affinity to Erysipelas; it is there-  
 fore evident, that he thought his distemper  
 similar as to colour only; and that he did  
 by no means conceive it to be Erysipelas.  
 Indeed, it was plainly no other than the  
 Glandular Disorder, which was produced by  
 the absorption of acrid humours. In the his-  
 tory of the Glandular Disease I have noticed,  
 that it is sometimes attended with an inflam-  
 mation of the Erysipelatous kind. That Mr.  
 Rollo may no longer be at a loss concerning  
 the opinion given in the last sentence of this  
 case, he may be assured it was, and that it  
 continues to be, my opinion. In the ma-  
 nuscript copy, this circumstance was well  
 marked; the error arose from frequent  
 transcripts; as soon as I received the printed  
 copy, I corrected it. The same error oc-  
 curs at the last paragraph of my 6th case;  
 “ If the blister had not been applied, &c.”  
 and I will here notice, that case 16th is im-  
 properly referred to at page 20 of my Trea-  
 tise, as might be perceived by its mentioning



nothing of the fact it was cited to prove; read case 13th in its place: and in the 19th page, at mark †, in place of 26 read 12. Mr. Rollo will find in his Remarks many errors of the same kind; some of them indeed have the appearance of deception more than mistake.

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IN the 11th case, the Glandular Affection was unnoticed until the cold fit was perceived. *See that case.* Although the coldness was first attended to, as being a sensation more immediately perceptible, it must be remarked, that on examination, she felt the GLANDS in the groin ENLARGED, and perceived a RED LINE, &c. This enlargement of the lymphatic gland, could not take place instantaneously; it is probable it did exist previous to the commencement of the coldness; for as the local affection in this case did not give pain in the beginning, so the patient's attention was not called to observe it. The febrile symptoms which accompany the pleurisy are produced in consequence of an inflammation of the pleura, yet the pain of the part is not always perceived previous to the first symptoms of fever.



fever. “ A pleurisy,” says Dr. Sydenham, (see Shaw’s Sydenham, page 249) “ generally begins with a chilliness and shivering, which are followed by heat, thirst, restlessness, and the other known symptoms of a fever : in a few hours, (though sometimes this symptom comes much later) the patient is seized with violent pungent pain in one side, near the ribs, which sometimes extends towards the shoulder-blades, sometimes to the spine, and sometimes towards the breast.” *Therefore*, if many cases were exactly similar to No. 11, I should even then be justified in advancing, that the febrile symptoms depend on the local affection.

IN pleurisy, sometimes the pain is perceived before the febrile symptoms ; Huxham defines pleurisy to be a violent pain on either side of the breast, attended with acute fever, he says “ Mr. T—ll was *seized* with a pain in his right side, and grew a little feverish.” Now, with respect to the conclusion drawn from case, No. 11, I affirm that the local affection which was perceived during the cold fit of the ephemera, cannot possibly



possibly be considered as either the effect or the crisis of fever.

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IN case No. 17 of my Treatise it is said, that Mr. A. B. (Mr. John Hicks Goddard, an apothecary) had the complaint from his infancy, he could not recollect how he was first attacked with the malady: at the time his case was taken, after he had been subject to the disorder at least fifteen years, he was seized with a shivering and yawning, which in the space of an hour or two were succeeded by the appearances in the lymphatic system. The same reasoning as I have employed above is applicable here. It must also be noticed that this case had subsisted during fifteen years, and could not be viewed as a recent case, but on the contrary, as an old case of the disorder; I had advanced, at page 23 of my Treatise, 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. When  
 “ the disease has existed for a very consider-  
 “ able time, it is not by any means so vio-  
 “ lently



“ lently painful as in the incipient state :  
 “ hence the local affection is not so much  
 “ felt. Probably the increased bulk of the  
 “ part which depends, as I shall endeavour  
 “ to prove, on the lymph of the blood be-  
 “ ing effused and coagulated, may render  
 “ it considerably less susceptible of pain ;  
 “ for at this late period the disease bears a  
 “ great resemblance to those tumours that  
 “ are called steatomatous, the nature of  
 “ which we know is not painful.” This  
 gentleman, after his case was taken and given  
 me by Mr. W. C. went to Newfoundland,  
 and the winter of that country very much  
 improved his constitution ; on his return to  
 Barbadoes he married, and lived a very re-  
 gular life. He, however, after some time,  
 had a return of the Glandular Disease, and  
 in this attack he was sensible of the enlarge-  
 ment of the lymphatic gland an hour before  
 he felt the cold fit, which, as likewise the  
 hot fit, was slight.

THE existence of the symptomatic fever,  
 so far as I can judge, does not always de-  
 pend on the degree of the topical affection,  
 but seems rather to arise from the general  
 weakness and irritability of the patient ; for

I have



I have known the local affection to be violent, without exciting fever; and on the other hand, the lymphatic affection and inflammation have been slight, and yet a considerable degree of the symptomatic fever has attended. I have seen many instances where, in consequence of the health and vigour of the body being improved, the symptomatic fever has become less violent in proportion to the degree of the topical affection.

THE other cases which Mr. Rollo with a *fiat* condemns as “inadmissible,” will be immediately restored to their place by my Table of Evidences; and on the consideration of my definition of the disorder, which is a *morbid change in the lymphatic system, as it appears by an enlargement of the conglobate gland, and a distention, and commonly an inflammation of the absorbent vessels which lead to these lymphatic glands; the swelling of the part proceeds from an accumulation of the lymph, which cannot pass on to the thoracic duct, and inflammation is commonly excited; the symptomatic ephemera, which is similar to an intermittent paroxysm, is generally, although by no means constantly, produced.* The same disease often differs in some respects, when seen in the milder



milder or the more violent state; I therefore thought it proper to exhibit the malady in every form, in which it had appeared to my medical friends and to myself.

THE disease seen by Dr. Clark on the Malabar coast, does certainly resemble the Glandular Disease when it affects the lower extremities; no other conclusion is drawn from the apparent analogy.

THE cases related by Mr. Hewson, and the case of Mrs. Jeffries, I cannot allow to be inapplicable in the view I have taken of the disorder; whether or not they are consistent with Mr. Rollo's ideas, I shall not puzzle myself to discover.

THE permanent swellings which are produced by the Glandular Disease, I have explained as depending on extravasated lymph gellied; the cases adduced by Mr. Hewson are alledged by him to be the consequence of a gelatinous fluid, which filled the cellular membrane.

The swelling which took place in Mrs. Jeffries's arm, proceeded from the return of the lymph being prevented by the extirpation of the lymphatic glands.



FEVER is not indeed mentioned, but fever in the Glandular Complaint is an accessory, not a constant symptom. The axillary artery in this melancholy case was left, after the operation, quite bare, and no more glands could be felt; for a moment admit (agreeable to Mr. Rollo's assertion) that all the absorbent vessels passed through the lymphatic glands, and that these glands are rendered impervious to the lymph; or suppose them to be extirpated, what other effect could be produced, but that which did actually happen? *i. e.* an accumulation of the lymph, which was thereby prevented from passing on to the *ductus thoracicus*.

THE case of Mrs. Jeffries, it is reasonable to conceive, must be the situation of every person exposed to the same disease and treatment. I have known venereal buboes to produce temporary swellings; and in cases of cancerous mammæ, if all the glands in the arm-pit are enlarged, indurated, or otherwise so diseased, as not to allow the lymph a passage through them; a swelling must be the consequence, which could not be reduced by absorption, unless some lymphatics  
went



went on to the thoracic duct, without passing through the axillary glands.

To establish the propriety of my observation at the end of Mrs. Jeffries's case, and also in justification of my opinion of the gentleman who gave me that case, it is necessary to mention, that it was Mr. Everard Home, the brother-in-law of the justly celebrated John Hunter, Esq.

IT would be equally as difficult as foreign from my purpose, to inquire minutely why the same kind of swellings are not excited, when cancerous, variolous, or syphilitic matter is absorbed, and irritates the lymphatic glands.

IN the Glandular Disease the coagulability of the evacuated lymph seems to be increased by the attendant inflammation; in cancer, variolus, syphilis, the fluids acquire a SPECIFIC MORBID ACRIMONY, the absorption of which *may* attenuate or diminish the coagulability of the lymph, if that effect be produced, it would at least prevent such permanent swellings as are left by the Glandular Disease; but if a satisfactory explanation cannot be given, the fact is not thereby in the  
smallest



smallest degree invalidated. I shall in the XIIth Chapter proceed to give my sentiments concerning the permanent swellings produced by this disorder.



## C H A P. VII.

## CONCERNING MR. ROLLO'S THREE CASES.

IN order to shew a single fact respecting the Glandular Disease, viz. that it was sometimes unaccompanied by the symptomatic fever, I advanced that “ I had seen *many* instances of that kind,” and I also adduced a few cases in my Treatise, says the Remarker. These *many* instances are cases No. 1, No. 2, No. 5, No. 6, and No. 25; as though he could possibly conclude, that I had only seen five cases. He certainly must have been entirely unmindful, allowing I had only seen five cases, that he had advanced only three cases, to establish his opinion of the whole history of his Morbus Barbado-nensis; and very unfortunately one case, and that the only one, the authenticity of which is undeniable, contradicts what he had advanced in his (own) two cases. Mr. Rollo's first case is No. 14 in my Treatise; in the perusal of which I request the attention of my readers.



## CASE XIV.

“ MAY 28, 1781. A. H. a mulatto wo-  
 “ man, aged sixty, was affected with an en-  
 “ largement of the right leg and part of the  
 “ thigh: the swelling below the knee had  
 “ been of ten years standing, and that above  
 “ the knee had appeared since the hurricane  
 “ of October 1780. The skin was smooth,  
 “ except a small spot above the interior an-  
 “ kle, of a honey-comb appearance, which  
 “ she said was brought on by an ointment  
 “ she used in order to remove the swelling.  
 “ An impression was left, on pressure by the  
 “ finger. The leg was about the thickness  
 “ of an ordinary thigh. She never felt any  
 “ pain, or saw any eruption on the swelled  
 “ part. She and her daughter give the fol-  
 “ lowing account of this complaint: She  
 “ lived ten years ago in her master’s house,  
 “ which was situated near the river and  
 “ marshy ground to windward of Bridge-  
 “ Town: at this time her legs were in a na-  
 “ tural state; and without being able to  
 “ ascribe any cause, she felt a pain and  
 “ swelling in her right groin, which was  
 “ succeeded by a regular attack of an inter-  
 “ mittent



“ mittent paroxyfm. The pain and fwelling  
 “ went off, but ſhe had ſeveral returns of  
 “ the paroxyfm, which ſoon reduced her,  
 “ and were followed by a fwelling of the  
 “ right leg, which was neglected, being nei-  
 “ ther painful nor troubleſome, and it has  
 “ continued in the preſent ſtate ever ſince :  
 “ however, it has been viſibly enlarged by  
 “ ſucceeding attacks, but it returns nearly  
 “ to its natural ſtandard. This woman’s  
 “ menſes ceaſed by the attack. Her pa-  
 “ rents, ſhe believes, never had the com-  
 “ plaint. Her daughter is free from it.”

THE woman, whoſe caſe this is, is a ſer-  
 vant in the family of my brother, whom I  
 have frequently attended when ſhe has been  
 ill with this diſorder. It is a well-marked  
 caſe of the Glandular Complaint ; and Mr.  
 Rollo himſelf has recorded, that, “ without  
 “ being able to aſcribe any cauſe, ſhe felt a  
 “ pain and fwelling in her groin, which was  
 “ ſucceeded by a regular attack of an inter-  
 “ mittent paroxyfm.” This plainly contra-  
 dicts Mr. Rollo’s doctrine, and ſufficiently  
 invalidates his other caſes.



MR. ROLLO'S second case, in point of date, is Philander's.

CASE II.

“ PHILANDER, A SLAVE MULATTO MAN,  
AGE 45.

“ *May 29, 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 re-  
“ duced, that his master thought it necessary  
“ to send him to Barbadoes for the recovery  
“ of his health.

“ AT this time he had œdematous swell-  
“ ings of both legs ; he soon regained  
“ strength, but the swelling did not go off  
“ entirely. He had another attack of fever,  
“ which increased 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 shi-  
“ vering, and when these went off, and he  
“ felt exceedingly hot, he perceived a swell-

“ ing



“ ing resembling a kernel in the right groin,  
 “ which was hard and painful, with a tight-  
 “ nefs in the thigh; the fwelling of the leg  
 “ of the fame fide increafed with inflamma-  
 “ tion. Thefe were accompanied by a pain-  
 “ ful enlargement of the tefticle of the fame  
 “ fide, and a diftenfion of the fcrotum. This  
 “ fwelling has partly continued.

