

A treatise on the nature and treatment of scrofulous diseases : containing directions for combating every form of scrofula with success, illustrated by cases / [William Farr].

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A TREATISE
ON THE
NATURE AND TREATMENT
OF
SCROFULOUS DISEASES,

CONTAINING
DIRECTIONS FOR COMBATING EVERY FORM OF
SCROFULA WITH SUCCESS,

Illustrated by Cases.

BY WILLIAM FARR,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, LONDON; SURGEON TO THE CANCER
AND SCROFULA INSTITUTION, CHARLOTTE STREET, BLOOMSBURY; AND AUTHOR
OF TREATISES ON OCCULT AND OPEN CANCER,
&c. &c. &c.

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THIRD EDITION.

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LONDON:

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1829.

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TO
WILLIAM ATTREE, Esq.

Surgeon Extraordinary to the King,

&c. &c. &c.

Battery House, Brighton.

My dear Sir,

My late respected friend and instructor, Mr. Cline, in addition to many other acts of kindness, permitted me to prefix his distinguished name to my former editions of this Treatise; and I feel assured that he would not have conferred such an honor upon it, had not the practice which it advocates, met with his entire approval. In consequence, however, of his lamented demise, there is a blank space left in my third edition, which you have kindly consented to supply with your name.

You, my dear Sir, have seen more of the treatment which I recommend, than any other practitioner with whom I am acquainted; you, therefore, are better qualified to testify to its success, and to judge of its advantages: this circumstance, conjointly with the high sense I entertain of your professional character and private worth, has induced me to offer to your protection my present edition, which will be indebted to you alone for going forth to the world, under the favorable auspices which attended its predecessors.

I am truly happy in this public opportunity of declaring to you how much I am,

My dear Sir,

Your obliged and grateful servant,

W. FARR.

29, Upper Montagu Street,

Montagu Square, London.

Feb. 9th, 1829.

INTRODUCTION.

EVERY medical man, and almost every mother of a family, is so well acquainted with the character and appearance of Scrofula, as readily to recognize it in its infancy, and distinguish it from all other diseases whenever it attacks any member of the family: for this reason, I have, in the present Essay, been very concise in my pathological account, and dwelt more at large upon a point of much greater import, viz. the treatment of that disease. Five-and-twenty years have elapsed since my attention was first drawn to this subject, and during that period I have had upwards of five hundred cases of Scrofula under my care; it is manifest, therefore, that my experience cannot be limited, and ought not to have been unprofitable:—that I have availed

myself of all the advantages this experience has afforded me, will, I believe, be sufficiently demonstrated to those who read this Essay; and the best evidence I have, that the treatment herein advocated, is successful in permanently curing this malady, is, that I often am visited by those who have been years before under my care, bringing with them new cases whose cure they predict with the most positive certainty. The poverty of the patient is the only thing which militates against the success of this practice,—no plan will cure this disease, if the patient have poor and unwholesome diet; and hence it is, that patients who are dismissed from our public hospitals with their wounds perfectly healed, on returning to bad living, have a recurrence of the disease with all its former malignity.

I now make it a point, at my own Institution in Charlotte Street, Bloomsbury, not to put scrofulous patients on the books, who do not bring with them a letter from some respectable person, who will undertake that they shall be supplied with proper food and clothing. No case in the higher or middle ranks of life, that I have dismissed as cured, has ever returned to

me with a re-appearance of the disease, and many of my old patients have large families of children who have no taint or disposition to Scrofula. During last summer I visited the Scrofula Hospital near Margate, and found it a well-conducted and well-regulated Institution; but there was no fixed or determined plan of treatment for the patients, no one medicine given which is known to have a decided influence over the disease. It is my opinion that the advantages of this Institution would be greatly increased, if it had a sister one in the metropolis, to which all patients requiring change, might be occasionally removed. Scrofulous patients derive benefit from the sea-side for a given time; after that, they remain stationary, and often retrograde in health. The worst months in London are July, August, and September, and these, fortunately, are the best at the sea-side, at least for Scrofulous patients. Such an exchange of situation would, I am satisfied, be found extremely beneficial to the Scrofulous poor. From these remarks, it may be said that I wish such an Institution in London from interested motives,—I wish it, certainly, because I know it would prove my assertion;

and I do not mean to say, that if it were offered me to conduct it, that I should refuse, but I would not gratuitously seek an accession of responsibility. I have already abundant proof to satisfy even the sceptic, that my treatment of Scrofula is adequate, not only to subdue, but finally to remove the disease. I want it not, therefore, for that purpose. I have had a much harder conflict with the profession in vindication of my treatment for the dispersion of Cancerous tumors; but my steady perseverance, and continuance to assert that I have advanced nothing on this head that I cannot eventually prove, will in the end bring with it conviction. I have just received a document of a most flattering character, signed and attested by the medical men of one of the county hospitals, the senior surgeon of which thus expresses himself: "I declare that as an individual at the head of an extensive Institution I have seen many cases of Occult Cancer in the breast and uterus give way to the plan delineated by Mr. Farr, which, before his discoveries, would have set the healing art at defiance."

In concluding this Introduction I beg leave to direct the reader's attention to a very severe disease of the face, which I have attempted to describe and to treat; and also to the novel treatment I recommend in cases of Psoas Abscess.

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GENERAL REMARKS.

SCROFULA, King's Evil, or Struma, as Celsus denominates it whenever he speaks of the disease, is a term which may appear harsh and unmeaning to men unaccustomed to philological researches; and is only to be explained upon the very general grounds, that the ancients had a habit of applying words to demonstrate, by metaphor, existing appearances; such as the term Cancer, to characterize a certain tumor, the substance of which they conceived to resemble the body, and the varicose and obstructed veins, the claws of the crab. The term King's Evil originated from the absurd notion of the disease being cured by the royal touch; and that opinion had so far prevailed, that until the present royal family came to the throne, the

possibility of curing it by such means obtained implicit credit amongst the vulgar.

Cullen's definition, in his nosological arrangement of diseases, is "*Glandularum conglobatarum, præsertim in colo, tumores; labium superius et columna nasi tumida; facies florida, cutis lævis, tumidum abdomen.*"

In the present Treatise I have no intention of entering into superfluous statements, or fruitless arguments, in support of any particular hypothesis, in order to explain why the disease is so often an apparently hereditary affection; for, on this head, I can safely aver that no age, sex, or temperament, under circumstances conducive to its action, can be said to be wholly exempt from a susceptibility of this malady. From the concurrent opinion of other authors, this assertion will, I am well convinced, bear a most extensive application.

In conformity to the custom observed by most authors, it may be expected that I should take a view of all causes operating on, or at all connected with, the production

of Scrofula: and although I may have little new matter to offer, in fact nothing that has escaped the notice of other writers, with respect to remote causes, yet I cannot pass them over in silence; at the same time, I shall abstain from entering minutely into the consideration of them. I will, however, first briefly enumerate some of the notions and theories that have been entertained concerning Scrofula.

Wiseman says, "I shall endeavour to fix upon a peculiar acidity of the serum sanguinis for my specific difference; and shall describe the King's Evil to be a tumor arising from a peculiar acidity of the blood, which, whensoever it lights upon glandule, membrane, or muscle, it coagulates and hardens; when it mixeth with marrow, always dissolves it, and rotteth the bones."*

Another theory runs thus:—"Lymph, which is deposited by the exhalants in the cavities of the body, occasionally becomes viscid; and, when taken up in this state

* Vide Wiseman's Surgery, p. 248.

by the absorbent vessels which communicate with those cavities, and is by them conveyed to the corresponding glands, it obstructs them, and thus produces Scrofula."

While a third writer asserts, that "Scrofula arises from acrimony of the blood, which acts upon the bones and more solid parts of the body."

I shall not attempt to support the doctrines urged in aid of the preceding hypotheses, confident that their inapplicability to fact, not to use a harsher expression, is acknowledged and confirmed by the opinion and practice of the present day.

In considering the causes of this malady, I believe it to be a fact generally admitted, that extremes of either heat or cold are equally free from the *materia morbi*; and, on the other hand, that low, damp, and moist situations are exceedingly favourable to its production; in proof of which, the virulence of Scrofula, if left to itself, will diminish in a more elevated situation, under the genial warmth of our summers. But, to be more

explicit, in climates where uniformity of temperature prevails, its existence is rarely to be met with.

It has been advanced by an author whose opinions are generally well-grounded, and whose depth of reasoning is rarely surpassed, that derangement of the organs subservient to digestion is the proximate cause of this disease. I am most happy in this opportunity of adding my humble testimony to his, provided that such derangement of the primæ viæ be accompanied by predisposing causes, whether originating in original tendency of corporeal habit, a moist and cold atmosphere, poor unwholesome diet, or want of exercise; this I will endeavour to illustrate.

The physiology of no part of the human body is, perhaps, so little understood as that of the mesenteric glands, particularly as to what functions are assigned them in the animal economy. Although it is universally acknowledged that some very material and important alteration is effected on the chyle in its passage through them; what peculiar action does take place, whether it be by the

superaddition of new matter, or the operation of some chemical change, is alike inexplicable; nor do we derive any light on the subject from the profound and accurate researches either of ancient or modern physiologists. There is no anatomist, who, in tracing the course of the lacteal vessels, from their origin in the villous coat of the intestines to their termination in the receptaculum chyli, has failed to encounter, in the progress of his dissection, the direction of these vessels through one or more of the mesenteric glands. Hence, it must be obvious to the merest tyro in physiology, that some important operation in the chylopoietic system is accomplished by this peculiar arrangement.

