

An account of the morbid appearances exhibited on dissection in various disorders of the brain; with pathological observations. To which a comparison of the symptoms, with the morbid changes, has given rise / by Thomas Mills.

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MEDICAL SOCIETY
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ON THE
MORBID APPEARANCES
EXHIBITED ON
DISSECTION IN VARIOUS DISORDERS
OF
THE BRAIN,
&c.

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AN ACCOUNT
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THE MORBID APPEARANCES
EXHIBITED ON
DISSECTION

IN VARIOUS

DISORDERS OF THE BRAIN ;

WITH

PATHOLOGICAL OBSERVATIONS,

TO WHICH A COMPARISON OF THE SYMPTOMS, WITH THE
MORBID CHANGES, HAS GIVEN RISE.

By THOMAS MILLS, M. D.

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

DUBLIN :

FOR J. CUMMING, LOWER ORMOND-QUAY ; HODGES AND
M^r ARTHUR, COLLEGE-GREEN ;

AND

LONGMAN, HURST, REES, ORME, BROWN, AND GREEN,
LONDON.

1826.

TO
JAMES HOME, Esq. M. D.

PROFESSOR OF THE PRACTICE OF MEDICINE IN THE
UNIVERSITY OF EDINBURGH.

SIR,

To you, as a Friend to
Science and Truth, and as a distinguished
Member of a most distinguished Univer-
sity, I beg leave, with sentiments of sincere
respect and esteem, to dedicate the follow-
ing pages.

THOMAS MILLS.

DUBLIN, 20th March, 1826.

Rutland Square.

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CONTENTS.

	Page.
INTRODUCTION,	ix
Preface,	xiii
1. Cases and Dissections of Primary Hydrocephalus accompanied by other Diseases,	1
2. Cases and Dissections of Hydrocephalus conse- quent to other Diseases,	41
3. Cases of recovery from supposed Hydrocephalus,	62
4. Cases and Dissections of Mania and Fever,	96
5. Cases and Dissections of Cephalic Fever, showing the insidious nature of this disorder,	111
6. Cases and Dissections of Cephalic Fever, to show the necessity of the early employment of Blood- letting,	124
7. Cases and Dissections of Cephalic Fever, in which the apparent convalescence was followed by a return of the complaint,	148
8. A Case and Dissection of an Affection of the Head terminating in Cephalic Fever and Effusion, ..	165

	Page.
9. A Case of Cephalic Fever, to which Peritonæal Inflammation supervened,	169
10. A Case of Fever accompanied by Catalepsy,.....	175
11. A Case of Cephalic Fever with an Affection of the Spinal Column,	179
12. Cases and Dissections to show the alliance that subsists between Apoplexy and other disorders of the Brain,.....	184
13. Epilepsy,	210
14. Conclusion,	239

INTRODUCTION.

ABOUT sixteen years ago I began to investigate the source of disease and the cause of symptoms through the medium of morbid anatomy.—My plan was, to note the symptoms and the effects of the remedies, and after death, the appearances presented on dissection.—At the dissection I was always accompanied by one, two or three medical gentlemen, and it was my uniform practice to take down in writing, at the time, the account of the morbid changes from the lips of the examining surgeon :—this account, on my return home, I copied into my note-book, and, then, the whole case being clearly before me, and my mind full of the subject, I wrote down the sentiments to which it gave birth.—My object was to correct any error into which I might have

fallen with regard to the nature of the complaint and the mode of treatment, or, to satisfy myself of the propriety of the opinions I had previously entertained ;—in short, my object was, the discovery of truth.—The case, dissection and comment when finished, I laid by, without any view, at the time, to future publication.

Satisfied that it was only by a comparison of the symptoms with the morbid changes, that I could discover the seat and nature of disease, and pursue a scientific and useful plan of treatment, I anxiously laid hold of every opportunity which presented itself of acquiring this necessary knowledge.—The pursuit was laborious, the task irksome and painful, but I acquired much valuable information :—I was thus enabled to detect errors, to correct prejudices.