“ FOR thefe fix years paft this man has  
 “ been accuftomed to hard labour, and he  
 “ feels no inconvenience from his legs or  
 “ fcrotum. He has enjoyed tolerable good  
 “ health, and for that time he has no return  
 “ of fever or local pain. Now and then he  
 “ is confined with a naufea and want of ap-  
 “ petite, and at thefe times by a horizontal  
 “ pofture and reft his legs confiderably di-  
 “ minifh; but on his return to work, they  
 “ get to their ufual ftandard. He has never  
 “ ufed any thing to remove thefe enlarge-  
 “ ments. His ordinary diet has been roots,  
 “ fifh, and falt meat; and he acknowledges  
 “ to have been a free rum-drinker. He is  
 “ married, and has two children.

“ THE tefticle and epididymis are much  
 “ enlarged, and the fcrotum is apparently



“ thickened; there does not appear to be  
 “ much, if any, accumulation of fluid.

“ THE ankle 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 six-  
 “ teen and a half, of the left fourteen and a  
 “ half; above the knee of the right seven-  
 “ teen, 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 seem-  
 “ ingly free of disease as the other where the  
 “ swelling is confined 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.”



THIS is Philander's case, as Mr. Rollo frames and states it in the *last pages* of his Remarks.

*Atque ita mentitur, sic veris falsa remiscet,  
Primo ne medium, medio ne discrepet inum.* HOR.

I AM at least certain, no conclusion should be drawn from this case, because Philander is ever willing to please inquirers with yes or no, as he thinks may be most agreeable to them. I asked him the following questions before two witnesses :

Q. How long have you had these big legs ?

A. I CANNOT well recollect, but it is about fifteen years.

Q. Do you remember the first attack ?

A. THE first time I had the disorder was at Bridge-Town.

Q. HAD you the kernel or the ague first ?

A. I FIRST feel a stiffness and pain in the ham ; and as soon as I feel these, I say I must go home, for I am going to get the ague ; and it sometimes comes on before I can get home.



## THE CASE OF MR. W. F.

“ I COMMUNICATED, says Mr. Rollo,  
 “ three cases of this disease, which I had ex-  
 “ amined ; there is only one of these cases  
 “ published ; it makes Dr. Hendy’s No. 14.  
 “ The other two are equally authentic. One  
 “ of them is the case of W. F. of Bridge-  
 “ Town.”

I AM, indeed, concerned on Mr. Rollo’s  
 account ;—that I am called upon to explain  
 why I did not publish all his cases, and par-  
 ticularly the following one of W. F.

## MR. W. F. AGE 40. REMARKS, PAGE 133.

“ THIS gentleman has a swelling, or en-  
 “ largement of both his legs, but more re-  
 “ markably 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 four-  
 “ teen ; 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 swelling does not  
 “ extend



“ 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 fin-  
 “ ger leaves an impression, but not so rea-  
 “ dily as in anasarcaous swellings.

“ ABOUT the year 1763, the first appear-  
 “ ance of a swelling arose from a sprain or  
 “ twist of the right ankle, on board of a  
 “ ship. After this accident, he soon ar-  
 “ rived at Barbadoes: the swelling of the  
 “ foot and ankle continued with inflamma-  
 “ tion for some time, and then went off  
 “ gradually and entirely.

“ IN the year 1764, he had an 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 into-  
 “ lerable 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 at-  
 “ tack like that which has been described;  
 “ only in this, there was an affection of a  
 “ groin and leg. The feverish attack com-  
 “ menced



“ menced 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 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 dis-  
 “ appeared; 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. In the left  
 “ groin and thigh he has never felt any  
 “ affection.

“ IN the years 1764, 1765, and 1766,  
 “ he lived on good diet, and pretty freely,  
 “ and occasionally indulged in late hours.

“ These



“ These are the only causes he can assign for  
 “ the production of the complaint.

“ IN the time of the feverish attack, eme-  
 “ tics and laxatives, the medicines princi-  
 “ pally used ; and for the swelling in the  
 “ absence of fever, he has successively di-  
 “ minished it by evacuation and pressure.  
 “ In the years 1770, 1771, and 1772, he  
 “ was in England ; and by a course of me-  
 “ dicines, consisting of bark and steel, laxa-  
 “ tives, and the use of the waters 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 ankles,  
 “ 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



“ by which his legs have increased in size  
 “ to their present enlargement. This en-  
 “ largement he finds may be diminished,  
 “ even now, by evacuation and confinement.  
 “ THIS gentleman is not a native of Bar-  
 “ badoes.—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.”

THAT my readers might determine “ the  
 “ degree of credit due to Mr. Rollo’s cases and  
 “ sentiments on the subject; (*Remarks, page*  
 “ 26.)” I shall subjoin all the information  
 that could possibly be obtained from this gen-  
 tleman concerning his case.

W. F. to the best of his recollection, was  
 first seized with the disease which produced  
 the big leg about the year 1766. The fever  
 which he had in the year 1763, which Mr.  
 Rollo confounds with the Glandular Disease,  
 was of the remitting kind, and was the con-  
 sequence of his residing for some little time  
 in one of the Leeward Islands. At this dis-  
 tance of time he has but a very imperfect re-  
 collection of the first attack, and cannot re-  
 member whether the topical symptoms fol-  
 lowed



lowed or preceded the fever ; but in some of the more recent ones, he has been sensible of a stiffness and uneasiness in the thigh for many hours ; nay, sometimes for whole days, before the fever has come on. The fever is marked by the languor, head-ach, restlessness, hot skin, &c. &c. which usually attend this disease ; but it is seldom that there is any regular cold fit, and it generally goes off by degrees, without any copious sweating ; it commonly continues for three or four days ; but the inflammation of the leg, which for the most part increases for the first three or four days, still remains for ten or twelve days after the fever has left him : and each attack leaves some proportional enlargement, if he is not particularly careful to avoid exercise, until the inflammation is entirely gone off. He has always found that purging carries off both the fever and inflammation of his leg, more effectually than any other remedies or applications ; and by this method, together with rest, he has lately prevented his legs from receiving any additional enlargement.

ON perusal of Mr. W. F's case, as composed by the Remarker, it will appear a confused



fused and mixed case, which does not resemble the real situation of W. F. and it will be found to contain assertions, which are contradicted by the facts already recited by Mr. Rollo, in case No. 14.

I MENTIONED my doubts concerning the accuracy of W. F's case to Mr. Rollo at the time he put it into my hand. I told him I would make some inquiries of that gentleman; this I did in the presence of several gentlemen. I recollect particularly that Mr. \*John Connor, surgeon in the army, was present at the time; the result of my visit

\* THE unexpected arrival of this gentleman at Barbadoes, gave me an opportunity of sending the following letter; I have subjoined this answer.

Dear Sir,

HAVING taken the liberty of mentioning a conversation which passed in your presence with Mr. W. F. in my answer to Mr. Rollo's Remarks; I embrace the opportunity which your visit to this island affords me of communicating to you what I have written on that matter; and I hope nothing that I have advanced will meet with your disapprobation.

I am, dear Sir,

Your respectful and very humble Servant,

Dec. 1, 1786.

JAMES HENDY,

Dear Sir,

Bridge-Town, Dec. 1, 1786.

I HAD the pleasure of receiving your favour this day, and I do recollect being at Mr. W. F's when you called, and said you took the liberty of waiting upon him to converse with him



visit confirmed me in my opinion, that Mr. Rollo (what terms shall I use?) had not stated the case as it really existed; but in a manner best suited to his pre-conceived opinion of the disorder. I acquainted him with the purport of my visit: the Remarker asserts that W. F. read over the case attentively after it was written, and that he approved of it, and even attested it. The following paper, copied from the hand-writing of W. F. will elucidate this business.

“ UPON Mr. Rollo’s application to me,  
“ he informed me Dr. Hendy and himself  
“ were endeavouring to collect all the infor-  
“ mation in their power, in regard to what  
“ is commonly called the fever and ague of  
“ Barbadoes, and that the Dr. intended pub-  
“ lishing

him upon the subject of his Glandular Complaint. Mr. W. F. and you retired to a sofa at a distant part of the room; and as soon as you returned from thence, you said, you found, as you always supposed, that Mr. Rollo mistook the symptoms of Mr. W. F.’s complaint. This circumstance you repeated to me as soon as we left the house.

I HAVE read your manuscript, which I approve in the fullest sense.

I am, with great regard,

Dear Sir, your much obliged humble Servant,

JOHN CONNOR.



“ lishing a Treatise on the nature and causes  
 “ of it; and they were both of the same  
 “ opinion about the complaint. I observed  
 “ that I was very glad to hear they had taken  
 “ up a matter, which, if a cure could be  
 “ found for it, would prove very much to  
 “ their credit and emolument; and it would  
 “ be a great happiness and relief to many per-  
 “ sons in this island.—He then requested I  
 “ would inform him how I had been at first  
 “ attacked by it; which I did as near as I  
 “ could recollect from the distance of time,  
 “ and the various ways in which I was fre-  
 “ quently seized with it. But whether what  
 “ he calls my case, be fairly stated by him,  
 “ (as I have but a very faint remembrance  
 “ of it) I have great reason to suspect, as  
 “ not agreeing with my present sentiments,  
 “ nor have I any recollection of having per-  
 “ used and attested it as he says.

“ MR. ROLLO has without my leave in-  
 “ troduced into his performance, my case,  
 “ as he has thought proper to frame and  
 “ state it; a liberty he had no right to take  
 “ from the small acquaintance I had of him:  
 “ if he had been so candid as to have in-  
 “ formed me of his intention, perhaps I  
 “ would



“ would have said to him what would have  
 “ prevented him from doing, what I con-  
 “ sider as a piece of arrogance in him, and  
 “ very great impertinence towards me.”

THE Remarker, with that facility of mis-  
 representation, to which he has evidenced  
 himself so strongly disposed, most certainly  
 has mis-stated the case in question. He re-  
 marks, page 14. “ Mr. W. F. is a gentle-  
 “ man, who, in his public and private cha-  
 “ racter is justly esteemed by you all.” His  
 veracity, I shall add, never was impeached;  
 he has furnished me with his own case,  
 written in terms widely different from those  
 of the Remarker; I am therefore warranted  
 in concluding, that Mr. Rollo has fabri-  
 cated that case to suit his own purpose; and  
 has not hesitated to seal it with a positive  
 assertion, which probably he hoped would  
 never be examined. Should it however ap-  
 pear, that Mr. W. F. has really affixed his  
 signature to the case; I cannot, indeed, sug-  
 gest any honourable means by which it could  
 have been obtained.

MR. ROLLO assures us, “ Although these  
 “ cases are subjoined (viz. the cases of  
 “ W. F. and Philander), no inferences are  
 F “ drawn



“ drawn from them, on purpose that every  
 “ possibility of objection may be removed.”  
 Yet this writer has referred to the case of  
 W. F. in the first page of his Remarks, the  
 17th of his compilation; also at page 76,  
 “ In the two cases which I subjoin to these  
 “ Remarks, (W. F. and Philander) the febrile  
 “ symptoms ever preceded the affection of  
 “ the groin.” And at page 84, he says,  
 “ And to these cases may be added, the two  
 “ cases I have subjoined, (namely the cases  
 “ of W. F. and Philander) and all the cases  
 “ Dr. Hillary examined.” The reader will  
 now admit that Mr. Rollo cannot keep  
 his word, that little dependance can be  
 placed on it; and that if he had subjoined  
 five thousand such cases, he would have only  
 made the matter so much the worse.

MR. ROLLO, speaking of my 8th case, is  
 pleased to say, “ This gentleman was an ex-  
 “ perience hospital-surgeon of the army;  
 “ he wrote his own case, it may therefore  
 “ be credited.”

WHAT is here insinuated with respect to  
 such cases as were given me by the other  
 medical gentlemen, which happened to them-  
 selves or their patients? I will here venture



to paraphrase Mr. Rollo's method of reasoning at his 89th page, which will prove that he conceived nothing should be doubted that was the composition of an army-furgeon.