Reasoning from the fact I have just stated, may it not be inferred, that in all enlargements of these glands, without the existence of that morbid alteration of structure which would necessarily render them impervious, such alteration of function exists, as, by its action on the passing chyle, so materially changes its properties as to lay the foundation for struma? This materia morbi, the

offspring of such impaired action in these glands, though I do not class it in the number of specific poisons, as far as regards the production of a similar disease by inoculation, may, from its action upon the constitution of the individual in whom it is generated, by inducing that diathesis so favourable to the existence of Scrofula, be considered at least an exciting, if not the proximate cause of the disease.

Hereditary predisposition has been said to consist in a peculiar structure of the whole body, or some particular parts of it, or that it is a something the cause of which no one can satisfactorily explain; but that it is transmitted from parents to their offspring, and constitutes the *sine qua non* of the malady. I certainly do not consider its agency as bearing that extreme application which some are willing to admit; namely, that children whose parents have been afflicted with the disease must suffer in consequence of their unfortunate title to it from inheritance; neither am I more disposed to coincide in opinion with those who admit the influence of hereditary disposition, and assert

that its effects are uniform in all children of the same family: but that it does operate in a modified sense, the following narration will sufficiently demonstrate.

Some years ago I visited a family in a village of Gloucestershire. The situation in which they resided was low and damp; and fevers of the typhoid type were exceedingly prevalent in the neighbourhood. The father, in his youth, had been much reduced by mesenteric disease, and scrofulous enlargements of the cervical glands; which, however, after a lapse of years, and as he approached manhood, gradually subsided; when he became, to all appearance, perfectly free from the disease. The mother possessed naturally a vigorous and healthy constitution. Their issue consisted of six children, two of whom had fallen victims to protracted Scrofula, which in both had been preceded by tumid abdomen, marasmus, and other diagnostic marks of diseased mesentery. The health of the third was much impaired at the time I saw them, from caries of the lower jaw, with enlargement and ulceration of the submaxillary gland of the left side. These

well-defined characteristics of Scrofula, as I learned from the mother, had been ushered in, as in the cases of the former children, with similar derangement of the chylopoietic viscera. The remaining three children had been casually removed to more salubrious situations, and hitherto they have escaped the malady. It may not, perhaps, be deemed irrelevant to state their ages. That of the eldest is now twenty-three, the second nineteen, and the youngest thirteen years. From this circumstance some conclusive facts may be deduced, the disease having terminated in the three children first spoken of, before any of them had attained the thirteenth year.

I have adduced this striking instance, founded on hereditary predisposition, in preference to many others that I have witnessed, as better calculated to evince the decided advantage resulting from a removal from the immediate seat of the exciting cause; and under the impression that, as a precautionary measure of some moment, it may not be deemed frivolous by the profession, or disregarded by families in which hereditary susceptibility exists.

Scrofula, for the most part, attacks those of fair complexion, light blue eyes, and light coloured hair. Still, instances are not wanting in some of dark complexions, black eyes and hair, and opposite states of the body in every respect, becoming the subjects of it; and the latter are, by far, the most difficult of cure. This species of idiosyncrasy, or exception to that state of the constitution more peculiarly predisposed to Scrofula, is very rare; I do not recollect to have seen more than two instances, and in both the glandular system was not the part first affected. It commenced by enlargements of the joints of the fingers and metacarpal bones, and extended its ravages to others of greater magnitude.

Enlargements of the thyroid gland have been deemed by some to be of a scrofulous nature; I confess myself to be of a different opinion. Bronchocele, in this country, may be said to be almost endemial to Derbyshire; hence, in common language, its name of Derbyshire neck; whilst, in other parts of England, it is scarcely known: nor is it to be found in many situations favourable to the production of Scrofula.

I shall now proceed to notice a tumified state of that part of the breast immediately about the nipple, which very frequently exists in children of both sexes about the age of twelve or thirteen, and is often mistaken by mothers for scrofulous or cancerous tumors, and their alarm is consequently great; when, in fact, it is produced by a fluid contained in the follicles of the part, which becomes inspissated by stagnation, from exposure to cold, and other causes. These tumors in their formation are not accompanied by pain; but children occasionally complain of stiffness, and uneasiness of the part affected. These tumors usually subside as imperceptibly as they formed. One of the best applications I know of is the *Emplastrum Galbani Compositum*. I have lately met with a tumour of this kind in the left breast of a gentleman aged thirty-five, which was more obstinate than any other I had previously seen; it however yielded in the space of six weeks to common remedies in general use, and which consequently need no detail.

Scrofulous tumors in the female breast are

most common between the ages of twenty and thirty, and it is singular, when they occur at this period, how often they are mistaken for cancer, more particularly when the glands in the axilla are affected, even by medical men, and men of eminence in their profession. A surgeon brought his niece to me not long ago with a large tumor in the right breast, and enlarged axillary glands; he said, I have been for the last two months giving the Corsican moss, which you so strongly recommend in cancerous tumors, and the tumor has not only not lessened under its use, but has grown considerably, and I only regret that I did not operate at first; now it is too late. I told him he had mistaken the disease, that it was a scrofulous and not a cancerous tumor; he would not believe me, and begged to try the Corsican moss in some other form for another month; to this I consented. At the end of the month his niece came again; the tumor had grown during that period also; and he became satisfied that it was useless longer to persist in that mode of treatment. I then said, if you leave this case in my hands I will undertake to return her to you at the end of three months, entirely free from dis-

ease both in the breast and axilla; he assented, and at the appointed time I had the pleasure and satisfaction of sending her to him perfectly cured.

It is my intention shortly to attempt a classification of the several varieties of tumor to which the female breast is liable; in this place, therefore, I have no intention of entering upon the diagnostic symptoms of scrofulous tumors which are there situated.

There is a species of enlargement of the cervical glands which appears to extend by continuity of surface, and in many instances they attain an enormous size. I think that, in the cases which have come under my observation, I have generally been enabled to trace its commencement from the thyroid gland; or, in other words, an incipient bronchocele has appeared to be the nucleus of the diseased glandular mass; although it does not seem to be peculiar to those situations which are said to give rise to bronchocele; for I have detected its existence in places where that disease is rarely, if ever

known; yet I have never seen this affection except in females.

In the examination of a fine young woman, about twenty-one years of age, whose death was occasioned by the pressure of a tumor upon the internal jugular vein, causing apoplexy, the thyroid gland itself was small when compared with the magnitude of the adjacent glands; the bulk of which was evidently greatest in proportion to their proximity to the thyroid; the disease extending through the whole chain of lymphatic glands on the right side of the neck, into the very cavity of the thorax. This patient suffered exceedingly, at different times, from excessive dyspnœa, which was generally relieved by extracting blood from the seat of the disease. The difficulty of breathing might be supposed, *a priori*, to have resulted from some mechanical pressure of the tumor upon the trachea; but dissection afterwards proved that no such pressure existed, and that the calibre of the trachea was in no respect diminished; the bulk of the glandular mass being situated more to the right side of the

neck. May we not infer that the cause of this dyspnœa originated from pressure upon the nerves connected with the organs of respiration; and that the local blood-letting relieved it by emptying the over distended vessels, thus removing the temporary impediment to the free performance of the proper functions of these nerves?

In another case, of a tall young female, about the same age, of a spare habit of body, which is no less remarkable for its termination by metastasis, than as affording a further proof in corroboration of the former, of its being a disease *sui generis*, the glandular tumor in the neck was of an enormous size. The usual local remedies were adopted; viz. leeches, blisters, rubefacients, &c.; burnt sponge being at the same time exhibited internally. After persevering in these means, which, by the undiminished size of the tumor, clearly manifested their inability to cope with so formidable a disease, they were consequently discontinued; and after the lapse of some months the disorder subsided spontaneously; at which time the patient was attacked with acute inflammation of the hip joint:

this, however, yielded to copious bleedings from the inflamed part, often repeated, with the assistance of a caustic issue behind the trochanter. The unfortunate young woman, however, had scarcely recovered from her lameness, caused by the affection in her hip, when she became the subject of pneumonic inflammation, which, in spite of all measures employed to counteract it, soon terminated in confirmed phthisis, which eventually destroyed her. I have no hesitation in pronouncing this disease, in these two cases, not to have been scrofulous, no less from the circumstance of its being exempt from the suppurative inflammation, than from the peculiar mode of its affecting continuous glandular surfaces.

In the last edition of this Essay I noticed in a cursory manner a disease which attacks the cutis of the face, and which has hitherto escaped the notice of preceding writers. I would most willingly give a full and accurate detail of its origin and progress if I had ever seen a case at its commencement. Since the year 1822 I have had eight of these cases under my care, six of them were females and two males,

all were young when the disease commenced, with the exception of one, and she was fifty. In three cases out of the eight it originated from a blow; the remaining five were ignorant of the cause of its origin. I must be excused if I am found somewhat prolix on this subject. It is my wish to impart that knowledge which has resulted from my experience in these cases, and I am actuated in that desire by the importance of the subject, by the variety of the disease, by its destructive powers, and by the inability of other practitioners to controul or arrest its progress. I believe I may safely say without fear of contradiction, that I am the only person who has ever succeeded in treating it;—out of eight persons so afflicted I cured seven. The eighth afforded me no opportunity; I only saw him three times, and he has now the disease in its full vigour. It is singular that he should have been a patient of the late Dr. Willan. I mention this merely to shew what a length of time the disease may exist to. The last time I saw him, it had extended to both eyes, and nearly destroyed the upper and lower eye-lids of one. He has lately been watching the progress of a case which I have just dis-

missed as cured, and I have no doubt he will apply to me again shortly. If any medical man's curiosity should be excited by this detail and he should wish to see this case, I shall be happy to accompany him, the person's address being in my possession. I shall also be most happy to shew him some of the cases which I have treated successfully, and I am sure that the patients themselves will have equal pleasure with myself in satisfying him on any point on which he may require information. This disease, in my opinion at least, is irreconcilable with all descriptions I have seen of *noli me tangere*, of *lupus*, of *cancer*, and of *exasperated psora*; and I am certain it bears no analogy to *scrofula*. It might be considered presuming in me to attempt to give it a new name, and therefore I will simply call it an anomalous disease, and proceed to describe it as far as I know. It commences in a point on the cheek; it becomes irritable and itching; small and almost circular cavities form, which are frequently covered with a thin crust, with intervening parts almost healthy; when these crusts are removed, a thin half transparent and irritating fluid escapes, but if it be allowed to