During the last year I have been engaged in arranging these cases and dissections, and finally, have come to the resolution of publishing them under distinct heads, beginning with diseases of the brain, going next to the diseases of the tho-

racic, and ending with those of the abdominal viscera.

Having made this arrangement, I was enabled, by an examination of each individual case, to arrive at certain conclusions, or, in other words, to proceed from particulars to generals, a method which appears to me calculated to fix medicine on a steadier base, and entitle it to rank more decidedly among the sciences.

PREFACE.

SEVERAL cases and dissections are here detailed of Hydrocephalus, Cephalic Fever, Apoplexy and Epilepsy.

These are considered distinct and independent diseases, requiring a distinct and peculiar mode of treatment; yet when we attentively examine the phenomena and course of each, when we compare them, one with the other, and witness the morbid appearances exhibited in all, and the effects of the same remedies, we shall be compelled to acknowledge that these diseases are closely allied, and, in the true spirit of philosophical research, be disposed to allow that the morbid actions which produce effects so alike, cannot, in their nature, be dissimilar.

In regard to these disordered actions various modifications must occur, proceeding from the intensity and variety of the cause; the constitution, age, sex, previous habits and diseases of the patient, the condition of the atmosphere and other incidental circumstances.

It is a remarkable fact, that these diseases of the brain pass and repass one into the other:—Epilepsy, for example, often terminates in Apoplexy, and Apoplexy in Epilepsy.—Cephalic or Typhous Fever, sometimes passes into Apoplexy, sometimes into Epilepsy, but, most frequently into Hydrocephalus; and Hydrocephalus is often accompanied in its progress by an epileptic or apoplectic paroxysm.

The phenomena of these diseases likewise merit the serious attention of the reader, in each he finds the prominent symptoms to be head-ach, delirium, stupor, coma, sense of weight or fullness of the head, vertigo, tinnitus aurium, convulsions, paralysis of the sphincters and other muscles, all which are indicative of disordered

actions of the vascular system of the brain, and of a disturbance of the sensorial functions.—To these symptoms we may add a pulse varying in strength, frequency and regularity, a varying temperature of the skin and an irregular state of the secretions.

To these remarkable circumstances I shall subjoin the appearances most commonly discovered in the brain on dissection, viz. effusion of serum, coagulable lymph or blood, thickening of the membranes, rupture of blood-vessels or formation of purulent matter.

Nor can we pass over in silence the remedies usually employed, with a view to the cure of these disorders, which consist, for the most part, in blood-letting, general and topical; in blistering; in the exhibition of aperients, mercurials, antimonials and sudorifics, and in the use of counter-stimulants.

Further, in regard to their prevention, we find all practitioners agreed as to the propriety of

adopting the same regimen, and of establishing one or more drains in the head or its immediate vicinity.

I now beg leave to submit these matters to the consideration of the reader, and then I would ask,—Can these disorders of the brain be looked upon as distinct and independent, requiring a distinct and peculiar mode of treatment?

Thus, for the present, I confine myself to the diseases of the brain;—the diseases of the other organs alluded to in the introduction shall form the subject of a future disquisition.

CASES
OF
PRIMARY HYDROCEPHALUS,
ACCOMPANIED BY
OTHER DISEASES.

CASE I.

A CASE OF HYDROCEPHALUS, WITH HYDROPS PERICARDII,
AND A DISEASE OF THE LUNGS.

PHILIPSBURGH AVENUE,
14th April, 1815.

Mrs. S——'s child, æt. 2, has been ill about three weeks of a bowel-complaint and fever, accompanied by a want of appetite and spirits, by heaviness of the head and some intolerance of light:—the pulse is 130 and tense; the fœces are greenish; there is frequent moaning and sighing, and at times screaming—the head is often rested on a chair or pillow.

Hirud. xii. temporibus.

Pulv. ex cal. scam. et p. antimon.

Baln. tepid. Vesic^m. vertici.

April 15th. Relieved by the remedies of yesterday ; face flushed ; some rest ; pupils natural ; pulse 120 ; skin cool ; fœces greenish.

Cr. med.

April 16. Pupil of the right eye more dilated than that of the left ; both contract when exposed to the light of a candle ; pulse 90, and regular ; four dejections, greenish ; stupor ; head and neck thrown backwards.