“ I think myself at liberty to affirm, that my  
 “ 8th case must be credited, because it  
 “ was written by an army-furgeon; and  
 “ the same reasons that gave me this liberty,  
 “ will demonstrate that the cases of W. F.  
 “ and Philander are faithfully related; for  
 “ they were written by John Rollo, surgeon  
 “ to the royal artillery.” But I will leave my readers to draw their own conclusions. It does, however, sufficiently appear of what immense importance the “ personal assistance” of this sagacious investigator would have been to the medical gentlemen of this island; and how greatly his absence ought to be lamented !



## C H A P. VIII.

## DEFINITION AND PROXIMATE CAUSE.

MR. ROLLO, at page 75, differs essentially from me concerning the nature of this disease, and falls into the same opinion with Dr. Hillary, “ The local symptoms cannot  
 “ be said to precede the fever; especially as  
 “ this inflammation and swelling of the ex-  
 “ tremity 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 symp-  
 “ toms;” hence his opinion, that the local  
 complaints “ are truly the effect of fever:”  
 and it is certain 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 de-  
 “ posited on the leg by an imperfect crisis  
 “ of each paroxysm of this particular fever,  
 “ and is truly the effect of that disease.”

And this Mr. Rollo affirms to be more con-  
 sistent



sistent with the history and the appearance of the disease, than the opinion which I espoused. If he had been an attentive and candid observer, he would have found the fact otherwise than he has stated it; but I shall make my appeal to the subjoined Table of Evidences, in the answers to the 5th question.

How exactly he agrees in opinion with Dr. Hillary, may be drawn by comparing his definition, which follows, with the above quotations. Mr. Rollo, page 90, defines this malady to be\* “ A fever accompanied  
 “ with a partial affection of the lymphatic  
 “ glands, and an inflammation and swelling  
 “ of the extremity, whose lymphatic vessels  
 “ lead to these affected glands appearing to-  
 “ wards the termination of fever.”

MR. ROLLO acknowledges however, at his 8th page, “ That his (Hillary’s) ideas  
 “ respecting its nature and proximate cause,  
 “ are deficient and objectionable.” Is it not true that the definition of a disease should

\* Systematic nosology has no place for such a malady. Does a disorder of this description exist in nature? the definition has more resemblance to the plague than to the Glandular Disease.



consist of such symptoms as arise immediately from the proximate cause? If so, the definition can hardly be proper, when the proximate cause is deficient and objectionable. Fever then, according to the above definition, must account for the local symptoms which are said to be produced by it. Does a general affection, such as fever, ever produce constantly and invariably a particular local affection? or, in other words, and to be more particular to this subject, does any kind of fever give rise to such a local affection as the Glandular Disease? This question cannot be answered but in the negative.

I HAVE endeavoured to ascertain that the proximate cause of the disorder is a morbid change in the lymphatic system. (*See answers to the 5th question, and page 53, Treatise on the Glandular Disease.*) “ 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 to the thoracic duct, it is evident that, if from any cause whatever these glands shall be so diseased as not to permit the absorbed fluids to pass through them, there must be an accumulation



“ accumulation of it between the lymphatic  
 “ gland and the part from which absorption  
 “ began; and when the absorbent vessels  
 “ are so much distended as to be incapable  
 “ of further absorption, the cells, or cavi-  
 “ ties, in consequence of the fluid secreted  
 “ into them by the exhalent arteries, must  
 “ become filled and very turgid. This in-  
 “ flammation in the gland, produced by some  
 “ particular irritation, together with the  
 “ distention and swelling of the part, are  
 “ sufficient causes, particularly so in consti-  
 “ tutions rendered irritable by a hot climate,  
 “ to give rise to the symptomatic fever.”

My definition is fairly drawn from the above,  
 which I shall presently compare with Mr.  
 Rollo's proximate cause, which he has  
 delivered in these words, page 106, “ 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 the disease.

“ By this affection fever is excited, which  
 “ communicates an effect to the extremity,  
 “ or part whose lymphatic vessels lead to



“ the affected glands ; and by this effect the  
 “ inflammation and swelling of the extremity  
 “ or part are produced.” If the supposed  
 general affection has any meaning, it must  
 be fever, which is rendered clear from  
 Mr. Rollo’s definition, and indeed all  
 his observations. We should then have it  
 thus, if Mr. Rollo were consistent with him-  
 self, “ Fever induces a local affection on  
 “ the glands, the local affection (or if Mr.  
 “ Rollo pleases, the fundamental part of the  
 “ proximate cause) excites fever, which fe-  
 “ ver produces a local affection on the ex-  
 “ tremity, or part whose lymphatic vessels  
 “ lead to the affected glands, and by this  
 “ effect, inflammation and swelling of the  
 “ part are produced.” The author might  
 have been satisfied with the mere in-  
 formation that he could not form a clear idea,  
 there was no necessity for demonstration.  
 “ It is a strange way of arguing, to oppose  
 “ a supposition, which no man can prove, to  
 “ a fact which proves itself,” says Junius.

THE supposition that any general affection  
 does exist as making the proximate cause  
 cannot possibly be admitted, because there is



no proof of it. Could Mr. Rollo imagine that a theory which has for its foundation a "suppose," would establish the proximate cause of this or any other disease? I will take the liberty to expunge the intrusive *suppose*, being supported in doing this by reason and truth. (*See Table of Evidences, answers to the 3d, 4th, and 5th questions.*) Mr. Rollo's proximate cause will be evidently reduced to this, an affection shewing itself on some lymphatic glands, constitutes the fundamental part of the proximate cause of this disease; by this affection fever is excited, &c. Now compare this with an abstract of my definition, which follows: "An affection seated in the lymphatic system, which is sometimes accompanied with a symptomatic fever." Mr. Rollo is detected in agreeing with me from the similarity of his proximate cause with my definition, and at the same time affects to agree in a direct opposite opinion with Dr. Hillary; for the Doctor's proximate cause, and Mr. Rollo's definition have been shewn to be not unlike. It becomes therefore pretty evident that Mr. Rollo does not know his own opinion, and  
on



on this account differs as much from himself as he does from either Dr. Hillary or myself; which sufficiently demonstrates his ignorance of the nature of the disorder, and the great confusion of his ideas concerning it.



## C H A P. IX.

AN EXAMINATION OF MR. ROLLO'S CAUSE  
OF THIS DISEASE.

ROLLO, page 121; “ Along the wind-  
 “ ward sea-coast of Barbadoes, from Oistin’s  
 “ to Bridge-Town, 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 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 cir-  
 “ culates with potent punch, until the sig-  
 “ nal 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



“ after which they retire to the tent until  
 “ another signal is made; and thus they  
 “ spend a whole day inebriated, or much  
 “ fatigued, and often wetted. They retire  
 “ in the evening to their respective homes,  
 “ and they return early next morning to the  
 “ sport.” Mr. Rollo has first judiciously  
 placed these marshes in a proper situation  
 (to windward); he has then found them very  
 convenient to his theory. (*See answers to  
 the 2d question in the Table of Evidences.*)

THE effluvium from the marsh affords a  
 remote cause. The effluvium, with the help  
 of a bowl of potent punch, becomes the pre-  
 disposing cause, and then again, the efflu-  
 vium becomes the occasional cause; but the  
 Remarker ought to have recollected, that  
 women and children have this disorder, who  
 do not frequent this marsh, or partake of  
 the pleasures of the sport, and the bottle. He  
 should have reflected also, that several ani-  
 mals, as horses, horned cattle, and dogs are  
 not exempt from the malady; these, in as  
 far as is yet known, have never been affected  
 by the effluvium of marshes, or potent punch.

THAT the Glandular Disease is found  
 about these marshes shall not be entirely de-  
 nied;



nied ; and that persons who dwell near the rivulet, in which the tide ebbs and flows, or (if Mr. Rollo pleases) the marshy grounds to windward of Bridge-Town, are likewise affected with this malady, shall also be granted ; but can Mr. Rollo point out any particular part of the island that is entirely exempt from it ? “ It is to be found in every  
 “ part of the country, nearly in proportion  
 “ to the respective number of inhabitants ;  
 “ but if there be any one part of the coun-  
 “ try more exempt from it than another,  
 “ the hills certainly enjoy this advantage  
 “ over the low lands.” (*See Treatise on the Glandular Disease, pages 36 and 37.*) And this probably depends on the higher situations being cooler than the lower lands. There is nothing so peculiar in the marsh as to excite this disorder. Indeed we have no diseases here that are immediately derived from marsh effluvium ; the marsh is so inconsiderable in its extent, and so situated, that it cannot be suspected by a person of the least discernment to give rise to a disease which is seen in all parts of the island. (*See Table of Evidences, answers to question the 2d.*) Indeed, if the Remarker had affirmed that our Glandular



dular Disease arose from the want of marshes, we should not much have disagreed in our opinions, for the air would be probably less dry if we had more marshes, and they would produce the usual marsh disorders. The marshes are doubtless coeval with the discovery of the island. The Glandular Disease is certainly not so; nay, it is even probable, that at an early period the marshy ground about Bridge-Town was much more extensive than it is at present, for much of the ground, on which our town stands, is made land. It is found that the disease makes its appearance, and generally prevails where these marshes can have no influence, and where there are no kind of marshes.

If that be the case, Mr. Rollo says, “ I acknowledge my conjecture falls to the ground;” and that his opinion is not founded on fact, the answers to the 2d question already referred to will shew. It is remarkable that in those situations, where intermittents prevail, the Glandular Disease has not been seen, in as far as I know.

As Mr. Rollo was on the footing of an intimate acquaintance, he ever found me ready to give him every information in my power.



power. He sent me many questions, and the ready answers which I cheerfully returned, should have caused a different mode of behaviour in the Remarker. No one can possibly justify his conduct towards me; indeed I took much trouble to acquaint this gentleman of the real appearance of the Glandular Disease; but he ever was too tenacious of his own opinion to receive information. Amongst other questions he asked me was the one (which he alludes to in his Remarks) which is included in my answer. “ It is unquestionably a matter  
 “ highly worthy of speculation, and I sin-  
 “ cerely wish it could be ascertained by rea-  
 “ soning in the closet,—Whether those  
 “ marshes situated near the sea, and are oc-  
 “ casionally overflowed by it, produce the  
 “ same disease, or in the same degree, as  
 “ those marshes which are in the inland  
 “ parts of the country? This matter, how-  
 “ ever, does not admit of determination by  
 “ any other means than experience of the  
 “ diseases in the several situations. Indeed  
 “ the attempt to reason on this subject would  
 “ require that several peculiarities of each  
 “ situation should be ascertained; viz. whe-  
 “ ther



“ ther the marshy sea-coast was more or less  
 “ woody ; whether the wind blew from the  
 “ land or ocean, &c. It is perhaps pro-  
 “ bable, if all circumstances were the same,  
 “ except merely that there was an inlet of  
 “ sea-water mixed with the water of the  
 “ marsh, that such a situation would have a  
 “ tendency to increase the violence of dis-  
 “ eases ; for no doubt the judicious expe-  
 “ riment of Sir John Pringle may be ap-  
 “ plied in this case, and if I do not mistake\*,  
 “ he does in some part of his most useful  
 “ work apply a circumstance of this sort  
 “ which did happen at Leyden, to account  
 “ for an epidemic fever raging with great  
 “ fatality.” (*See Sir John Pringle’s Works.*)

We are to observe, that it was an epidemic  
 fever that raged with great violence, and not  
 the Glandular Disease ; so that it seemed un-  
 necessary to mention this question, or to al-  
 lude to my answer. It may be seen that I  
 conceived that the diseases, which common-  
 ly arise from marsh effluvia, might become  
 more violent by the admixture of salt with  
 fresh water ; I had not a suspicion that it

\* This answer was given after the hurricane, by which I had  
 lost many of my books.



could be viewed as occasioning the Glandular Disease. If Mr. Rollo will take the trouble to inquire, he will find that marshes of the same description are not unfrequent in many parts of the world ; he will even learn that there are such among the Caribbee Isles, where the Glandular Disease has not yet been seen.



## C H A P. X.

CONCERNING THE REMOTE, PREDIS-  
POSING AND OCCASIONAL CAUSES.

**A**LTHOUGH Mr. Rollo cannot form a clear idea of the causes of the disorder, I conceive that my meaning is nevertheless very evident to those who are capable of forming clear ideas, and to those who do not want capacity.

AT the conclusion of some long quotations from my Treatise, wherein I mentioned the occasional causes, &c. the Remarker adds, at page 19, “ If these causes are admitted as  
“ sufficient to account for the appearance of  
“ this disease, we should find it in every  
“ country within the torrid zone.”