remain undisturbed soon encrusts again ; it gradually extends, but preserves for the most part its original character during the time it is confined to the cheek ; when it extends to the upper and outer parts of the nose, its character is altered : it then throws out fungoid excrescences of considerable magnitude ; but when it extends to the edges of the alæ and septum of the nose, it proceeds to destroy them in the same way that *noli me tangere* does. But if at this time the state of the pituitary membrane be examined attentively, points of abrasion or ulceration will be found, similar to those on the cheek, and these will extend through the passage to the mouth and fauces ; when it extends to the eye-lids, it destroys them as it does the alæ and septum of the nose ; but in no case (that I have seen at least) does it attack the eye itself. When the disease is for the most part subdued, in place of the thin crusts there are dry scales, and when these are removed the cuticle underneath is found red and shining, and on the removal of these scales new ones form. When this disease extends to the ear, that part also throws out fungus ; hence it appears that all parts of a cartilaginous structure,

when so diseased, have an equal tendency to fungoid growths. There is another variety which it may be well to mention. These little points of ulceration sometimes spread and extend to the space of an inch or more in circumference, but I have never known them to coalesce; when they spread in this way, the part around is inflamed, thickened, and indurated, and your treatment is often interrupted by attacks of erysipelas, which uniformly accompanies this disease whenever it is extensive. If I were asked, whether I considered this a constitutional or a local disease, I should say, entirely local; but one that is capable of being aggravated and kept up by a bad habit of body, although it may, and does occur in persons otherwise perfectly healthy; from what I have just advanced, it will naturally be inferred that I place no very firm reliance on constitutional treatment: nor do I; however, I will just mention the medicines I have given, with the understanding that that I considered them as contributing little or perhaps nothing to the removal of the disease. They are the decoction of sarsaparilla, with the oxymuriate of mercury; the different

preparations of iron; the carbonate of potass, the liquor potassæ, according to the formula elsewhere given in this Essay; the liquor arsenicalis, and alterative courses of Plummer's and the blue pill. I am not prepared to say which of these have the advantage: I should say the liquor potassæ: certainly, if there existed any thing approaching to a scrofulous habit. But it might be said this preference arises from a prejudice in its favor, from its being a preparation of my own. I think I can best explain the local treatment, by stating what I would advise if a patient were brought to me with such a disease of the face as that I have described. Apply an ointment made with the supertartrate of potass in the first instance; take a given quantity of adeps, or spermaceti ointment, and mix as much supertartrate of potass in it as it will take up; cover the face with this, and when any portion falls off, supply the deficiency from time to time, until the whole surface be incrustated with the potass; the effect of this application will be to remove the crust, to clean the little ulcers, to enable you more clearly and distinctly to distinguish those parts which are diseased; you will then

readily bear in mind the number of points of ulceration and their precise situation ; proceed then to form a second incrustation ; and if, on its removal, the number of diseased parts are lessened, you may continue the same treatment, until you cease to observe any amendment ; then have recourse to the nitric acid ; cover your probe with cotton wool, dip it in the acid, and touch as quickly as you can each point of ulceration ; over each part so touched, a crust will speedily form ; on the third day a poultice may be applied, which will detach the crusts, and the acid may be re-applied on the fourth, and repeated as often as circumstances will permit. Sometimes considerable swelling of the face supervenes to the application of the acid, in which case the intervals must be lengthened. Nitric acid will never cure a face so diseased, but it is a very useful and powerful auxilliary, and may be continued until it ceases to be beneficial ; when you deem it necessary to lay aside the nitric acid, then you may substitute a solution of the nitrate of silver, in the proportion of five grains to an ounce of distilled water, and afterwards return to the nitric acid. The other applications I have used

with advantage when the use of these from circumstances has been interdicted, are the oxydes of zinc and bismuth, and spirituous lotions: when an attack of erysipelas has supervened, I have suspended all applications used with the view of amending the disease, and have covered the face with powdered starch until the attack had subsided. When an ulcer spreads, as before described, the best application is the red oxyd of mercury made into an ointment in the proportion of a drachm and a half to an ounce of adeps, applied spread on lint; it generally heals under its use in about ten days. If the septum and alæ nasi are in a state of ulceration, no nitric acid should be there applied; the oxydes of zinc and bismuth, or the solution of nitrate of silver are the best applications. If the disease extends to the pituitary membrane and down the passages to the mouth and fauces, the phosphate of iron should be made into a paste, and applied by means of a camel hair brush. I have never seen this application fail to remove the disease entirely from these parts. One caution is necessary in this mode of application; take care that the quill be well secured

to the handle, for when the disease has existed long in these parts, there are other besides the natural passages, and you are consequently ignorant of the direction the brush is taking. It once happened to me that on withdrawing the handle, I found I had left in these false passages the hair and quill ; some new brushes had been incautiously placed amongst those previously used, and it happened that I took up one that had not been secured, hence arose the accident ; it was productive of no very serious mischief, but at the time, it gave me a great deal of trouble and a little uneasiness, and the patient considerable pain ; all attempts to extract it were ineffectual ; after some time an abscess formed, the hair came away in small portions at intervals, and the quill I concluded dissolved, for none of that ever made its appearance. But to return to the disease in the face, on which I have a few more words to say. When you have subdued this disease so that there remain no points of ulceration, the whole surface is covered with thin dry scales which are almost as difficult to remove as the disease itself ; apply to these spirits of wine during the day, and pomatum at night. This scaly

state of the surface is in a great measure kept up by an unnatural heat and flushing of the face. Insert an issue in the arm, and keep it open until the face is quite well; the local heat may also be kept down and greatly conquered by the application of the carbonate of lead in fine powder. Very few of these cases have yielded entirely to this treatment within a less period than two years, because most of them had had the complaint for several years previous to my seeing them. It may be asked, do parts so diseased ever return to a perfectly healthy state under this treatment? they do; in proof, I would adduce the instance of a young lady who came to me from Brighton, who, previous to my seeing her, had lost a third of her nose: both sides of her face, and the passages from the nose to the mouth and the fauces were extensively diseased. Several medical men, both in town and at Brighton, saw this case after she was well, and, amongst others, Mr. Earle, who proposed to her to repair the loss the nose had sustained, by taking a portion from above the upper lip; she consented, the operation was performed, and the parts accepted the union, and the unseemly appearance

was, in a great measure, removed. I merely mention this in proof of my assertion, because, if the parts had been unhealthy, no union would have taken place. Another of these cases will be found detailed by Mr. Wilkinson in his pamphlet entitled, *Remarks on Cutaneous Diseases*; to whom the public are very much indebted for the improvement he has made in their treatment; the case to which I refer will be seen in pages 82 and 83, under the head of *Exasperated Psora*.

It has been for ages, and is, I believe, now the prevailing opinion in the extra-professional world, that *Scrofula* can never be effectually eradicated from the system; and that, though persons have been cured, to all outward appearance, and continue free from it for the remainder of their lives, yet, that they possess a latent power of propagating it to their next succeeding offspring, or children's children. This too general, and erroneous opinion, I am fully prepared to controvert, from a variety of cases which have fallen under my observation during a period of near twenty-five years; in which

time several persons whom I have attended, afflicted with Scrofula have been so far radically cured, that the disease has never re-appeared, either in themselves or their children, up to the present moment; and I know that many persons who have been patients of Mr. Brandish have not only children, but those children are also married and have issue now living, who are as free from Scrofula as those of the most healthy part of the community. If I were not fully aware of the truth of what I have just stated, I would not hazard an opinion upon a topic of such importance, by which I might implicate myself as a *particeps criminis*, in entailing much wretchedness on families who might be influenced, by my assertion, to connect themselves with other families, who, at some period or other, had been subject to Scrofula.

It has been stated, especially by Mr. Brandish, that this disease has very much increased within the last forty years. I confess I am of a different opinion; for how can this be the case when the causes which tend to give it birth, at least in this country,

are considerably diminished, by the draining and cultivating of immense tracts of land which were formerly covered with bog and water, as well as the general adoption of a system of much greater cleanliness and comfort in the houses of the poor than formerly. Such situations, by the exertions and labour of man, have been not only rendered productive of the fruits of the earth, but infinitely less capable of causing disease: and, as a proof that disease generally, from the united influence of these several circumstances, is less destructive to the human race, the population of this country very much increased during a long and sanguinary war. If any further proof be required, I would refer my readers, not only to the Bills of Mortality, as far as regards the great cities, but to the discussions which are every day taking place amongst the most enlightened men of the present period.

Scrofula and Lues Venerea are said, by a writer on the former disease, to bear a close analogy. I am willing to admit this hypothesis, inasmuch as that they are both consti-

tutional rather than local diseases, and can be radically cured only by constitutional treatment. In any other point of view, I conceive that the similarity must be lost; for, how can we associate a disease, to the action of which all persons are alike subject, with a disease originating in peculiarity of constitutional susceptibility, to be acted upon by certain causes known to produce it, and incapable of being propagated by inoculation, which is the only means through which Lues Venerea is generated? But Scrofula was never known to be produced by the insertion or absorption of any poison or virus into the system. The glands, it is true, are affected in both diseases; and in Lues this affection arises from the irritation of the venereal virus transmitted by the lymphatics. The same result will occur in the axillary glands, from even pricking the finger with a brass pin; and in the inguinal glands, from a thorn sticking in the foot. In both cases, the irritation is conveyed along the absorbent vessels to the glands: but neither of these causes will produce scrofulous glandular enlargement; nor is the same remedy,

viz. Mercury, exhibited so as to effect the system, applicable in both diseases.