Vesic^m. capiti abraso.

Cr. med.

April 17. Strabismus, convulsions, death.

DISSECTION.

April 18th. Skull larger than natural ;—Brain, surface of, very turgid ;—Between the Arachnoid membrane and pia mater a serous fluid is effused, especially about the sulci of the anterior portion of the cerebrum, which destroys the convoluted appearance of the brain ;—Lateral ventricles contain about three ounces of a watery fluid ;

Cerebellum softer than natural, its cortical substance is paler and more indistinct than usual.

Right lung, adherent to the ribs. Pericardium contains about six drams of a serous fluid.

Left lung, contains numerous tubercles of different colours and sizes ; they are found in distinct cysts, and some have a cheesy and some a purulent appearance.

Spleen,—the surface is studded with minute greyish tubercles.

Mesenteric glands,—considerably enlarged, but not altered in structure.

Small intestines,—their contents are of a yellowish and greenish hue.

COMMENT.

IN this case of Hydrocephalus, the child had been ill for several weeks, and was supposed, from the morbid condition of the fœces, to labour under a bowel and bilious complaint. A year

before, his brother, about the same age, died of a similar attack; but, as there was no post-obit examination, considerable doubt was entertained with regard to its seat and nature. During the illness the *fœces* were greenish; an appearance commonly imputed to the use of calomel, but which is more properly referrible to the condition of the bile; green bile was found in the gall-bladder and ducts, whence it was traced to the small and large intestines, every where tinging their contents with a green of a deeper or lighter shade, according to the quantity of bile present, and the quantity and nature of the matter with which it was mixed.

But the drowsiness, stupor, moaning, and sighing, the altered condition of the pupils, the loss of sight, the convulsions and the bending back of the head, indicated diseased actions and compression of the brain; and after death, a serous effusion was discovered between the membranes, and the ventricles contained, at least, three ounces of a watery fluid.

If, in this instance, the practitioner had taken a more enlarged view of the case, and directed his attention, at the onset of the attack,

to the relief of the brain, as well as of the biliary organ, the life of this patient might have been saved.

Mr. M'Namara examined the body, assisted by Mr. Madden.

CASE II.

A CASE OF HYDROCEPHALUS, WITH A DISEASE OF THE
LIVER.

SMITHFIELD, Oct. 26, 1815.

MASTER W———, æt. 7, about three months ago, complained occasionally of pains in his head and bowels, accompanied by a low, irregular fever; these pains were preceded and followed by languor, heaviness of the head, diminished appetite, lowness of spirits, and a feeling of fatigue on slight exercise—The bowels have been generally constipated, and their contents, dark or greenish; purgatives and mercurials have been repeatedly administered with temporary relief. The mother of this boy has laboured for years under a scirrhus liver; and a sister and brother died in their infancy of convulsions.

Pulse 126; skin cool; tongue whitish; complexion sallow; restlessness; low delirium; moaning and sighing; cries out in his sleep, "Oh, my head!" the pain in the head is chiefly seated in

the vertex ; sight good ; pupils natural ; pain on pressing either hypochondre.

Hirud. xii. temporibus.

Pulv. ex cal. et scam.

Oct. 27th. Temporary ease from the application of the leeches ; head-ach has returned with greater severity ; delirium and moaning : yesterday at two o'clock P. M. was seized with shivering, followed by heat and perspiration ; three dejections, dark-coloured ; urine deposits a mucous sediment ; pulse 130, irregular ; skin hot and dry ; pain on pressing either hypochondre.

V. S. ζ vi. vesic^m. nuchæ.

Cr. pulv. Fov^r. abdomen.

Oct. 28th. Head-ach relieved by the bleeding ; blood of a natural appearance ; some rest ; less delirium ; strabismus ; pulse 120 ; pain in the right hypochondre.

Vesic^m. hyp. dextro.

Mist. cath. ex infuso sennæ, sulph. magn.
et manna.

Oct. 29th. Fæces green and yellow ; frequent sighing and moaning ; pain in the right hypochondre relieved by the blister ; head-ach less troublesome ; præcordial oppression ; pulse 100, intermitting.