IT is evident, the reason that this malady is not found in all the islands situated in the torrid zone must be, because there are some circumstances peculiar to Barbadoes, which render it different from all the other islands.  
“ Indeed (continues Mr. Rollo), this disease  
“ may appear in any country where relaxa-  
“ tion



“ tion and irritability are produced.” My words are these, “ A general relaxation of  
 “ habit, and a peculiar degree of irritability  
 “ of the lymphatic system, produced by our  
 “ hot climate, and other local circumstances,  
 “ are the predisponent causes of the Gland-  
 “ dular Disease.”

IT may probably happen, that the same predisponent causes are produced in other countries; for I cannot affirm that there is no other remote cause, which will induce such a change on the body, than that to which I have attributed the origin of the Glandular Disease at Barbadoes; on the contrary, I conceive that the same alterations may take place in the human constitution by causes which are more violent, though less constant, than those effects which are produced by living in a hot and dry climate; it may readily be admitted, that where the predisposition exists, many of the occasional causes will be commonly met with.

DR. HILLARY had informed us, that  
 “ the elephantiasis is a disease which is ei-  
 “ ther indigenous or endemical to such coun-  
 “ tries as are within the torrid zone.” After a very minute inquiry, I am convinced that



this assertion is too general; it is not improbable, that Dr. Hillary, as well as Dr. Town, sometimes confounds this malady with the lepra.

THE Remarker, who always takes particular pains to leave a doubtful matter with more, or at least the same uncertainty he found it, says, “ As it seems at present to be  
 “ a disease (the Glandular Disorder) *peculiar*  
 “ to Barbadoes, it may be called the Barba-  
 “ does Disease.” My very ingenious and much esteemed friend, Dr. Blane, in his Observations on the Diseases incident to Seamen, by the following paragraph, which I extract from his useful and valuable publication, advances, that this disorder is peculiar to this island. His situation and abilities were highly favourable for determining this question. Pages 227 and 228. “ But besides  
 “ the obvious and sensible qualities of the  
 “ air above mentioned, there are certain  
 “ obscure properties which we do not un-  
 “ derstand, and which we find difficult to  
 “ investigate; for there are diseases prevail-  
 “ ing in certain places, which seem to de-  
 “ pend on some latent state of the air. Of  
 “ this kind is the complaint of the liver, so  
 “ common



“ common in the East Indies, yet almost  
 “ entirely unknown in the West Indies.  
 “ And in the West Indies there are certain  
 “ diseases which prevail in one island, and  
 “ not in another; such as the elephantiasis  
 “ of Barbadoes, which is an affection of the  
 “ lymphatics peculiar to that island.” I  
 have however been credibly informed lately,  
 that ten or twelve instances of the Glandular  
 Disease have occurred amongst the white in-  
 habitants, and that the disorder is spreading  
 amongst the negroes, at Antigua. I have not  
 been able to discover with certainty, that it  
 has appeared in the other islands. I had ob-  
 served at page 50 of my Treatise, “ If the  
 “ opinion I have advanced be admitted (that  
 “ the Glandular Disease derived its origin at  
 “ Barbadoes from certain causes which have  
 “ rendered the island drier and hotter now  
 “ than it formerly was), it will perhaps fur-  
 “ nish the reason why this complaint is not  
 “ common in the other islands, for they are  
 “ not yet cleared of woods; besides that,  
 “ they are mountainous when compared to  
 “ Barbadoes. All the Caribbee islands being  
 “ contiguous, it is probable that in process  
 “ of time, if the same circumstances take



“ place in the rest, so as to produce an al-  
 “ teration in the atmosphere similar to that  
 “ which has already happened in this, they  
 “ will not then be totally exempt from the  
 “ disorder. Antigua, which I apprehend to  
 “ be more cleared of wood than any other  
 “ island except Barbadoes, though a more  
 “ mountainous country, has afforded me one  
 “ instance of the disease.”

I HAD presumed to observe also, that pre-  
 vious to my publication on the nature of this  
 malady, there had not been so satisfactory an  
 account of it, as to enable inquirers to deter-  
 mine by comparison on the similitude of  
 those disorders which produce topical swell-  
 ings in other parts of the globe, with the  
 Glandular Disease of Barbadoes.

THE information we have acquired of the  
 anatomy and physiology of the absorbent  
 system is recent ; our accurate knowledge of  
 the pathology must of course be subsequent  
 thereto. At page 65 I have said, “ Perhaps  
 “ the rupture of the lymphatic vessels in  
 “ healthy persons, which is said to be a  
 “ cause of dropfy, more commonly lays the  
 “ foundation, or gives rise to some species of  
 “ steatomatous tumours.” I am more con-  
 firmed



firmed by attending to this subject, that several species of wens arise from a rupture, or distension of a lymphatic, and that the consistence of those tumours, and also the particular appearance of them, from which they derive the several denominations of meliceris, atheroma, or steatoma, depend on the different degrees of firmness to which the lymph is coagulated.

THE core (as it is called) in phlegmons, appears to be the coagulable lymph, the coagulability of which is so increased by the action of inflamed vessels, as to cause it to be coagulated soon after its effusion.



## C H A P. XI.

THE DISEASE OCCASIONED BY  
ABSORPTION.

AT the 20th page of my Treatise I have thus expressed myself: “ The Glandular  
 “ Disease has been excited sometimes with,  
 “ at other times without, this symptomatic  
 “ fever, by means of a topical irritating  
 “ cause applied to the lymphatic glands.  
 “ In such cases, it has frequently arisen from  
 “ ulcers produced by the insects called chie-  
 “ goes, or by other causes, as also after  
 “ wounds or inflammations.

“ In other cases the complaint has been  
 “ produced from the absorption of some sti-  
 “ mulating matter; for the matter being  
 “ thus absorbed by the lymphatics, and con-  
 “ ducted to the lymphatic glands, the in-  
 “ flammation has been raised in them, with  
 “ every other symptom distinguishing the  
 “ complaint.”——“ *But that they have pro-*  
 “ *duced, or can originally produce, this*  
 “ *disease, is erroneous,”* says the positive  
 Remarker. See the cases No. 4 and 5,  
 which



which I have now added, and the Table of Evidences, answers to the 6th question.

IN my 11th case, which was given me by an accurate observer, it is noticed, that the patient found “ any small *ulcer* or *irritation* “ about the toes of the foot affected would “ certainly bring on a fresh attack.” Mr. Rollo, with that species of liberality which is the certain mark of his very polite education, adds, “ This is inadmissible as a fact.” Remarks, page 72. But the answers to the questions in my Table of Evidences (6th question) will prove the credibility of this gentleman-like writer.

THE appearance of the Glandular Disease on dissection proves, that the disorder is seated in the absorbent system (answers to the 3d question). Should the Remarker wish these morbid appearances to be exactly to his own mind, he will doubtless find his receipt for case-making equally applicable for composing a dissection.

DISSECTIONS shew that the Glandular Disorder has no affinity to leprosy: this circumstance must give the greatest comfort to those persons who are afflicted with the former malady; for however bad that distemper is,



is, the leprosy is so infinitely worse as not to be put in comparison.

To satisfy myself and the public that the Glandular Disease is not infectious, I have twice been inoculated by an experienced operator, without that malady being excited. It is very certain that the leprosy has too frequently been produced by inoculation. These facts seem to point out, that in the Glandular Disease the lymph is not contaminated, or materially changed in its properties; whereas in the leprosy the fluids are so specifically diseased, as to communicate that distemper when introduced into a sound constitution; hence a material distinction in the nature of these maladies is very obvious: but I submit this opinion to the attention of my readers with unaffected diffidence.



## C H A P. XII.

ON THE PERMANENT NATURE OF THE SWELLINGS CAUSED BY THIS DISORDER, WITH SOME HINTS RESPECTING THE PREVENTION OF THEM.

I AM inclined to advance that the permanency of the swelling in some instances of the Glandular Disease, and its disappearance in others, may be explained by attending to the variable anatomical construction of the absorbent system; and to the constant symptoms which attend during the progress of the disorder. It is plain that the swelling cannot be violent, extensive, or of long continuance, if the affected lymphatic gland be small, and the absorbents few which enter it; or if the lymphatics, in their way to the diseased conglobate gland, send off many branches which anastomose with the absorbents that pass through other lymphatic glands in a healthy state; or, if it be allowed (which is not improbable), that absorbing vessels, arising from the same surface or cavity, pass on



on to form different glands, the magnitude of each being in proportion to the number of vessels which compose it.

THE permanency of the disorder will also depend very much on the youth or age of the patient invaded with it, and on the vigour or debility of his constitution; for we know that the coagulability of the lymph is greatly influenced thereby. Daniel Messiah, 57 years old, has had very frequent returns of the Glandular Disease in both legs since my last publication; his right leg is not in the least increased, and his left leg is even smaller than it was.

THE gentleman, now 54 years old, who has been subject to this disorder from the 12th year of his age, concerning whom I have said, at page 84 of my Treatise, “ The  
 “ blood was received in tea-cups, and flowed  
 “ from a large orifice in a stream: there was  
 “ not, however, the least appearance of size  
 “ upon it; on the contrary, the crassamen-  
 “ tum contained *very little coagulable lymph*;  
 “ it was exceedingly tender, and coagulated  
 “ with so little *firmness*, that a slight agita-  
 “ tion made it appear *fluid*,” has lately had violent and frequent attacks of the disorder;  
 but



but the fixed enlargements have not been produced.

PERMANENT swelling can hardly fail to be the consequence of the disease, if the construction of the absorbent system be similar to that which is delineated in the left thigh of that most beautiful figure, which makes the first plate in Mr. Cruikshank's elegant work on the Anatomy of the Absorbing Vessels.

LET me be permitted to trace the morbid changes which tend to give duration to the swelling, as they would arise in a subject of such conformation. There are three lymphatic glands seen in the left thigh, which exhibits the superficial lymphatic vessels unconfused with the deep-seated. One of these glands is remarkably large, and its *vasa inferentia* are very numerous; the other two glands are small, and not many absorbents enter them:—The anastomosing branches also, that are injected in this preparation, are very few.

LET it be admitted that the largest gland is so affected by some irritation communicated along the lymphatics, or by the absorption of irritating matter carried to the gland, or by the action of other causes unknown,



known, so that the gland becomes painful, swells, inflames, does not admit of the lymphatic fluid to pass through it, and that this morbid affection is of some continuance;—for in this manner the disorder commences.

THE *vasa inferentia* of the gland being very soon distended by the retained lymph, are painful, and the whole plexus of vessels leading to the gland, now shews marks of inflammation: this inflammation, which at first is confined to the situation of the larger absorbents, quickly spreads itself more generally. The function of the absorbents appears to be suspended. The fluid therefore which these vessels should take up, and convey to the thoracic duct, accumulates in the cellular membrane; in consequence of which the whole extremity is greatly swollen, gives great pain, and extensive inflammation is excited.

The fluid thus evacuated is certainly of a coagulable nature; the coagulability (and I believe the quantity of coagulable matter) is increased by the action of the inflamed exhalents, which secrete the lymph into the cellular membrane:—for the swellings produced



duced by the great and sudden extravasation of lymph sometimes distend the skin so much that it cracks; at other times vesications are formed: both these effects afford opportunities of examining this fluid, which is commonly found to jelly in a few minutes after it has been exposed to the atmosphere; and that the lymph, when effused by this malady in the cellular texture, although it be not exposed to the air, becomes solid, and even gristly, is a point absolutely demonstrated by dissections. Now, notwithstanding some absorbents may arise from the cells of the cellular membrane, and enter the smaller glands that remain not impervious to the passage of the absorbed lymph; and although the *vasa inferentia* of the diseased gland do anastomose with similar vessels of the other glands, yet there must be, and in reality there is, a *remora* of a considerable portion of lymph, which, if absorption had not been impeded, would have passed on to the *ductus thoracicus*. To assert the contrary, would be advancing that those lymphatics which are in a state of inaction were superfluous in an healthy state; an idea so contrary to fact, as well as reason, cannot even



even be supposed. Some considerable time must be required, at all events, for the absorption of this extravasated lymph; but before this can possibly be accomplished, we do actually find that part of it jellies in the cellular membrane; and reiterated attacks of the disorder at length produce the unsightly and too permanent swellings, which are the consequence of this disease of the lymphatic system.