I would now say something concerning regimen, as regards diet, exercise, clothing, &c.; and debility, however induced; whether the effect of idiopathic fever, or succeeding more particularly to fevers of the eruptive kind.

First, I shall mention the plan to be observed in the rearing of infants. I would recommend that the children of scrofulous parents should be suckled by a robust and healthy nurse, whose accouchement should be ascertained to have taken place at or near the same time with that of the mother whose child she may undertake to suckle. I would most strictly inculcate the necessity of a careful attention to this point, in consequence of the varied properties human milk is known to possess, depending upon the different periods succeeding to parturition; — as immediately on the birth of a child, the milk of the mother from its peculiar power of increasing the peristaltic

action of the bowels, so as to facilitate the expulsion of the meconium, we consider possessed of a certain purgative quality. A change is in a short time observed in the human milk, which has been detected by chemical analysis, occasioned by the existence of phosphate of lime in a large proportion with which the milk is more or less impregnated according to a wise provision of nature, as the process of ossification advances.

The too common habit in nurseries, of feeding children almost exclusively on cow's milk, I most strenuously oppose; the impropriety of which is strikingly obvious, if we consider derangement of the primæ viæ as an exciting cause of Scrofula. The excessive tendency to coagulation of this common article of diet, when brought in contact with any acid, is a frequent cause of disordered secretions, and morbid accumulations of fœces in the intestinal canal; in this way indirectly affecting the mesenteric glands, which, I have already endeavoured to prove, are the most usual seat of the disease.

The difference between human milk and that of the cow, previously to boiling, is not generally understood to be so considerable as it is in reality; but it is a fact ascertained by Dr. Clarke, that the proportion of coagulum in the former is so very small as scarcely to be detected. Dr. Clarke also notices, that he constantly observed cow's milk to acquire a greater degree of acidity in thirty-six hours, than human milk did in several days. The process of boiling materially alters cow's milk, in assimilating it to the nature of human milk, destroying thus its acescent tendency: nevertheless, as a substitute for the latter, it cannot be too strongly reprobated. If cow's milk be given it should be boiled with oatmeal.

The obvious advantages, then, resulting from a rigid adherence to the cautions just given, as to the diet and the selection of a nurse for an infant about to be subjected to these preliminary measures for effectually eradicating the seeds of this malady, founded on hereditary predisposition, are, I trust, sufficiently explained, without need of further comment on this part of the subject.

The diet I recommend should consist of farinaceous preparations, or that kind of food which generates least acid: sugar, honey, sweetmeats, and all aliments containing a saccharine principle, should be wholly avoided, or but very sparingly used. In place of common bread, biscuit may be adopted with advantage; and eggs boiled so that the yolks retain their softness, with which the biscuit previously moistened may be mixed. Oatmeal in any culinary form that the child will take, as it possesses qualities of an antacid nature, and also pearl barley, form a good system of nutriment. As dentition advances, animal food may be given: the white meats are preferable to those of a firmer and more dense texture. Vegetables should be little used, malt liquors avoided; Madeira or Sherry Wine, largely diluted with water, if any stimulants are required, should be preferred. Great care should also be taken not to give children large quantities of food at any one time, that the process of digestion may not be impeded by over-distention of the stomach. If, notwithstanding these precautions, any redundant degree of acidity

is found to exist, small doses of calcined magnesia*, or even lime water may be mixed with the food. The clothing should partake more of flannel than is customary; waistcoats and drawers of this article should be constantly worn: it is of much importance, also, to keep the feet warm. Their exercise, as they advance in life, should be of such a nature as to put the abdominal, and other muscles, more immediately connected with digestion, into action.

I propose now to direct the reader's attention to debility, more particularly that (as I before said) which succeeds fevers of the eruptive kind; which fevers, and not the consequent debility for which I contend, have been considered by an author, in his treatise on this subject, as materially influencing its action. In speaking of the increase of Scrofula of late years, he observes: "If I might venture a conjecture upon a

* I prescribe the calcined in preference to the carbonate of Magnesia, from the obvious inconvenience resulting to the exhibition of the latter in children, by the disengagement of carbonic acid gas; which, accumulating in the stomach and bowels, not unfrequently occasions diminution of the capacity of the thorax, thereby impeding the functions of the lungs.

subject which has puzzled the wisest of the medical profession, I should, in a great measure, impute its increase to the mode of treatment usually adopted in the small-pox, measles, and other epidemical disorders; which, according to the present fashion, too strongly checks the eruptive fever, and prevents the pustules from making that kind appearance which the system might probably require." And again he says, "I do not wish to be understood as asserting that inoculation for the small-pox is, of itself, the cause of Scrofula; but if you insert any virulent poison into the constitution, and nature makes an effort to get rid of it by the means of an eruption, and such means are counteracted, I should be very apprehensive of the mischief that might ensue, and strongly suspect that virus so lurking in the constitution might be a great cause of the complaint in question." He further adds, "I have often been induced to believe that scrofulous affections have followed the small-pox, from the mere circumstance of due preparation before inoculation having been too much neglected, and from purging

physic having been omitted, after the complaint had subsided."

Are we, then, to infer from this reasoning, that Scrofula following small-pox is a *vis medicatrix naturæ* to get rid of virus obnoxious to the system, rather than a disease incidental to its debilitating effects?

Or are we to consider an abundant crop of pustules, in persons affected by small-pox, as a positive exemption from Scrofula? and that the present treatment of diseases of the order exanthemata, which modern physicians, made wise by the errors of their forefathers, have adopted, is founded in ignorance? and that, by thus giving this disease a milder form, we are only sowing the seeds of Scrofula?

To these several questions I answer in the negative. Although scrofulous taint may supervene to all fevers of this class, yet I conceive it arises only from the debility unavoidably consequent to them, and not from the suppression of the eruption of variolous

pustules: hence ensues laxity of the muscular coat of the intestines, derangement of the digestive organs, and impediment to the free exit of the perspirable matter from the surface. It would, therefore, in my opinion, be well for the practitioner to direct his attention to the due restoration of the functions of these several organs.

In answer to what the author already quoted says of preparing persons for inoculation, by which he probably means a due administration of cathartic medicine, I shall only observe, that my experience, slight as it has been of late years in variola, proves to me the inutility of such measures for modifying the alarming symptoms of the disease: but, with respect to the exhibition of purgatives after the small-pox has subsided, I am more disposed to coincide with him; for I have frequently found the bowels in so torpid a state as to favour the accumulation of redundant fœces, and morbid secretions; to prevent the absorption of which, and its consequent ill effects on the system, I generally prescribe some aperient medicine.

Few writers that I know of have noticed, as a frequent cause of Scrofula, external local injuries. The effect of local injuries, under ordinary circumstances, it is not the purport of the present work to treat of; but I shall confine the enquiry and investigation to local injuries inflicted on individuals who may possess that peculiar temperament which predisposes to Scrofula, whether acquired by inheritance, or induced by residence in a cold moist atmosphere, or the combined influence of both, as well as facilitated in its action by other exciting means. Under one of these remote causes, or their combined influence, where the injury occurs immediately over joints or bones more exposed to external mechanical violence, from being less surrounded by muscles, &c. than others, the first appearance indicating strumous inflammation is most commonly a thickened periosteum; which, in defiance of any local remedies, such as the application of leeches or blisters, in process of time advances to suppuration, and, from its proximity to the bone, caries supervenes, with sinuous ulcers and repeated abscess, confirming more and more

its true characteristic form of Scrofula. I have tried the practice recommended, and which, in many cases, is undoubtedly attended with beneficial results, of dividing the periosteum with a scalpel, after the failure of other means which experience naturally suggests in such cases: but, when the Scrofulous Diathesis prevailed, as was evident from some existing circumstance or other, the practice invariably failed; the ulcer succeeding the division of the soft parts assuming a foul and sloughing aspect, and denudation of the bone, occasioned by copious suppuration and extensive destruction of the adjacent parts, are the general result. In this advanced stage, then, local means cease to be of any considerable utility; and constitutional treatment (of which more will be said hereafter) can alone be relied on, for checking the further ravages of the malady.

In cases where the joints are the seat of the disease, arising also from external injury, where local remedies alone, as in Scrofulous Periostitis, are used, the disease rapidly gains

ground; and I have seldom found that the powerful aid (under ordinary circumstances) of local blood-letting, blisters, issues, and all the common train of topical applications, are of any decided advantage, when not combined with the constitutional treatment I have laid down in this Essay.

To the treatment of diseased joints, I do not attach that importance which many members of the profession appear to do, in ascertaining whether the disease has advanced so far as to affect the cartilages with ulceration; or whether it is simply confined to thickening of ligaments, or inflammation of the synovial membrane; for, unless actual suppuration be established, I pledge myself that the same treatment is applicable to all these cases.

Climate and want of due exercise I have already noticed; and endeavoured to prove that low and marshy situations have an extraordinary tendency to produce this disease, as well as countries liable to sudden changes of temperature.

It must be evident to the most superficial observer, who admits that the digestive organs are at all concerned in the production of Scrofula, that want of due exercise must be included in the catalogue of causes; for, unaided by that first requisite to health, the organs destined to carry on digestion will perform the office assigned to them imperfectly and ineffectually. This, conjoined with a life devoted to sedentary occupations, is one of the many effectual excitements given to the disease. Such a mode of existence rarely fails to influence the biliary system in particular: hence may, perhaps, be traced the reasons which actuated the fathers of medicine to distinguish all classes of persons by some peculiar temperament, and to associate the idea of derangement of the hepatic system with recluses, who were supposed to possess the biliary or melancholic temperament.

I have now detailed many of those scrofulous affections to which children and persons in early life are subject, as well as some of the various causes which tend to produce

them; more especially derangement of the chylopoietic viscera, when aided by predisposition; inducing, in the first place, disease of the mesenteric glands, and gradually communicating its baneful influence to the cervical and other superficial glands; and, unless checked in its progress, extending its effects to parts of the body of a more solid texture, viz. to the ligaments and bones.

I must here beg leave to remark, that those cases of swellings in the necks of infants, which are frequently deemed scrofulous, are decidedly otherwise: their rapid formation, together with a want of that external character which so distinctly marks Scrofula, (I allude to the rocky and unequal surface which presents itself in indolent scrofulous enlargements of the superficial glands,) and the ready disposition of the abscess to heal after its contents are evacuated, are to me strong proofs that they do not partake of a scrofulous nature. In addition, to this, I must remark, that after opening these tumors, I have often seen the gland at the bottom of the cyst unaffected and unimpaired by the

disease, which appeared to confine itself only to the proper cellular tunic of the organ.

I am willing to allow that infants at the breast may have diseased mesenteric glands, and that this may be deemed the incipient stage; but I have seen few cases of confirmed glandular Scrofula previous to the age of four years. Those cases, which are stated by a late writer on this subject* as having immediately followed sudden exposure to cold, such as draughts of air through a carriage, sitting in a current of it, or accidentally passing the night in the open air, I am satisfied cannot be considered of a scrofulous nature, as they are sudden in their formation, and the parts quickly resume their former healthy appearance.

I shall now proceed to introduce to the notice of my readers, a species of the disease, which for the most part attacks those of riper years, and which certainly has not

* Vide Henning on Scrofula.

its origin primarily in the glands, but commences its attack on the ligaments and bones. I have, indeed, seen cases of this kind in persons as young as eleven; and, in one instance, as late as fifty years of age; but the age at which they are most frequent, is from sixteen to twenty-six years. I have, at this moment, two of this latter description under my care: the age of the first is sixteen, the second twenty-four; and after the most minute investigation, and the strictest enquiry into these and numerous others similar to them, that have fallen under my observation, I have not been able to trace any cause of the disease, either to external injury, or derangement of the primæ viæ. The fœces have been in all cases natural, the functions of the skin unimpaired, and there has been nothing like hereditary disposition to be detected. I had occasion to draw blood from the one aged twenty-four, in consequence of a slight pneumonic attack: the blood exhibited a full proportion of crassamentum, which is not the case with that taken from persons labouring under strumous affections, in whom predisposing causes may be found to exist.

To what cause, then, are we to attribute this species of Scrofula?—I confess myself wholly incapable of accounting satisfactorily for its production. The only circumstance that at all reconciles me to a want of knowledge on this point, is, that I have invariably treated it with the same success as other cases of Struma.

In no former edition of this Essay did I recommend the treatment advocated herein in cases of psoas abscess. The last edition was published in 1824, at that time I was not aware of the beneficial effect to be derived from its adoption in lumbar abscess. Since then I have tried it in several cases with general success, and Mr. Attree, of Brighton, has kindly furnished me with a detailed account of four cases, in all of which he succeeded. Under the head of General Treatment I purpose detailing the mode in which he exhibited the liquor potassæ in these cases. Every plan which holds forth a fair prospect of curing so destructive a malady is at least entitled to the most serious attention, and that this may meet with the attention it deserves, I have chosen to couple Mr. Attree's

name with the result in these cases, rather than adduce any of my own; his high character, both in and out of the profession, may carry with it additional weight and conviction.

GENERAL TREATMENT.

HAVING, in the preceding part of this Essay, enumerated the various causes productive of Scrofula, as well as the common seats of the disease, more especially known to be affected by derangement of the chylopoietic system, considered as its proximate cause, I shall now proceed to lay before my readers that plan of treatment which I have found so successful, both in arresting the further progress, and effectually eradicating a disease so destructive to human life, and inimical to the peace of numberless families. In discharging this duty, I wish to be understood as excluding from its successful agency, the more protracted forms of visceral disease, which have been considered as having some relation to Struma; and I more particularly disavow any curative properties for Scrofula, that it may, on the first view, be supposed

to possess in tubercular phthisis. I mean to assert its efficacy more particularly as regards certain morbid changes acting upon the salivary and contiguous glands, characterized by a rocky or irregular surface, with abscess, or making its appearance by chronic inflammations, and thickening of ligaments and periosteum, with caries of bones. It will be recollected, that in the year 1811, a Treatise was published, entitled, "Observations on the Use of Caustic Alkali, for the Cure of Scrofula," by Mr. Brandish, whose success in treating this disease was unquestionably much greater, than any preceding, or contemporary practitioner. He states, that at the repeated solicitations of several professional friends he was induced to publish the results of his practice, in order that, through their means, its advantages should be extended to all classes of persons who might be suffering from that malady. Notwithstanding this candid exposition, it is very certain, however, that his plan of treatment did not meet with that liberal sanction, and general adoption, which its almost uniform success merited, and continues to merit. Whether this originated

from his having so long deferred the promulgation of his practice in this branch of surgery, or from other causes, I cannot pretend to determine. In conformity with the prejudice that existed, practitioners generally hesitated to acknowledge its efficacy in many well-marked cases, that had been, from time to time, shewn to them, and where the disease had been effectually cured by him. Nevertheless, it was adopted in a few instances only, and then speedily abandoned, as useless and ineffectual.

I shall, however, endeavour to account for this seeming want of efficacy, in means which have by him been employed with so much success, for the space of between thirty and forty years.

Finding that no plan which had ever been suggested, was at all equal to that of the caustic alkali, when combined with mercurial friction, either in speedily arresting the progress, or eventually eradicating the disease from the constitution; and being, from my own experience, fully persuaded that its virtues had not been over-rated by Mr. Bran-

dish, I determined to investigate the causes which have hitherto rendered it unsuccessful in the hands, and under the direction, of other practitioners. Instances besides the present are not wanting to prove the fact of certain plans of treatment having succeeded under the immediate direction and use of those who were the inventors and propagators of them; and their failure, when applied to general practice: to particularize such instances would be occupying the time of my readers unnecessarily, as it is a fact universally known. The failure, then, which this plan of treatment may have experienced in the hands of other practitioners, I can account for, by judging that their time is so much divided, that sufficient attention is not given to the action of medicines which are slow in their operation, and also from the almost invariable custom of prescribing the liquor potassæ of the London Pharmacopœia, as a substitute for the caustic alkali, without taking into consideration, that the one is possessed of much more powerful alkaline properties than the other. In the caustic alkali of Mr. Brandish, the potass exists in a much more concentrated form, and the

medicine altogether weighs two ounces in the pint heavier than the liquor potassæ of the Pharmacopœia: this should be strictly observed, and guide its preparation in the hands of chemists and others. Although the alkaline powers are so predominant in that used by Mr. Brandish, which is given in the mean dose of from one to three drachms, the liquor potassæ, though so much more feeble in its properties, is rarely given in doses exceeding half a drachm, or a drachm.

In other instances, where practitioners have tried it for a considerable time unavailingly, the alkali has been so improperly prepared, that it was not possible to have known it to be the same medicine, either from its appearance, or chemical properties. I recollect to have seen some of this description made at Bath and Bristol, in the use of which patients had persisted for a length of time, without any seeming advantage. To these, and such like inadvertencies, aided by prejudice, I greatly attribute these repeated failures.

I candidly acknowledge that the *modus*

curandi which I have uniformly pursued, has its basis in the treatment employed by Mr. Brandish, though materially varied, and adapted to the peculiarities of every case which it may become my duty to consider. Many practitioners have asked, and perhaps it may be considered a pertinent question, Will not the influence by the alterative action of mercury, in the Scrofulous Diathesis, be attended with the same beneficial result when taken internally, as by the unpleasant mode of introducing it by the absorbent vessels of the skin?—Certainly not: for, independent of its disagreeing with the stomach and bowels, when used internally, it loses a power which, I have reason to imagine, it exerts upon the whole superficies of the body, by continuity of surface, though its application and friction is limited to a small space, an arm or a leg for example. The power I allude to consists in removing any obstruction to the free exit of the perspirable matter, by increasing the action of the capillary vessels of the skin universally; thus preventing any inordinate accumulation of morbid secretions in the intestinal canal, which I know to be a most frequent consequence of

disordered functions of the skin. To this I am inclined to attribute the advantages which an external employment of this mineral possesses over its internal use; independent of the debility induced in the stomach and bowels by its internal exhibition.

Before I enter upon the medical treatment I shall say a few words more on diet, clothing, and exercise. I have before noticed them under the denomination of preventives, or, in other words, as preservatives against Scrofula; but they are alike important, and ought not to be dispensed with, in conjunction with other means for its removal: and although I have succeeded in curing some bad cases, under every disadvantage with respect to diet and clothing, for the purpose of proving more strongly the powerful and indisputably good effects of the combined remedies I am about to point out, yet this is no reason why such efficient auxiliaries should be neglected when they are within the reach of persons so afflicted. It has, I know, been stated by several practitioners, that the improved diet enjoined to patients by Mr. Brandish, aided by country air and exercise, was more con-

ducive to their recovery than the medicines he administered. As far as diet is concerned I have already denied the assertion, and when air and exercise are considered as materially expediting the cure, if not by their united aid actually effecting it, I can truly say, in answer to this, that during the time I was dresser to Mr. Cline, I perfectly succeeded in curing two females, in the wards of Elizabeth and Mary, in Saint Thomas's Hospital, who had been long the subjects of this disease, which resisted the common means employed in hospital practice, and where good air, and proper exercise, from the regulations of the establishment, were not to be obtained.* If, then, I have proved the success of this plan, under the accumulated disadvantages of situation, as before enumerated, as well as want of proper diet and clothing, and also good air and well regulated exercise, how can it be argued that, assisted by such advantages, it should fail in curing the disease, when even without them it is known to have succeeded?