WERE it not that the absorbents are constructed as I have just related, the *whole* of the lymph would remain in the cellular texture, and from its coagulable property would there harden, or the part would burst; and the same, or even worse consequences, might accrue from a single invasion of the complaint, which are produced by the frequent recurrence of the disorder. In the case of T. C. (Theophilus Cramer) [See Treatise on the Glandular Disease, case vi. page 99] all the conglobate glands of the right extremity seemed in a manner impervious to the return of the lymph, in consequence of which the first attack was fatal to that gentleman.



I MUST here also remark, that the swelling could not be permanent if the effused lymph did retain its fluidity; for then not only the anastomosing branches, &c. but even the affected absorbents themselves, when they recovered their natural function, would in time reconvey the fluid in the course of the circulation: but as the contrary to this is the truth, the formidable and durable nature of the swelling depends very obviously on the hardening quality of the coagulated lymph.

SHALL I flatter myself that this pathological investigation, founded on the anatomical structure of the diseased parts, and on the evident phænomena of the disorder, accounts explicitly why these swellings, when entirely neglected, attain to that deformity and magnitude which has been described? And shall I here presume, prompted thereto by the best motives, to give a sketch of the mode of treatment which I can recommend, both from reason and experience, as most successful in preventing the monstrous swellings? It must be understood, that my present intention is confined to offer briefly such a plan as will not be found entirely fruitless,



if it be strictly attended to, for preventing the unfightly fixed swellings which are the too common consequences of this malady.

1st. As soon as the disorder appears, it is necessary to abate the glandular irritation, and prevent, as much as possible, the inflammation which commences in the lymphatic gland and vessels, and spreads to the neighbouring parts. If our endeavours in answering this indication are successful, we shall moderate the violence of all the subsequent symptoms.

APPLICATIONS of a sedative nature, joined with opium, are required in this stage of the disease, and if timely employed, will seldom disappoint our expectations.

2dly. THE next indication is to prevent or diminish the effusion of coagulable lymph: for this purpose it will be chiefly useful, that inflammation be lessened by the application of sedatives. Rest also, and an horizontal posture, are to be insisted on; and if the swelling is tense and great, small punctures are advisable.

3dly. THE inflammation and swelling being abated, such remedies are then required as will retain the coagulable lymph in  
the



the state of fluidity. To answer this important design, we can recommend powerful agents.

APPLY to the affected part constantly, and, if convenient, immerse it frequently in tepid sea-water, spirit of mindererus, or in a solution of the crude sal ammoniac; which last I have experienced to be the most effectual.

4thly. IF we have been fortunate in preventing as much as possible the lymph from jellying, we should lastly employ means to promote the absorption of the evacuated lymphatic fluid; and for this purpose we may expect advantage from occasional frictions with a mild volatile liniment; tight bandages, kept wet with the solution of crude sal ammoniac, and electricity, are serviceable; but principally the cautious exhibition of the *digitalis purpurea* is to be recommended.

I SHALL shortly enlarge on the method of treatment; in the mean time these hints may serve to show on what foundation I have built my expectations of preventing the effects of this curious and formidable malady; and whether it is not reasonable to hope for success in proportion as the plan is ge-



nerally adopted. It is necessary to observe, that a total neglect, or an untimely application of any preceding direction, will greatly diminish, if not entirely prevent, the benefit that would otherwise result from subsequent remedies.



## C H A P. XIII.

## TREATMENT.

**M**R. ROLLO “cannot, from experience, “recommend any plan of cure,” page 129. He of course cannot be justified in presuming to determine respecting the practice of others. He observes, that I treat of the topical complaints, and then of the symptomatic fever, and of each separately. I certainly have done so, and shall continue that plan, because it is authorized by the history of the disease.

THE Critical Reviewers, in their Review June 1784, in the first part of their criticism on my publication, say, “We are inclined to “*suspect* that Dr. Hillary’s method of cure “is still likely to be successful.” Before the end of the page, after having given a curious opinion of their own, which they say “explains the difference between our author “(Hendy) and Dr. Hillary,” they add, “It will support the method of cure recom- “mended by the latter, which we *know* to



“ have been successful.” Is it not very surprising, that what they had just before been only “ inclined to suspect,” should so very suddenly become certainty?

I COULD wish to parallel my practical observations with those of Dr. Hillary, which will evidently display the candour and judgment of the Reviewers and the Remarker.

MY readers are requested to place these as they arise in Dr. Hillary’s chapter on elephantiasis, and then to consider my sentiments on each practical subject.

For instance,

Place the practical observations in Hillary according as they arise in this column.

Oppose in this column the practical observations in the Treatise on the Glandular Disease, according as they correspond with Dr. Hillary’s chapter on elephantiasis; and afterwards subjoin many additional remarks.



A TRANSCRIPT of the treatment taken from Dr. Hillary's book, and my Treatise on the Glandular Disease in the above form, might assist such critics as the Remarker; but as he has proved himself to be passionately fond of transcribing, I recommend that very pleasurable employment to him.

I HOPE it will appear, after an attentive comparison, that the Critical Reviewers and the Remarker are not justifiable in their strictures concerning my mode of treatment.

THE Remarker affirms confidently, at page 131, that "a stranger will find them (practical observations) more satisfactorily described by Dr. Hillary, and he will more easily understand him." All that I hope for is, that the stranger who is to determine this point, may possess more candour, and a better judgment than Mr. Rollo. He advances, "that although his idea (Hillary's) of the proximate cause is objectionable, his plan of treatment, with some alteration, will give one that may probably prove successful."

IF any publication which came from the Remarker had ever been esteemed as new, ingenious, or in the smallest degree valuable,



then it might be seriously lamented that he had not been so benevolent as to suggest the alteration, which is necessary to render Dr. Hillary's practice successful. I hope in God my plan of treatment may be considered by some humane person as worthy of alteration for that desirable purpose. I will not oppose, or impede the laudable pursuits of such an inquirer, but will walk hand in hand with him in the same path.

BUT how very inconsistent is Mr. Rollo's assertion, that " Dr. Hillary's plan of treatment, with some alteration, will give one " that may probably prove successful;" when it comes to be compared with this confession, page 129, " With respect to the treatment of " the disease, I cannot from experience re- " commend any plan which has proved suc- " cessful?" This writer's Remarks seem to me to have been published to prove his ignorance of his profession in general, and more particularly of the Glandular Disorder; for the extent of his rational faculties are " sufficiently exposed" by his learned and judicious criticisms! and he is so candid (merely from the certainty of detection) as  
to



to confess his want of experience concerning the treatment of the disorder.

*“ Medicinæ faciendæ plane necessaria sunt  
“ hæc duo lumina, Ratio atque Experientia,  
“ utrumque per se indigens, alterum alterius  
“ auxilium postulat.”* SIBBALD.

My readers will determine in what degree the Remarker possesses those necessary qualifications.



## C H A P. XIV.

## NOSOLOGICAL ARRANGEMENTS \*.

THE uncertainty of the Remarker concerning the place of the Glandular Disease in systematic nosology cannot but be expected, when his entire want of knowledge of the disorder is exposed. To exhibit his ignorance of nosological arrangement, he even goes farther out of the road than he need have gone. The Yaws he considers as the Lepra of the nosologists ; whereas it is evidently their Frambæsia. See *Sauvage's two species, Frambæsia Guiniensis & Frambæsia Americana.*

\* See Page 26, Treatise on the Glandular Disease.



## CHAP. XV.

CONCERNING THE NAME OF THE  
DISTEMPER.

I HAVE no better reasons for calling the disorder “ the \* Glandular Disease of Barbadoes,” than those given in my Treatise.

MR. ROLLO rejects my appellation; because, says he, “ It is deficient in conveying  
“ an idea of the disease. The fever, in-  
“ flammation, and swelling of the extremity,  
“ though material parts of the disease, are  
“ not in the least comprehended under this  
“ appellation.” ALL these IDEAS are conveyed to Mr. Rollo’s intellects, by the very comprehensive and harmonious sound of  
MORBUS BARBADONENSIS.

\* I preferred this name to several others; but it is not a new appellation given to the disease by me.



## CHAP. XVI.

ADDITIONAL CASES OF THE GLANDULAR  
DISEASE.

I HAVE selected the following cases from a very great number. A gentleman will not doubt their authenticity; incapable himself of imposition, he will not even be suspicious of such infamous conduct, unless he is driven to it by the strongest testimony.

AN attentive observer will find in this unfortunate country too many similar instances. The only case which continues to be unique is No. xxv. Treatise on the Glandular Disease, viz. instead of "a scarlet or crimson stripe leading from the groin to the ankle, there was a white streak, much whiter than the skin, and resembled a piece of tape fixed to the part." See that case, and also Section viii. Treatise on the Glandular Disease.

## CASE I.

MISS R. H. about ten months past, was first seized with the Glandular Disease, without any febrile



febrile symptoms. She has lately had another attack of the disorder in like manner, unaccompanied by symptomatic fever. The ankle of the affected leg is considerably augmented in size.

CASE II.

Mr. P. N. ætat. 20, has for upwards of seven years past been sometimes affected with the Glandular Disease; that is, he has had a kernel in the left groin enlarged, with the red line on the inside of the thigh, &c. which generally disappeared.

ON the exposure to cold, the day after the late storm (Sept. 2, 1786), he was again attacked with the disorder, with increased violence, attended with considerable swelling, pain, and inflammation.

IT was not until between from three to five hours after the kernel was perceived, that he felt a shivering, which was succeeded by fever.

IN this last attack, two very superficial lymphatic vessels, so turgid with lymph that the valves could be discerned, were seen running from the ankle, on the inside of the calf



calf of the affected leg, and uniting into one vessel a little below the knee, at which part it disappeared.

## CASE III.

THOMAS TWENTYMEN, ætat. 14, an apprentice to an ironmonger, has both his legs very considerably enlarged, in consequence of frequent attacks of the Glandular Disease: the left leg is considerably bigger than the right. The first attack of the disorder was at so early a period that he cannot recollect it. He very well remembers being attacked when he was about eight years of age: at that time he exposed himself on a rainy day, being without shoes or stockings, to the weather: in the night of that day, he was seized in the following manner:—he felt a large kernel in his right groin, which was painful, and a line of inflammation as broad as three fingers extended from the kernel on the inside of that thigh to the knee. The thigh was swelled and inflamed; the swelling gradually descended into the leg, where it remained. It was not until three days after this, that he felt the least anguish; he



he was then seized with great coldness and shaking, which continued on him about an hour, and was then followed by a very hot fever; it continued two days with very violent head-ach; he was left very weak, and without appetite: the kernel lessened gradually, so that in four or five days it was left but little larger than natural, and the inflammation subsided. In this manner he was frequently attacked, so as to produce the big leg. The last time he had the complaint in that leg was previous to the hurricane of 1780, just before which he was invaded by the disorder in the left leg. In the same way which he was accustomed to have the complaint in the other leg, he now had it in this; it is not above a week since he had the disorder. For several years he has perceived a small protuberance upon the inner ankle of this leg, about as big as a pea, from the top of which there oozes out a fluid, which, in about five or six minutes becomes a thick white jelly. In one attack he had a blister applied, which was twice repeated; it discharged so much that it weakened him considerably, for it was a fortnight before it began to moderate. An issue was then cut  
below



below the knee; it discharged matter mixed with the same fluid as that which came from the blistered part; it became a large ulcer, and it was necessary to heal it. If he gets wet in the feet, it is certain to bring on an attack.

CASE IV.

Mrs. P. a few days after the extraction of a chiegoe, felt a severe pain running up the leg, and extending to the inguinal gland, which was soon succeeded by a small ague and fever. Upon examination there appeared every characteristic of the Glandular Disease, although she never before had the least symptom of the complaint. Since this case, another has occurred in my practice, similar as to the cause, in a lady who was not subject to the disease. She had another attack in four or five weeks after the first, which was not produced by any apparent topical cause.

Signed R. W.



## CASE V.

MR. I. T. a native of Europe. About four years ago, being then in a very bad state of health, from an habitual diarrhœa, had an attack, for the first time, of the Glandular Disease, the particular circumstances of which he does not at present recollect.— Soon after he went to England, where he stayed nearly twelve months, and returned to Barbadoes perfectly free from all his former complaints. Since his return, he has been twice attacked with the Glandular Disease, in the following manner :—some days before the first attack he had a chiegoe taken out of one of the toes of his right foot ; the place festered, and gave him considerable pain. The next day he was sensible of an uneasiness in his groin, where, upon examination, he found the glands enlarged ; he also felt a foreness all along the inside of the thigh and down the leg.