* Mr. Cline kindly permitted me to try Mr. Brandish's plan of treatment in these two cases, which, at that time, was unknown to the profession generally.

I shall now give the formula for the Caustic Alkali, as I am accustomed to prepare it:

℞ Potassæ Impuræ lb. vi.
 Calcis Vivæ recentis,
 Cinerum Fraxini Combustæ, Singulorum
 lb. ij. Aquæ Bullientis Congios vi.

During the time the water is boiling, the lime is to be added gradually; and when all ebullition has ceased, the potass should be put in and stirred till the lumps are dissolved: lastly, add the wood-ashes and stir all together; then put it into a glazed earthen vessel, and let it stand twenty-four hours, at the expiration of which time it should be drawn off *guttatim*. The alkali thus prepared should be kept in glass-stopper bottles so as to exclude the atmospheric air as much as possible. But as this can never be done effectually, it will occasionally be necessary to add more lime, in order to saturate the carbonic acid gas, generated by the introduction of the air; the union of which with caustic alkali forms a carbonate of potass; and indeed if the carbonate of potass were not to be found naturally, or otherwise obtained, it might be made by passing a current of carbonic acid

gas over a quantity of the caustic alkali. The existence of the carbonate of potass in this alkali may be readily proved, by putting a small portion of diluted sulphuric acid into the caustic alkali, which will immediately occasion the extrication of gaseous bubbles; and when an alkali, prepared as I have described, is found to effervesce by the union of an acid, it can no longer be called a caustic alkali;—the most prominent feature in which is, that it will not effervesce by being united with acids as other alkalies, and consequently cannot have the same salutary effect on Scrofula as a pure caustic alkali; and I am fully convinced that a want of attention to this particular point has invariably been the chief cause of the failure of my practice in other hands; in proof of which I will adduce an instance or two in this place.

A gentleman in Wiltshire wrote to me in consequence of his daughter having glandular enlargements in her neck: I directed her to take the caustic alkali, which she did for some weeks, and a material reduction in the tumors took place. Some time subsequent to this he wrote to me

again, stating, that the tumors then remained stationary. As no other cause could be assigned, I considered that the properties of the alkali might be altered from frequent exposure to air; and requested him to return it to my chemist, which he did. I found my supposition correct; for the alkali readily effervesced by the union of the acid. Fresh caustic alkali was sent him, and the tumors again began to diminish; and as every care was taken to prevent a recurrence of this circumstance, the swellings were eventually dispersed.—A medical practitioner near Bedford Square requested me to meet him to see a case of Scrofula, which he said he had been treating on my plan for nearly a year without any favourable result. I requested him to shew me the alkali, he had been giving the patient: it was the liquor potassæ; and on my putting a few drops of diluted sulphuric acid into some of it, gaseous bubbles were extracted in abundance. I told him, if he would change the alkali for that which I prepared, and make some alterations in the local treatment, I considered he would no longer find cause to blame me or my plan

of treatment; which was soon proved by the patient's amendment. I have seen so many instances in my own practice, where the properties of the alkali had been changed, from reasons before given, that whenever my patients cease to improve I uniformly look, in the first place, to the state of the alkali, and generally find the cause there. I think I have already said quite sufficient on the liquor potassæ being substituted for the caustic alkali, on the supposition that its effects must be the same. I saw it prescribed for several Scrofulous patients in St. George's Hospital, in doses of thirty drops, without any ultimate good being derived; and if it were given in larger doses it would not only excite nausea, but produce such derangement in the digestive organs as to preclude the possibility of its exhibition for the cure of Scrofula. Besides the liquor potassæ, other alkalies have been given as mine. A physician at Leipsic, in Germany, translated my pamphlet, and gives the following formula:

℞ Alcal: Caustic, ℥i
solv. in

Aqua flor. Naphæ, ℥vi.

Vital Ovar. No. 1.

Of this he directs two spoonsful four times a-day, at the hours of 9, 11, 4, and 8.

And for the mercurial ointment, he gives

℞ Ungt. Althæ, ʒij. Mercur. Viv. ʒss m. opt. ad extinct.

This, he says, is the mercurial salve, and the portion that should be rubbed in daily contains 16 grains of salve, and from 10 to 11 grains of mercury.

The reader's observation will directly enable him to discover, that this cannot be my mode of treating Scrofula. I have been induced to notice it in conformity with my wish to point out the errors which others have fallen into.

I am in the habit of directing the alkali to be taken twice a-day, between breakfast and dinner, and at night on going to bed, in any vehicle that the patient may think most palatable, provided it does not interfere with its chemical properties.

To children, from four to six years old, I

generally give one drachm by measure; from six to eight, one drachm and a half; from eight to fifteen, two drachms; from fifteen to eighteen, two drachms and a half, and to persons of mature age three drachms, and in some few instances even more. This, when compared with the small doses, in which even the liquor potassæ of the London Pharmacopœia is given, may, no doubt, be expected to create surprise in those, who are unaccustomed to witness the exhibition of this medicine in the doses I have mentioned, for the cure of Scrofula; but I am warranted by experience in affirming, that no symptoms, denoting qualities hurtful to the system, either by excoriation of the mouth and fauces, arising from its action as a caustic, or pain in the stomach after it has been taken, denoting similar effects upon that organ, have ever been observed by me. It acts as a diffusive stimulus to the whole frame, increasing slightly the action of the heart and arteries, yet not after the manner of alcohol, disproportionately to the powers of the system; but so uniform and correspondent to the action of the whole body, that no subsequent depression or languor is

ever experienced; contrary to what takes place, when the circulation has been rendered more vigorous from the exhibition of stimuli, which have for their base alcohol. In persons whose biliary secretion is either deficient in quantity, or impaired in quality, (from the absence of its alkaline properties, which it is allowed to possess, and thus becoming unfit for the assistance which, in health, it affords to the concoction of the aliment, and in separating the chyle and excrement, thus facilitating the expulsion of the latter from the intestines,) the alkali is essentially serviceable, both as a temporary substitute for the deranged secretion of the liver until such morbid action is altered by the exhibition of mercury, as well as in its own more immediately specific capacity of increasing the force of the circulation, and invigorating the nervous system.

From this view of its operation in the cure of Scrofula, I am led to observe that alkalis, in some shape or other, have been prescribed for a long period in all diseases of a strumous character: for instance, the muriate of lime, whose basis is an alkaline earth:

calcined sponge, the active material of which is the soda contained in it. The volatile alkali, also, as recommended in a work by Mr. Armstrong; and numerous other remedies, differing only in their form and mode of preparation, but whose active material resides in some alkaline properties, have all had their day, but, with me at least, none have stood the test of experience in the same degree with that of the caustic alkali: its earlier or later efficiency in the disease, when aided by collateral means, becomes manifest, as that of other remedies is known to do in diseases of a different description. In these cases, besides the mercurial friction, animal food, warm clothing, exercise, &c. are to be enjoined, to strengthen and invigorate the constitution, and thereby prevent that debility which so continually attends the subjects of this formidable disease.

In conformity with what my readers will naturally be led to expect, I shall now proceed to speak more at large of the mercurial friction. In a former page I stated it as my opinion, that the decided superiority of using mercury in this way, over its internal

exhibition, appeared to me chiefly to consist in its action upon the skin, the deranged functions of which, in persons of a Scrofulous Diathesis, I have so often found to affect the secretions of the intestines. This is readily explained from the vicarious relation which is well known to subsist between these parts.

For children, from four to eight years old, I direct five grains of the *unguentum hydrargyri fortius* of the London Pharmacopœia; from eight to twelve, eight grains; from twelve to fifteen, twelve grains; and from sixteen and upwards, from twelve to fifteen grains; which is to be rubbed in every night before going to bed; the friction to be continued until no portion of ointment can be observed to stain a clean finger when applied to the part on which such friction has been employed. I am accustomed to direct the patient to wear a linen glove on the hand which has been used in rubbing in the ointment, which, of course, should be washed off in the morning with warm water, and the arm or leg upon which the friction is made, for it is immaterial, should also be covered

with a glove or stocking; but there is no absolute necessity for washing the parts rubbed, oftener than every third or fourth day; and here I would urge the propriety of the patient washing himself always, during the use of the mercurial ointment, in water rather warm. In order to prevent the slightest induction of mercurial action in the system, I occasionally administer an aperient draught, composed of a solution of neutral salts, or a small quantity of rhubarb.

Such then is the general treatment under which I have succeeded, with the aid of local measures, in curing Scrofulous diseases, in almost every form and variety they assume. But it would be absurd in me to argue that we do not meet with cases occasionally in which this treatment would not only not prove advantageous but injurious. The effect of the alkali on the arterial system is to increase the pulse about ten. Now where we have tubercles in the lungs the pulse generally ranges from 110 to 120, and by giving a medicine which would certainly render it more quick, you manifestly increase the mischief. In these cases you must first

give sedatives, and reduce the pulse to the natural standard; if you succeed in doing this you may try the alkali in small doses combined with sedatives, and suffer the state of the pulse to guide you as to the propriety of increasing the dose. It begins now to be the opinion that tubercles in the lungs are sometimes absorbed; my experience is opposed to this opinion; for, certain it is, that no case which I have seen with tubercles in the lungs accompanied by a Scrofulous diathesis has been successfully treated, either on my plan or any other. There are also other states and circumstances in which a patient may be found when the use of the alkali would be inadmissible; in a quick irritable pulse, from whatever cause such state of pulse may arise, the alkali should not be given until that quickness and irritability be removed. I have occasionally had patients under my care, who, perhaps from the long use of alkalies, or some other cause, have got into such a state as to indicate the necessity for exhibiting acids; every ulcer has poured forth blood instead of its usual discharge, and purple petechiæ have appeared in different parts of the body.