ABOUT six hours from the time he first discovered the enlargement of the inguinal glands and the foreness in the leg, he was seized with the symptoms of fever ; these, as usual, began



with a coldness, languor, head-ach, &c. and were soon succeeded by a very hot skin, and quick pulse:—this fever continued for two days, and went off by degrees, without any sweating or other remarkable crisis. During the fever, the pain and uneasiness in his groin, thigh, and leg increased, and there was a little enlargement above the inner ankle; but these also disappeared in two days after the fever had left him.

IN the course of a few weeks he had another chiegoe taken out of the bottom of the left foot, and the place likewise festered. The day following he perceived a pain in his left thigh and groin, which gradually increased for about eight hours, when he was again attacked with the fever in the same manner as before: this fever continued also about two days, and went off by degrees, like the former; but the inflammation in his leg, from this attack, was much more considerable. It first made its appearance during the fever, extending like a red line from the inner ankle towards the knee, and was so exquisitely painful that he could not bear to have it touched.

THE inflammation afterwards continued to spread upon the skin like an erysipelas, till it  
reached



reached almost round the ankle. The swelling was not very considerable, but the pain exquisite.

THE red line could be traced all the way from the inner ankle to the glands at the upper part of the thigh; but the erysipelatous appearance was confined to the parts about the ankle. These, after continuing about four days, gradually went off, leaving only a little enlargement above the ankle, of an œdematous appearance; but this, by the application of a bandage, was also soon removed.

IT is to be observed that this gentleman, previous to these attacks, was in perfect health, and could assign no other cause for them but the small ulcers produced by the chiegos. He also thinks that the first attack was produced by a fore of a similar nature.

#### CASE VI.

A GENTLEMAN, who has been afflicted with the Glandular Disease for upwards of *sixteen years*, is now generally invaded with the disorder in the following manner: he is



seized with coldness and shivering, which commonly lasts about half an hour; before the ague goes off he feels a pain, and a kernel in the right or left groin (for he has the complaint occasionally in both extremities); and he perceives a red streak, which is painful, extending on the inside of the affected thigh from the groin to the ankle. The pain is excruciating, the swelling great, and the inflammation very high for three or four days, after which time they gradually abate. The swelling that has remained after each attack has caused both legs to be much enlarged. He has had the disorder but twice for these two years; in the former of which the topical appearances were slight, and it was attended with fever; in the last attack, although the topical affection was more violent, and left a considerable augmentation of the leg, it was unaccompanied with either ague or fever.

*The disease sometimes affects both testicles and Scrotum; these parts are also separately invaded by the disorder; when this happens, the appearances are somewhat different, as may be observed in the following cases, No. 7 and 8.*



## CASE VII.

MR. \*\*\*\*\* had the disorder in the right testicle. He was seized with violent pain in the back and thighs, great nausea and puking; his pulse was quick and small, his face was pale, and his countenance much changed. In about an hour from the first attack the testicle began to swell, and became excruciatingly painful. In this case there was no ague, but I have seen others where it was attendant. The patient was relieved by the applications and remedies mentioned in case x, Treatise on the Glandular Disease.

## CASE VIII.

N——, a black man, ætat. 50, formerly healthy, about four years ago was first seized with the Glandular Disease, attended with a very considerable inflammation and enlargement of the scrotum\*. From his own account, as well as from the symptoms, the local affection seems to have been entirely confined to the scrotum and cellular sub-

\* See Fig. 1.



stance, for he never had any symptoms nor appearances that argued a diseased state of the testicles. On each attack, the lymphatic glands, both in the thigh and groin, are enlarged and painful for several hours before the commencement of fever. This is ushered in with the usual symptoms of coldness, shivering, &c. which are soon followed by a hot fever and profuse sweating. In about thirty hours the fever goes off, but the inflammation of the scrotum, which comes on with the hot fit, continues for several days, and always leaves behind it a proportional enlargement. For the first two years the attacks were frequent, and the increase of the scrotum consequently was very rapid. Lately they have been less frequent; but the enlargement from each has been more considerable; and from its enormous weight, he is now sensible of a gradual increase even during the intervals.

THE surface of this immense mass is very rough and uneven, and feels to the touch as if it contained a half-coagulated fluid. Its shape, which is very irregular, may be seen from the figure.—No part of the penis can be discovered, and the urine is voided at an opening



opening in the skin, marked A, towards the inferior and anterior part of the tumour. From an accurate measurement its present dimensions are found to be,

From the pubis to the opening A,	20 inches.
Its whole length,	- 24 inches.
And its circumference,	- 6 feet.

His left leg was also enlarged by the disease, but in no uncommon degree.

I AM obliged to my ingenious friend Mr. Cruikshank for the pains he took to obtain this case, and for his accuracy in the admeasurement of the diseased part. See Fig. 1. A mortification on the part terminated the miserable existence of this poor creature. Five other cases have come within my knowledge, where the scrotum being much enlarged by this disorder, it has sloughed off, and left the testes entirely denuded.

MAY not the sarcocele, mentioned in the Philosophical Transactions, Part I. 1783, described by J. P. Schoote, M. D. communicated by Sir Joseph Banks, Bart. F. R. S. have arisen from a disorder of a similar nature to the Glandular Disease. See also Orchiecele Malabarica, Sauv. 169, and the



“ two first cases” in Mr. Dale Ingram’s  
Practical Cases and Observations in Surgery.

CASE IX. AND DISSECTION.

A SERVANT of a gentleman was attacked with the Glandular Disease at fourteen years of age ; the first of his complaints were rigor and inflammation in the lymphatic course of the right lower extremity, so as to produce much contraction in the muscles ; medicines were exhibited for his relief, but the pain and contraction did not abate for some days. Four or five weeks after, the complaint came on again, produced much inflammation and enlargement on the top of the foot: returns of the disorder continued at intervals during three years, and the extremity gradually increased, till it became so enormous and burthenfome as to make the amputation necessary, which was performed, above the knee, August 20, 1785. After a preparation to make the attempt as successful as possible, a vast quantity of lymph oozed from the incision, and after it was cold, jellied on the floor. Five indurated pieces of gland were found among the muscles of the  
thigh



thigh and face of the incision, which were all carefully taken out. Two of the pieces were as large as an almond-shell. In eight weeks the patient got well, and continues free from the disease, and has become very serviceable.

*29th of October, 1786.*

THE above case was kindly sent me by Mr. Wharton, the surgeon who operated: the dissection was performed by Mr. Cruikshank.

THE left leg of the negro boy, ætat. 14, being amputated, the dimensions were a little above 25 inches over the calf, and the foot measured near 18 inches: the disease was found to consist entirely of evacuated coagulable lymph. In the cellular membrane, immediately under the skin, it was so hard as to have the appearance of gristle, but it was softer as the incision was made deeper, and it came at last to have very little firmness. In the cellular membrane near the muscles the lymph was fluid, and perfectly transparent, the quantity of which was considerable, and amounted to several pints. After this fluid was exposed to the air some minutes, it jellied.

THE



THE lymphatic glands in the ham were five in number : they were a little hard, and the two largest were as big as the seeds of olives. Two were rather of a smaller size, and one was not more than half that size. Some lymphatic vessels were discovered on the surface of these glands much larger than usual. Two pretty large lymphatic trunks were seen crossing the tibia, but they could not be traced far, either upwards or downwards, as they were lost in a mass of coagulated lymph.

IT was the opinion of the gentlemen present that the lymphatics had burst, and it is not improbable that this should happen. Observe the case xxiv. Treatise on the Glandular Disease. “ The lymphatics were found “ surprisingly distended, and they burst on “ being injected with quicksilver, &c.” There was no remarkable enlargement of the arteries and veins in this case, perhaps owing to the short period the disease had existed, which did not exceed three years. See Fig. 2. He continues well, although he was threatened with a return of swelling in the other leg, but it was removed by the practice of  
immersing



immersing the extremity in cold water. It is worthy of notice, that fishermen, who are habituated to be almost constantly in the sea, are very little liable to the disorder.

THE above cases exhibit the strongest proofs that the disease is seated in the absorbent system, and are descriptive of the disorder, as it often occurs during the whole progress, from the first attack to the most advanced period.

AT page 23 and 24 of my Treatise, I have endeavoured to ascertain the cause why the febrile symptoms in cases of very long continuance (as in case vi.) are not constantly perceived previous to the local affections; and I have also, in the comment on my 11th case, enlarged on that subject, I hope to the satisfaction of impartial and judicious readers.

I HAVE seen the disease curiously complicated with gout, leprosy, nervous disorders, &c. but I avoid for the present giving those cases, as I wish the nature of the malady to be previously well understood.



I CAN scarcely be positive that I have seen the brain idiopathically affected; and we are much in the dark respecting this malady when seated in the *viscera*. I believe colic and enteritis are sometimes mistaken for it.



CHAP. XVII.

TABLE OF EVIDENCES.

*The truth appears so naked on my side,  
That any purblind eye may find it out.*

SHAKESPEARE.

IN order to learn the sentiments of the medical gentlemen of this island, to whom Mr. Rollo had made his appeal, I addressed every physician and surgeon in the island, and every apothecary residing in the metropolis, with a printed copy of the following letter and questions :

“ SIR,

“ You will greatly oblige me by answering the following questions, as soon as  
“ may be convenient to you.

“ I am, your respectful humble servant,

“ JAMES HENDY.”

June 20th, 1786.

*Question.*



*Question 1.* Although the island of Barbadoes is small, and therefore can in no part of it be at any great distance from the sea, may it not with truth be said to be hot and very dry?

*Question 2.* Is not the Glandular Disease of too general occurrence to be occasioned by the marsh situated between Oistin's and Bridge-Town (*i. e.* the south-west part of the island)? Can the marsh be considered as being to windward of the town, as the trade-wind blows from the north-east? See the map of Barbadoes.

*Question 3.* Does not the disease which Dr. Hillary calls Elephantiasis, and which I have termed the Glandular Disease of Barbadoes, appear to be seated in the lymphatic system?

*Question 4.* Have not you seen cases of the Glandular Disease which have been unattended by fever?

*Question 5.* Is not the fever which commonly accompanies the Glandular Disease, a consequence or symptom arising from the local affection seated in the lymphatic system?

*Question*



*Question 6.* Have you never known chie-  
goes or exulcerations to give rise to the  
Glandular Disorder, and frequently to re-  
produce an attack of the disease? Have you  
not seen this disorder when so produced, in  
some instances, attended with the sympto-  
matic fever, and in other instances unaccom-  
panied by it?

*Question 7.* Has not the Glandular Disease  
become much more general since Dr. Hil-  
lary's time? Does it not attack various parts  
of the body, which are not mentioned in Dr.  
Hillary's publication? Have you not seen  
instances where this malady has proved  
fatal?

---

I HAVE numbered the questions for the  
convenience of referring to them in the  
answers.

#### 1st QUESTION.

By the answers to the first question, it ap-  
pears, without a dissenting opinion, " That  
" Barbadoes, although it be a small island,  
" and in no part far distant from the sea, is  
" nevertheless very hot and very dry."

2d QUES-



## 2d QUESTION.

IT is said by every answer, that the marsh between Oistin's and Bridge-Town, is not to windward of the town, and it is not allowed by any person that it can possibly be the cause of the Glandular Disease. One answer says, "The inhabitants who reside immediately to leeward of the marsh, are in general more healthy, and less subject to the Glandular Disease than the inhabitants of any other part of the island."

ANOTHER answer gives this information: "I well know that some of the highest and driest parts of the island have been for many years much afflicted with this disease, when all the sea coast, from Bridge-Town to Oistin's, has been for near forty-three years less afflicted with it." A third reply says, "I have been one of a party of six sportsmen, who for many years have, in the wet season of August, September, and October, spent much time in shooting at this marsh, and know that only one of the number has ever been afflicted with the disease; so that I am sure it cannot originate



“ originate from any vapour arising there-  
 “ from : and the situation and bearing of the  
 “ marsh, as the querist observes, makes it  
 “ absurd to think otherwise.”

THE last answer I shall relate comes from a very ingenious and sensible \* surgeon.

“ THE Glandular Disease is general  
 “ throughout the island; and therefore the  
 “ cause of it cannot be attributed to the  
 “ marsh situated between Oistin’s and  
 “ Bridge-Town, and the marsh cannot be  
 “ considered as being to windward of the  
 “ town. There are many afflicted with  
 “ the Glandular Disease, who have never  
 “ visited or seen Bridge-Town; and to my  
 “ knowledge, infants far from it have been  
 “ severely afflicted with the disorder. If  
 “ it be not impertinent to the question,  
 “ and as I think it a fuller answer to the first  
 “ question, I cannot but remark, that the  
 “ parish of St. Philip, in which I reside,  
 “ although it is entirely open to the east  
 “ and north-east, has been for many years  
 “ past the hottest and driest part of the  
 “ country. It is well known, the Glandular  
 “ Disease prevails more there than in any

\* Mr. Duce.



“ other of the country parishes. In the year  
 “ 1784, when that parish was blessed with  
 “ repeated rains, the greatest known for  
 “ many years, few or none in the planta-  
 “ tions, who were before severely afflicted  
 “ with the disease, ever, during the seasons,  
 “ experienced the least attack of it; and I  
 “ have often heard both whites and blacks,  
 “ who labour under the disease, declare,  
 “ they are generally secure from an attack of  
 “ it during wet seasons. A positive proof,  
 “ I think, that very hot and dry weather  
 “ is the principal cause of the Glandular  
 “ Disease.”

### 3d QUESTION.

THE answers of every gentleman, who  
 can be supposed to have acquired the least  
 knowledge of the absorbent system, agree  
 with me in opinion, that the Glandular Dis-  
 ease is seated in the lymphatic glands and  
 vessels.

AN elderly gentleman, an apothecary,  
 says, “ According to my opinion, the disease  
 “ is seated not only in the lymphatic system,  
 “ but the blood vessels likewise partake of  
 “ the disorder.”



“ The disease is certainly seated in the  
“ lymphatic system; this I can prove by  
“ many dissections,” says a surgeon of ac-  
knowledged abilities.

IT never was my intention to advance, that  
the inflammation which commenced in the  
lymphatics, was therefore confined to that  
system of vessels.

4th QUESTION.

ALL the answers inform me, that the  
Glandular Disease has been frequently seen  
unattended by the symptoms of fever. One  
of the medical gentlemen writes, “ I have  
“ frequently seen cases of the Glandular  
“ Disease unattended by fever, and have  
“ as frequently experienced it in myself.”

5th QUESTION.

ONE answer observes, “ As in recent  
“ cases I have seen the disease without fe-  
“ ver, so I have known other cases, where  
“ the kernel has been first felt; but where  
“ this irregular disorder has been of old date,  
“ I have observed the ague to come on be-  
“ fore the patients complained of the pain  
“ or swelling in the lymphatic glands; the



“ fever succeeds to the ague, which terminates commonly by copious sweat. This is the state of the fact, and for the rest I think it a mere matter of opinion.” All the other answers express their sentiments confidently, that the febrile paroxysm is symptomatic, or the consequence of the lymphatic affection.

#### 6th QUESTION.

IT is acknowledged in every answer, that chiegos and exulcerations produce the disorder. “ That chiegos and exulcerations have often given rise, and as frequently reproduced an attack of the disease, is daily to be seen in plantations, sometimes attended, and in other instances unaccompanied with the symptomatic fever; of both instances innumerable cases might be given.”

#### 7th QUESTION.

THE sum of all the answers is included in the following reply from an experienced surgeon: “ The Glandular Disease has certainly become more general since Dr. Hillary’s time, and since my residence in the island  
“ it



“ it has been yearly increafing, fparing nei-  
 “ ther age or fex. It has attacked various  
 “ parts of the body, not mentioned, or even  
 “ alluded to by Dr. Hillary ; and that the  
 “ difeafe has proved fatal, and with many  
 “ very quickly, too many very recent in-  
 “ ftances, to the diftreffs of feveral families,  
 “ unhappily evince it.”

I HUMBLY imagine that this Table of  
 Evidences will not only convince my readers,  
 but will alfo effectually fatisfy even the ca-  
 villing Remarker himfelf, that he, and not  
 the author of the Treatife on the Glandular  
 Difefe, has been guilty of material faults ;  
 and that he has “ expofed himfelf” to the  
 merited imputation of being an ill-natured  
 fcribbler ; this affertion is indubitably too  
 apparent to be “ inadmiifible as a fact.”

IT is proper for me in this place, to re-  
 turn thanks to the gentlemen of the faculty,  
 for the trouble they have had in answering  
 my queftions ; and at the fame time I ap-  
 peal to them, to testify the juftice and can-  
 dour I have obferved in relating their senti-  
 ments on this fubject.



## C H A P. XVIII.

## C R I T I C A L   R E V I E W .

T H E Critical Reviewers of my Treatise in one part of their criticism say, “ We are well  
 “ fatisfied, from the candid account, the fever  
 “ is really secondary, and so far that it is a disease of the lymphatic system.” They inform us however, almost immediately afterwards, “ That it is more reasonable to *suppose* that  
 “ the exhalents are relaxed, and a larger  
 “ proportion of the gluten is effused than in  
 “ a healthy body.” It is remarkable how much this is in Mr. Rollo’s style.

I H A D advanced that the whole system is relaxed, and of course I meant not to exclude the exhalent arteries, but that the proximate cause is seated in the lymphatic system, is obvious from the history of the disorder. It is proved, because the disease is excited by absorption, and the fact is demonstrated by dissections.



THESE Reviewers, in the last paragraph of their account of Mr. Rollo's Remarks, (*see Critical Review, printed at London, June 1784, page 262*); after having given an extract from that writer, which alludes to the Island of Barbadoes, add the following observation: " In a town on the southern coast  
 " of this island, we have been informed that  
 " there is a peculiar kind of irregular inter-  
 " mittent, called, from the name of the  
 " place, the Seaton-sick (the sickness we  
 " suppose peculiar to Seaton); and that this  
 " town is in the neighbourhood of salt  
 " marshes. Though we have heard this ac-  
 " count from good authority, our situation is  
 " too remote to enable us to ascertain it by a  
 " particular inquiry. We mention it chiefly  
 " to enable our author to add an additional  
 " support to, if the fact should appear  
 " capable of supporting, his system. To  
 " others it may be a subject worth exami-  
 " nation."

IN a town on the southern coast of this island, — What island, Great Britain or Barbadoes? Not Great Britain; for the Reviewers could not say that their situation is



too remote, &c. Neither can it be Barbadoes, for there is no such town in the island, nor does a disease exist there called Seaton-sick.

Critics should at least write intelligibly.



## C H A P. XIX.

## M O N T H L Y   R E V I E W .

THE Monthly Reviewers in their notice of my Treatise, August 1784, pages 92, 93, 94, observe, that “ I consider the peculiar  
 “ dryness of the atmosphere at Barbadoes,  
 “ arising from its being cleared of woods,  
 “ as the circumstance which renders the  
 “ people of Barbadoes peculiarly liable to  
 “ the Glandular Disease.” This is certainly my opinion, which I cannot relinquish, until I am convinced of the contrary by good and sufficient reasons: I hope I shall ever be found ready to give up my sentiments when better can be adduced. I have offered it as my opinion, that as the want of rain renders our warm climate drier than it formerly was, it gives reason for the inquiry, whether the Glandular Disease, which did not exist before a certain period, may not be considered as the consequence of the change produced by the destruction of our woods? for the evident effect of cutting down our trees is,  
 that



that our island, from being humid, has become very dry, and the heat of our climate is thereby increased.

I HAVE also expressed my opinion, “ that  
 “ trees may be wanted at Barbadoes, to assist  
 “ other vegetable productions in rendering  
 “ the air salubrious.”

THAT destroying the woods and trees of a country has rendered it sickly, is related by Dr. Goldsmith in his *Animated Nature*, page 324, second edition. “ In the Island of  
 “ Ternate, belonging to the Dutch, a place  
 “ that has been long celebrated for its beauty and healthfulness, the clove-trees grew  
 “ in such plenty, that they in some measure  
 “ lessened their own value; for this reason  
 “ the Dutch resolved to cut down the forests,  
 “ and thus to raise the price of the commodity; but they had soon reason to repent  
 “ of their avarice—for such a change ensued  
 “ by cutting down the trees, that the whole  
 “ island, from being healthy and delightful,  
 “ having lost its charming shades, became  
 “ extremely sickly, and has actually continued so to this day.”

I CAN also adduce authority to shew, that a disease apparently similar has been seen in  
 situations



situations that agree nearly with the description of Barbadoes. Thus in Mr. George Forster's Voyage round the World, speaking of New Caledonia, vol. ii, page 389, "Towards the hills, of which the first risings  
 " were at the distance of about two miles,  
 " the country looked extremely dreary; here  
 " and there indeed we saw a few trees, and  
 " small cultivated spots, but they appeared  
 " to be lost on the great extent of barren and  
 " unprofitable country." At page 401 and  
 402, the author says, " Being athirst, he and  
 " his companions asked a man for a little  
 " water, he shewed us a tree on which he had  
 " hung about a dozen cocoa-nut shells filled  
 " with fresh water, that element being to all  
 " appearance rather scarce in the country." Page 383, " Many of them (the inhabitants)  
 " had prodigious big legs and arms, which  
 " seemed to be affected by a kind of le-  
 " profy."

PAGE 413, " Here (Caledonia) I saw  
 " again many individuals with one leg or  
 " arm of an enormous size, in the same  
 " manner as I had observed at our first land-  
 " ing; and one had both his legs affected in  
 " the same manner. I touched this swelling,  
 " and



“ and found it extremely hard, but the skin  
 “ was not harsh and scaly alike in all the sick  
 “ persons.

“ THE preternatural expansion of the leg or  
 “ arm did not appear to be a great inconve-  
 “ nience to them, and as far as I understood  
 “ they rarely felt any pain; but in some the  
 “ disorder caused a kind of excoriation, and  
 “ began to form blotches, which were marks  
 “ of a greater degree of virulence.

“ THE leprosy, of which this elephantia-  
 “ sis or prodigious swelling, according to  
 “ the opinion of the medical faculty, is a  
 “ *species*, seems to be a disease particularly  
 “ incident to *dry, parched* climates.

“ THE country where it commits the  
 “ greatest ravages, as the coast of Malabar,  
 “ Egypt, Palestine, and all Africa, are re-  
 “ markable for drought, and contain in many  
 “ places vast tracts of sandy deserts.”

IF the situation of Barbadoes be compared  
 with this account of New Caledonia, as re-  
 lated by the ingenious philosopher Mr.  
 Forster, we shall not merely say, they are  
 somewhat similar, but that they are in some  
 respects striking pictures of each other. The  
 same may be said when the effects that are  
 induced



induced by the Glandular Disease are compared with the swellings described by this attentive observer; and the medical faculty will readily admit that there is great sagacity in his remarks on the disease.

IN Captain Cook's Third Voyage to the Pacific Ocean, a disease called Fefai, of a similar description to the disorder of New Caledonia, was met with in some of the other islands in that ocean.

THE frequent visits these islanders pay to the neighbouring countries, may in some degree account for this. It cannot however have escaped observation, that these isles are frequently distressed by the long droughts they are liable to; indeed I believe certain habits of the natives, united with the common effects of a warm climate, may contribute to produce the predisponent causes, "relaxation and irritability." I am apt to consider the intoxicating and stupefactive effects which are induced by the frequent use of "kava" in this light.

THE disease seems to be particularly frequent amongst the inhabitants of Tongataboo. "There are two diseases frequent amongst them, one of which is an indolent  
" firm



“ firm swelling, which affects the legs and  
 “ arms, and increases them to an extraor-  
 “ dinary size in their whole length. The  
 “ other is a tumour of the same sort in the  
 “ testicles, which sometimes exceed the size  
 “ of the two fists.” See vol. i. page 383.

Now, although in this island there are numerous trees, they are not of the loftiest kind, except the cocoa-palms, and these grow on the lowest situations, viz. on the sea-shore. “ At a distance the surface seems  
 “ entirely clothed with trees of various sizes,  
 “ some of which are large. But, above the  
 “ rest, the tall cocoa-palms always raise their  
 “ tufted heads.” Vol. i. page 329. In the same page it is said, “ The island may, with  
 “ the greatest propriety, be called a low  
 “ one.” At this island likewise (Tongataboo) the drinking-water is not only bad, but it is also scarce, which could not have happened in any very remarkable degree, if showers were either frequent or considerable.