In such a case the immediate use of acids is demanded : I usually join them with bark and dress the wounds with diluted citric acid, and in a few days all these apparently formidable symptoms subside.

When Scrofula proves fatal it generally terminates in Phthisis, or in collections of water in the lower extremities and in the cavity of the abdomen; in this latter state it would not be right to persist longer in the use of the alkali after it has ceased to increase the secretion of urine; when it fails to affect the kidneys other diuretics combined with tonics should be resorted to. I might go on with the same subject for many pages, but every man who advocates a particular treatment for any disease must leave something to the judgment, discrimination, and skill of the practitioner who conducts such treatment.

In the cases of Psoas abscess cured by the caustic alkali under the direction of Mr. Attree of Brighton, the alkali was given in larger doses and more frequently repeated during the day than is ever necessary in cases of Scrofula; he began with two fluid

drachms three times a day, and gradually increased the dose until he reached four drachms; it was given well diluted in small fresh beer, and was continued until the breath became foetid, then it was laid aside and the patient was freely purged; in a day or two the alkali was resumed in the same quantity that had been last given. No other medicines of any kind were prescribed, and no applications made use of but a common poultice, and under this treatment the four persons were completely cured. I will briefly describe one case in Mr. Attree's words, the other three were so much like this that they do not require a separate detail: "A Mr. W., an artist, aged thirty-four, sent for me; I prescribed Mr. Farr's alkali; in three days after I first saw him the abscess burst near the second lumbar vertebra; it discharged a quart that day, the next day a pint, for the two or three following days it was somewhat less, and gradually diminished, until at the end of a month the discharge entirely ceased."

LOCAL TREATMENT,

Interspersed with Cases illustrative of it.

IN Scrofulous enlargements of glands the first thing to be attended to is local warmth; when such enlarged glands are situated in the neck in males, they are best covered with flannel alone, or flannel lined with black silk; in females, with a collarett lined with cotton wool, covered also with black silk; in all other parts the diseased glands are sufficiently defended from cold by the usual covering of the body. In incipient enlargements of glands the effect of additional covering is almost immediately manifest, but those of long standing are scarcely acted upon by the same means, yet in neither case should such a measure be neglected.

In enlarged Scrofulous glands, previous to ulceration or the formation of matter, the use

of leeches are rarely demanded ; Scrofulous patients generally, can ill afford to loose much blood, and the inflammation, which is mostly of a languid character, may be subdued by other means. Lotions made by dissolving the muriate of ammonia in vinegar and water, or the common evaporating spirit lotion, may be prescribed ; these with mild purgatives usually suffice to check all inflammatory action. If the enlarged glands are indolent and obstinately resist the constitutional measures before enjoined, then rubefacient and stimulating applications may be used ; the best of these are liniments composed of camphor and the acetate of potass ; the muriate of ammonia combined with strong mercurial ointment ; the strong mercurial ointment with camphor and rectified spirits of turpentine ; sulphuric acid with the spirit of turpentine and olive oil ; the hydriodate of potass with adeps ; I could name many others, but these are the best. Of plasters, the compound galbanum ; the mercurial plaster with ammoniacum ; and a plaster which often acts powerfully as a solvent, composed of the extract of beladonna and soap cerate ; this last will produce pustular eruptions, and should then be discon-

tinued until they have disappeared, and then renewed. Of solvent cataplasms, that made of muriate of soda, as directed in the *Pharmacopœia chirurgica*, is preferable; if none of these applications afford the required assistance in the dispersion of these indolent swellings, you may conjoin pressure where it is admissible. If further aid is required, have recourse to blisters; they are better often repeated than kept open: if however the latter is adopted, the benefit may be increased by alternately dressing the blistered surface with savine and the strong mercurial ointment. If these means also fail, the last resource will be to change the air for the patient, and then though no local application be used, the indolent glands will often be reduced; and after his return you will frequently succeed in perfectly dispersing them without much trouble. The same measures are equally applicable to enlarged glands which once took on local activity, and which you removed and subsequently became indolent. The following was one of the most obstinate cases that I recollect to have seen.

A gentleman, whose age was twenty-five

had from seven years old been subject to glandular enlargement in the neck and face, and for seventeen summers had been to the seaside. The tumors were occasionally somewhat less in size than ordinary, but remained for the most part nearly stationary. When he made application to me, which was on the 3d of March, 1820, there were two large tumors situated at the angle of each jaw; and two rather less on each cheek; and another under the chin, which protruded and always hung over his neckcloth; the whole so altering the contour of his countenance as to present a very singular appearance. I began by giving this gentleman the caustic alkali in the dose of a drachm twice a-day; and, after he had taken it for a few months, I encreased the quantity gradually, until he took half an ounce at a dose without the slightest inconvenience. He was subjected to the local treatment just detailed, and rubbed in the mercurial ointment. He was under my care for the space of two years, at the end of which time no appearance of tumors remained. The year before last I had a sister of his under my care with a Scrofulous affection of the internal ear of both sides. I

mention this to shew the Scrofulous taint that existed in the family; she also is now quite well.

If, instead of the inactive and indolent state, you have the reverse, and the inflammation proceeds to the formation of abscess in despite of your efforts to prevent it, the sooner you open such abscess the better; when fluctuation is evident, and before there is any discolouration of cuticle, the opening should be made, the lancet should be introduced in the direction of the folds of the skin: by attending to these points you will have a cicatrix which at no very distant period will scarcely be perceptible.

When the abscess, whatever be its extent, is relieved of its contents, a compress should be applied, so as to bring the sides of such abscess in apposition, and thus obliterate its cavity; and over the compress you may place a calico bandage moderately tight. I seldom succeed in curing the abscess from the first trial by compress, but the sac will be found to diminish gradually, until by repeated application, it disappears altogether.

I have sometimes found that lime water injected into the cyst, after the evacuation of its contents, greatly facilitates the cure, by slightly inflaming its sides and superseding the diseased action; but much discrimination is requisite in determining when this, though so mild an injection, may be used, from the extreme disposition of the surface to ulcerate when any stimulus beyond its weak powers of resistance is applied. In the application of bandages much caution is necessary that too great pressure be not employed; for ulceration is often induced from this circumstance. It does not often happen that diseased glands, which proceed to suppuration, are in situations where much pressure may be exerted by compress and bandage; the neighbourhood of the trachea, and the adjacent vessels, are insurmountable obstacles to such measures.

If suppuration has advanced so rapidly that little more than common cuticle intervenes between the interior of the abscess and the surface, it is better that a small opening should be made at the most prominent point with the potassa fusa: this will in the end leave a much smaller cicatrix than if the

abscess be left to nature's only resource, ulceration.

Scrofulous ulceration commencing in the glands of the neck, sometimes spreads rapidly over a very large surface. I will here cite a case where it commenced on the left side of the neck, extended nearly to the point of the shoulder, to the cervical vertebræ, to the ear, and destroyed a third of it; taking from thence a direction to the eye, it destroyed two-thirds of the eyebrow, and at least a third of the hairy scalp.

The subject of this extensive ulceration is a lady now living in the Hampstead Road. When I was called in she was attended by Mr. Russel, of Broad Street, Golden Square, who continued to see her at intervals during the whole of my attendance; and she was occasionally seen by Dr. Holland. It was the opinion of both these gentlemen that it was impossible she should recover: at the time of my first visit she had kept her room five months, she could only lie in one position, on her back, she had hectic flushes every evening, and the profuse discharge had reduced her extremely.

she had no appetite, and could obtain very little sleep; yet notwithstanding all these unfavorable symptoms I succeeded in permanently healing every ulcer within a twelve-month. Another year has elapsed since they were so healed, and there remains no disposition to a renewal of the disease.

When ulceration is thus extensive, its mode of extending differs from the usual mode in which scrofulous ulcers spread: inflammation takes place in the cellular tissue, which becomes thickened some distance beyond the ulcer, the edges of which are raised and ragged, and distinct sloughs are visible in portions of its margin; this sloughing process continues taking a wayward and uncertain direction often leaving an intervening portion of nearly healthy cutis, which however, in its turn, is destroyed in the same way. The best application to such a state of ulcer is the liquor plumbi and opium made into a cataplasm with confection of roses; spirit of wine; the tinctura benzoes composita or carrot poultice. After it becomes clean and disposed to granulate, the prepared calaminaris, chalk, or the car-

bonate of lead. No greasy applications should ever be made use of to scrofulous ulcers, unless it be for the purpose of introducing mercury into the system, which cannot conveniently be given by the mouth or rubbed in on the surface, then some of the ulcers may be dressed with the unguentum hydrargyri oxydi rubri. The applications which will be found most useful are those I have before mentioned, and a solution of sulphate of copper, or the nitrate of silver, the oxydes of zinc, or bismuth, in powder or paste, and lead and opium in various forms, when such ulcers are irritable.

Should there be numerous sinuses, communicating with caries of the bones, either in the hand or foot, with much thickening of periosteum, or ligaments, the application of the emplastrum ceratum saponis in strips equally around the whole joint, with small apertures made to correspond with the orifices of the several sinuses, for the discharge of matter, may be employed with great advantage ; excepting when a disposition to form abscess exists : then, a poultice should be

immediately resorted to. Rest, in the horizontal position, when the seat of the affection is in the lower extremities, cannot be too strongly insisted upon; and though it may be beneficial that the patient should occasionally be wheeled out in a garden-chair, yet on no account ought he to call into action those muscles connected with the diseased joints.