VOL. i. page 280. “ Before I returned  
 “ on board, I went in search of a watering-  
 “ place, and was conducted to some ponds,  
 “ or rather holes, containing fresh water, as  
 “ they were pleased to call it.” Vol. i.



page 315. “ We were conducted to several  
 “ little pools, and to some springs of water;  
 “ but in general they were either stinking\*  
 “ or brackish, though recommended to us  
 “ by the natives as excellent.” At Vol. i.  
 page 389, speaking of the water found in  
 the ponds, it is said “ the water in most of  
 “ them stinks intolerably.”

IT is observable however that this dis-  
 temper, in as far as I have been able to as-  
 certain the matter, is less common in situa-  
 tions that are cool, and ornamented with  
 trees, than in those situations which are be-  
 reft of them. A gentleman who possesses  
 two estates, the one having many trees, the  
 other being entirely divested of them, the  
 disease does not exist in the former, except-  
 ing in one instance of a negro, who carried  
 the disorder with her to that estate; whilst  
 in the latter it is very prevalent.

IT may also be observed, that in several  
 places remarkable for the purity of the drink-  
 ing-water, the disease is far from being

\* I acknowledge this quotation is equally favourable to the  
 opinion that the disorder may be produced by bad drinking-  
 water.—Truth, and not victory, is the object of my in-  
 quiries.



uncommon ; and that his Majesty's ships, during the late war, which watered at Bridge-Town, Barbadoes, did not afford amongst the seamen on board a single instance of the disorder ; not one being mentioned in Dr. Blane's publication. I can also say that our drinking-water in general, as far as it has been examined by my ingenious and accurate friend Mr. Cruikshank, is by no means impure ; beside, this disease is spreading at Antigua, the most cultivated island in this part of the world next to Barbadoes ; in that island the inhabitants drink *rain-water*.

I INTEND, as soon as leisure will permit, to examine the drinking-water about town, and also that in every part of the country ; I shall likewise endeavour to ascertain the quality of the drinking-water in the other Caribbee Islands. From a comparison of all these, it is at least probable some useful conclusions may be drawn.

I WISH our intelligent Reviewers would kindly inform me, what is the degree of purity required for drinking-water ? What are the impregnations which render it noxious, and what are the diseases which have been *ascertained*



*ascertained* to be produced by the different impregnations with which water is contaminated?

THE Monthly Reviewers have advanced, That it is more probable that this disease arises from the impurities of our drinking-water.

I HUMBLY think, however, that my reasons for a different opinion \* have not been sufficiently attended to. These gentlemen add, “ We are the rather inclined to search  
 “ for the remote cause of the Glandular Dis-  
 “ ease in a source of this nature, than to refer  
 “ to a peculiar dryness of the atmosphere;  
 “ because we should conceive, that though  
 “ the woods may have been destroyed, the  
 “ vicinity to the sea, in so insular a situation,  
 “ must prevent any very extraordinary degree  
 “ of dryness from taking place in the atmo-  
 “ sphere of Barbadoes.” The fact will be proved otherwise by the answer to the first question in my Table of Evidences.

As the island of Barbadoes is low, and without woods, less rain falls on it than on any one of the other islands. It is very certain our showers are less frequent than they

\* See Sect. VI. Treatise on the Glandular Disease.



were formerly, previous to the cutting down our trees; if then it should be asserted that our climate is not even now dry, it must be allowed that it is by much drier than it was; the probability still remains, that we may attribute the rise of the malady to this change.

THERE are other causes which render Barbadoes very dry. In many parts we have, under a light shallow soil, sand, coralline, and shells, slightly concreted together; and in many places these are of the nature of what is called free-stone, which is so soft as to be cut with a saw, and so porous as to make drip-stones, for the purpose of filtering our drinking-water: the water that falls passes in no considerable time from the surface of the earth through these light concretions.

THE island is also very cavernous, and the rain gets very quickly into these caverns by inlets, which we here call sucks; and the water does not remain on the surface of the earth: from hence it is that we have *no rivers*: we hardly have a pond of any size which retains water the whole year; in consequence of this, we are sometimes distressed  
from



from the want of proper places to water our cattle.

THE gullies, or ravines, serve as ready conductors to carry off with great rapidity the rain that does fall to the sea. From all these causes, it may be presumed that our atmosphere is dry, and that the heat is increased, by which the human constitution is affected; and a disease, which appears to be connected in point of time with the causes of drought, may have arisen in consequence thereof.

THESE observations favour my hypothesis. The disquisition is accompanied with difficulties, and the conclusions may be far from certain; the subject deserves a minute examination, and as I have given my sentiments with candour, so I shall claim some lenity from critics; for I desire to be included among those inquirers,

“ Who, justly conscious of the doubts that start,

“ In all nice questions on each finer art,

“ With modest doubt assign each likely cause,

“ But dare to dictate no decisive laws.”

HAYLEY.

THE Reviewers have read the description I have given of the large legs, which



arise from the Glandular affection, with  
 apparent inattention ; for they have co-  
 pied a paragraph from my Treatise, which  
 they have cited as extracted from Dr. Hil-  
 lary ; and then they have said, “ If Dr.  
 “ Hillary’s account of it, when it happens  
 “ on the legs, be accurate, as Dr. Hendy  
 “ allows it to be, the foregoing must be de-  
 “ ficient in many circumstances ; for Dr.  
 “ Hillary observed that the skin, which in  
 “ the early date of the complaint was  
 “ smooth, though swollen, begins to be  
 “ rough, and at last seems scaly ; or rather,  
 “ the part appears as if it were covered with  
 “ a great number of warts. There are many  
 “ traces of former fissures and cracks ; and  
 “ in this manner the leg increases in size  
 “ upon every attack of the disease, till at  
 “ length it is enlarged to an enormous bulk,  
 “ and deformities\* inconceivably varied are  
 “ produced.”

\* I MUST here notice, that Mr. Rollo has been pleased to  
 deny that deformities inconceivably varied are produced, (*see*  
*note referred to at z, page 33 of his Remarks.*) “ These appear-  
 “ ances, however, depend altogether upon accidental pressure ;  
 “ they are not invariable. The constant appearance those legs  
 “ would assume, if nothing intervened, is represented in the  
 “ figure of Daniel Massiah, and the figure F of Dr. Hendy’s  
 “ second



“produced.” This quotation cannot be seen in Dr. Hillary’s chapter on the Elephantiasis; it will be found in the 15th page of my Treatise on the Glandular Disease.

FIELDING satirically advances, that critics should not only be able to read, but makes it necessary that they actually do read at least ten pages of the book they are about to criticise, before they pass sentence. Judging according to this rule, I cannot with propriety complain of the Monthly Reviewers, for the error here noticed is five pages beyond the tenth.

I AM not, however, insensible to the compliment at the conclusive sentence of their criticism.

“second plate, the first, (for feet I presume) which are in them of a natural size, by the use of shoes.”

THIS is a strange and an unpardonable assertion, for no two cases of these enlargements have ever been seen, that were similar in their external appearance. Daniel Massiah’s left leg, which in my frontispiece is covered by the stocking and shoe, in plate 2d, and letter F, is drawn without them, as Mr. Erasmus Brown can testify, who drew them.

THE fact, however, that pressure will prevent these swellings is evidently admitted by Mr. Rollo.

THE feet (if the correction be proper) were kept of the natural size “by the use of shoes.” The advantages, therefore, of bandages is allowed by the Remarker. This practical observation is not to be met with in Dr. Hillary’s chapter on the Elephantiasis,



criticism. “ Though we may in some re-  
 “ spects differ in opinion from Dr. Hendy,  
 “ yet in justice to him we must observe,  
 “ that in our opinion, the Treatise before us  
 “ does him credit as an author ; and though  
 “ he has not discovered or described a *new*  
 “ disease, he is certainly the first who has  
 “ availed himself of the anatomy and phy-  
 “ ology of the lymphatic vascular system, to  
 “ account very plausibly and properly for  
 “ morbid appearances, which, before the dis-  
 “ coveries of Messieurs Hunter and Hewson,  
 “ would not so easily have admitted of a ra-  
 “ tional solution.

“ *Perfection is unattainable, but nearer and*  
 “ *nearer approaches may be made,*” says Dr.  
 Johnson,

EVERY kind of improvement is progres-  
 sive, and we are generally obliged to our  
 predecessors for their discoveries, particularly  
 if by them we are enabled to go a little far-  
 ther, or are led to make such application of  
 them, as to render them useful to mankind.

ALTHOUGH I think it highly probable,  
 that the Glandular Disease may be met with  
 in other parts of the world, (*see Treatise on*  
*the Glandular Disease, page 38*) I have ne-



ver yet met with any thing concerning the disorder, which merits to be called a medical description of it, except only Dr. Hillary's chapter on the Elephantiasis; and I most readily and sincerely acknowledge my obligations to those justly celebrated anatomists, Dr. Monro and Dr. Hunter, for the information their lectures afforded me; but I feel the greatest pleasure in gratefully acknowledging, that I am essentially indebted to my beloved friend and instructor, the late invaluable Mr. Hewson.

THESE candid critics (the Monthly Reviewers) in their strictures on Mr. Rollo's illiberal Remarks, (Monthly Review for August 1786, page 155) are pleased to say, " Dr. Hendy favoured the public with an  
 " ingenious account of this peculiar disease,  
 " which seems to be endemical in the island  
 " of Barbadoes. Being settled there, and  
 " practising physic in the island, he was at  
 " considerable pains to perfect the history of  
 " this irregular disorder, by compiling the  
 " histories of a great many cases, of which  
 " he had been himself a witness. Mr.  
 " Rollo, who visited Barbadoes, presumes,  
 " on the ground of two cases which he saw,  
 " and



“ and which in his pamphlet he lays before  
 “ the reader, to enter the lists against this  
 “ respectable physician, and to arraign the  
 “ justness of his opinions on this subject.  
 “ Dr. Hendy gives a definition of the dis-  
 “ ease, founded upon extensive experience, to  
 “ the following purpose :

“ THAT it is a local inflammation, seated  
 “ in the lymphatic system, that often pro-  
 “ duces a symptomatic fever. Mr. Rollo  
 “ describes it to be a fever, accompanied  
 “ with a partial affection of the lymphatic  
 “ glands, and an inflammation and swelling  
 “ of the extremity, whose lymphatic vessels  
 “ lead to those affected glands, appearing  
 “ towards the termination of the fever.

“ WE leave it to future experience to de-  
 “ cide which is the most just account of this  
 “ disorder ; but we cannot conclude this ar-  
 “ ticle, without expressing the disgust we  
 “ felt at the *rude*, and frequently *ill-ground-*  
 “ *ed contradictions* of Dr. Hendy by Mr.  
 “ Rollo. We would recommend to this  
 “ gentleman, to be somewhat less bold in  
 “ his assertions on a subject, of which his  
 “ knowledge and experience must necessarily  
 “ be more limited, than those of a phy-  
 “ sician,



“ fician, who constantly resides on the spot,  
 “ and who probably has daily occasion of  
 “ noticing the disease in question.”

THE critical abilities of these Reviewers, and their candour, are generally eminently conspicuous : I wish this Vindication may invite and fix their attention sufficiently to this important subject. I shall hope for an impartial, and therefore a favourable judgment ; but I am confident I shall not experience injustice from them.



## C H A P. XX.

## C O N C L U S I O N.

IT was impossible that a compilation so illiberal and virulent as are Mr. Rollo's Remarks, wherein my veracity even is questioned, should not excite my keenest resentment, and oblige me to vindicate myself to the public; some degree of severity in my reply was indeed unavoidable. If, however, I have exceeded proper bounds, notwithstanding the magnitude of the provocations given be considered, I must then beg some indulgence of my readers, and must assure them that my chief labour in this publication has been to avoid too great asperity.

The object of Mr. Rollo's book was expressly "to stimulate to further inquiries;" his stimulus, it is presumed, has proved both successful and satisfactory; at all events I shall now quit the field of controversy, and shall  
take



take a more useful and pleasanter walk in the garden of experience, where I hope some salutary fruit will be found, which may alleviate the affliction of all those who unfortunately suffer from the Glandular Disease.

F I N I S.



take a more useful and pleasant walk in the  
garden of experience, where I hope some fa-  
vourable hints will be found which may il-  
lustrate the attention of all those who un-  
fortunately suffer from the Glandular Dis-  
ease.

PLATE