I cannot too severely deprecate the practice of dilating scrofulous sinuses, of much extent, with the knife: the exposure of the inner surface does not dispose it to granulate, as is usually the case in sinuses succeeding common phlegmonic inflammations; but an obstinate ulcer with loose and often irregular edges is the common result of such practice. In the disease we are treating of, I have sometimes seen the ulcer assume the phagedenic character, and, even in the best cases, a frightful cicatrix is unavoidable. Instead, then, of exciting the patient's alarm and dread at the sight of the scalpel, when slightly stimulating injections, compress, and bandage, have been unsuccessfully used, I draw a seton through the sinus, and thus,

by much milder means, and in a shorter space of time, the cavity becomes obliterated by an effusion of coagulable lymph thrown out by the excited exhalents.

If there be caries of any of the bones, the foetor will be best corrected by the application of the tincture of myrrh, and lotions composed of either nitric or muriatic acid, and the new preparation of lime and sodium. The process of exfoliation will be materially accelerated by the application of undiluted nitric acid to the carious bone; and this may often be so applied as to enable us to bring the diseased bone away in portions, the whole of which, from the smallness of the external orifice, could not be brought away at once, unless the orifice be greatly dilated, which is often not advisable, and not always practicable.

When the joints are the seat of recent scrofulous inflammation, I contend that the application of leeches is rarely required to subdue it: cold spirituous lotions, purging, and rest, are generally all that is necessary. A very striking instance of the

inutility of leeches occurred in my practice last summer. A young gentleman who had had glandular Scrofula for some years, at length became the subject of an attack of scrofulous inflammation of the knee joint; he was at this time at the sea-side: leeches were applied once almost every week and sometimes twice, and afterwards cold lotions; this practice was continued for a year and a half, during which time the joint had increased two inches in circumference. I do not mean to say that the leeches had not subdued each attack of inflammation, but did they thereby arrest the progress of disease? He was brought to me in August last, the whole limb below the knee was œdematous, and the joint itself two inches larger than the other knee. The countenance was pale, and the quantity of urine made was much less than natural. In a few months this boy would have died anasaralous. I gave him the liquor potassæ in drachm doses, and finding in a few days that the kidneys were acted upon by it, he took no other diuretic: I shortly doubled the dose and continued it for the whole period of my attendance; I bandaged the limb from the toes upwards,

and to the knee I applied a liniment composed of the strong mercurial ointment, camphor, and the rectified spirit of turpentine, alternating it occasionally with the use of a second, made of muriate of ammonia, and mercurial ointment; and subsequently I bound the knee round with strips of plaster made with mercurial ointment, soap cerate, and camphor: under this treatment in six weeks the joint returned to its natural size. I saw the young gentleman only last week, the knee is precisely like its fellow, and from September last has never had the slightest attack of inflammation. The constitutional treatment was continued during the winter, and will be renewed in the spring on account of some enlarged glands which yet remain. The recital of this case reminds me of another very interesting one, and which is well worth the observation of medical men: it is now under treatment:—it is a tumor, and I am satisfied it admits of a perfect and final reduction. It is a case of congenital Scrofula of the axillary glands. The child was five years old last November; it went the round of the profession before it was brought to me. Mr. Abernethy said nothing could be done

with it, Sir Astley Cooper was of opinion it might be taken out, Mr. Vance said he could do nothing, and many others gave a similar opinion. It was at length taken to Mr. Scott of Bromley; he ordered salt and water. The tumor is thus described by the surgeon who was present when I first saw it. In the right axilla and extending from the clavicle to the scapula and downwards to the ninth rib, an enormous tumor, consisting apparently of one or more solid masses, with some fluid matter around and between them; at one point near the clavicle, an inflammatory action has been set up within these few days in consequence, as it is supposed, of some local injury received. At this part an acute abscess is certainly now in the act of being formed; the rest of the tumor is cold and indolent; at birth a small puffy tumor was observed at the posterior part of the axilla, which gradually enlarged, until at length without pain or inflammation, or injury to the general health of the child, it attained its present size. At the present moment it is little more than a third of the size it was when this account was written. The inflammatory action was subdued by

cold lotions; then the same applications were made use of as detailed in the previous case of enlarged knee, and uniform pressure was made by a laced belt around the body, and the liquor potassæ with occasional purgatives was given internally.

It was the opinion of the surgeon who detailed the case, as well as my own, that had the tumor burst, the discharge must have destroyed the child, and this would have occurred shortly if the means used had been longer delayed. I wish this case to be seen, because the result will be different to that which was predicted by every one who saw it. In this instance also be it remarked, no leeches were applied. The same treatment advocated in the case of the knee joint is alike applicable to every other. Rest is a very necessary adjunct in all scrofulous joints.

In the treatment of Scrofulous disease of the vertebræ there is a great contrariety of opinion; all agree that recumbency is indispensable, but many differ in the manner of its application. Some say they should be laid on an inclined plane, and interdict the

interposition of any soft substance; others say that the position they should take should be perfectly horizontal, and the substances on which they repose should be soft and yielding; others again say, it is better to have the upper and lower extremities exercised daily during recumbency, while some contend the limbs should remain perfectly inactive. Some are advocates for extension being made, and in their efforts use considerable force; and others, on the contrary, contend that every attempt at extension produces much mischief. Now the plan I generally pursue is this: I place the patient on a sofa well stuffed with horse-hair, and covered with the same material woven, and I enjoin strict recumbency until the deformity be removed, and with it perfect quietude of the limbs; and if the curvature be not considerable or of long standing, I say slight extension may be occasionally employed with advantage, and by so employing it you shorten the tedious period of recumbency; but when I advocate the utility of extension, I would neither employ force or give pain to the patient; the tedium of recumbency may be lessened if a proper chair be constructed to

give support to the back; in this the patient may sit some hours every day; and when the patient be allowed to take exercise, the apparatus made by Mr. Lawrie is the best; issues and setons are sometimes advisable, but in five cases out of six that are brought to you, friction and the tartarized ointment are all you need apply locally. If this plan be followed and you remove the Scrofulous diathesis by the alkali, your patients will always do you credit. In cases of angular curvature Mr. Lloyd asserts that the bodies of the vertebræ are invariably destroyed, and he repeats this assertion in three or four different places; if this were correct we should never succeed in the perfect restoration of the spinal column in angular curvature. In one place he says, "It can hardly be necessary for me to state that the common species of angular curvature is occasioned by the spinous processes of such of the vertebræ, the bodies of which have been destroyed by caries, or absorbed, being thrust outwards by the approximation of the sound vertebræ." I would rather ascribe this thrusting outwards of the spinous processes to a morbid alteration in the condition of the ligaments.

The narration of a case or two in point will weigh more in support of my opinion than whole pages of argument.

CASE.

In August 1827, I was requested to visit a young lady at Brighton, with angular curvature; she had been seen by Mr. White, of Parliament Street, and he had ordered her to be laid on an inclined plane; the hardness of its surface had inflamed the skin covering the two displaced dorsal vertebræ. I exchanged the inclined plane for a sofa, and after she had lain horizontally quiet for twelve days, in the presence of Mr. Attree, extension was made, and the two displaced vertebræ slipped into their proper situations; she remained on the sofa between three and four months; at this time one of Lawrie's instruments was applied, which she continued to wear for six months; she was examined by Mr. White only a fortnight ago, and he pronounced her quite well. She had also Scrofulous enlargement of the cervical glands, and was subjected to the constitutional treatment recommended in this Essay.

Another case was that of a young lady from Norfolk, who had three of the cervical vertebræ angularly displaced, accompanied by Scrofulous ulcers in the neck. I placed this patient in an horizontal position for six weeks, and during that period made use of extension at intervals; at the end of the six weeks the three displaced vertebræ occupied their natural situation, and were retained there by an ingenious instrument, constructed by Mr. Shand of Buckingham Street, Strand; she continued to wear this for six months. Three years have elapsed, and the vertebræ of her neck will now be found as well placed as those of any child in whom no such displacement had ever existed.

If the bodies of the vertebræ in these two cases had been destroyed, the treatment employed would not have been judicious, nor would it have succeeded.

There are many other parts of the body, not even adverted to in this Essay, which are liable to be attacked by Scrofula; to all of which the constitutional treatment herein

advocated will alike be found applicable, if the existence of disease in the parts could always be ascertained during life: these are the liver, pancreas, spleen, intestines, kidneys, brain, heart, &c. To those who wish to become acquainted with the appearances these several parts present on examination when so diseased, I would refer to Mr. Lloyd's Treatise, which very deservedly gained the Jacksonian prize for the ability and accuracy with which he described the morbid changes produced by Scrofula in the several structures of the body; but at the same time that I express my unqualified approbation of this part of his work, I am constrained to question the efficacy of his treatment, and the correctness of the position which he takes up with respect to the uniform destruction of the bodies of the vertebræ in all cases of angular curvature.

The prostate gland is sometimes attacked by Scrofula. It is the prevailing opinion that Scrofulous enlargements of this gland cannot be reduced by medicine. Not more than three months ago I dismissed a patient, the enlargement of whose prostate was en-

tirely reduced by the treatment recommended in this Essay.

The testes are more commonly subject to Scrofulous disease, and it may be satisfactory to know that they are curable even in the most advanced stages of the complaint. One of the strongest instances I could adduce in proof, was that of a gentleman whose right testis had been condemned to the knife by Mons. Dupetreyn, of Paris, as the only means of saving his life. I was sent for over to see this case, and in nine months from the date of my visit, the part had acquired its former health and functions.

I could extend this Treatise into a considerable volume. I could detail a catalogue of diversified cases; all bearing testimony to, and equally illustrative of, my success in treating them; but experience tells me that such an effort would not meet with its reward. I therefore offer to the profession, in its present circumscribed form, the result of my practice, fully assured (and I trust my conviction is not erroneous) that medical practitioners will generally give their undi-

vided attention to the contents of a pamphlet, when they are unable to devote a larger portion of their valuable time to the perusal of a formidable volume.

FINIS.

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