Pil. ex Ipecac. cal. et
Ext. opii aquoso.

Oct. 30th. Frequent vomiting; acute head-
ach; restlessness; anxiety; irregular fever.

Hirud. xvi. temporibus.

Vesic^m. capiti raso.

Pulv. cath.

Oct. 31st. Convulsions; loss of sight and
hearing; pupils contracted; paralysis of the
right hand and arm, foot and leg; involuntary
dejections; stupor; pulse feeble and irregular;
frequent sighing and moaning; great uneasiness
is excited on pressing the abdomen.

Infric^r. ung. hydrarg. ad 3ss. Hyp. dextro,
omni nocte.

Mist. anodyn. p. r. n.

Pulv. cath. ex cal. et jalapa.

Nov. 1st. Power of seeing and hearing re-
turns occasionally; speech indistinct; pupils con-
tract and dilate on the application of light.

Vesic^m. fronti temporibusque.

Pulv. cath.

Nov. 2nd. Return of sight and hearing;
pulse 120, irregular.

Cr. pulv. Ung. hydrarg. et mist. anodyn.

Nov. 3rd. Loss of sight and hearing; pupils alternately contracted and dilated; rolling of the eye-balls; picking of the nose; involuntary dejections; irregular aguish fit every evening.

Cr.

Nov. 4th. Frequent vomiting; grinding of the teeth; biting of the lips; frequent screaming and moaning.

Hab'. cal. gr. iii. tertiis horis.

Cr. med.

Nov. 5th. Nearly as yesterday.

Pil. ex cal. opio et p. ant.

Nov. 7th. Occasionally some return of sight and hearing; stupor; delirium; pulse 130, weak and intermitting; deglutition more difficult.

Vesic^m. occipiti.

Nov. 8th. Dyspnœa; face purplish.

En. purg.

Nov. 10th. Yesterday evening had a cold fit, followed by heat, perspiration, and—death.

DISSECTION.

Brain—vessels on the surface extremely turgid.

There is an effusion of coagulable lymph between the Arachnoid membrane and pia mater.

On cutting through the substance of the brain, it is found studded with many red points.

Lateral Ventricles—contain about six ounce of a watery fluid.

Plexus Choroides—pale.

The foramen of Monro is large enough to admit two goose quills.

Liver—recent adhesions between the great lobe and the lining membrane of the ribs.

Upon the surface, and in the substance of both lobes, are several minute tubercles of a brownish appearance, of a gritty feel, and which, when cut into, are found to contain a fatty or cartilaginous matter.

Gall-bladder—nearly filled with bile of a deep green.

Spleen—smaller than natural, and filled with minute tubercles, gritty and cartilaginous.

Pancreas—diminished in size, hardened, and loaded with small cartilaginous tubercles.

Stomach—internal surface, loaded with brownish mucus—external, highly vascular.

COMMENTARY.

HYDROCEPHALUS, the immediate cause of death in this instance, was produced by an inflammatory action of the vessels of the brain, and was ushered in by head-ach, languor, an irregular state of the digestive organs, and a low irregular fever. The boy was supposed to labour under worms, for the cure of which mercurials and cathartics were repeatedly administered; in the mean time the disease of the brain advanced to such a height, that when

advice was called for, though the patient was able to walk abroad, all remedies proved unavailing.

For a time, the complaint of the head and abdomen seemed to advance *pari passu*; about three weeks before death, that of the head absorbed every other, the soreness of the abdomen being felt only on pressure.

From the 26th of October, the day on which a general convulsion took place, to the 10th of November, the day before death, there was a gradual diminution of sense and motion; the convulsion was followed by a paralysis of the right arm and leg, and by a loss of sight and hearing; and what is remarkable, these senses and the power of speech were at different times lost and recovered.

The pulse varied throughout in strength, frequency and regularity, and was, at no time, below 90.

The pupils were irregularly dilated and contracted.

Before the convulsion, pain of the head was the prominent and urgent symptom ; to this now succeeded stupor and paralysis.

To the inflammatory condition of the brain, we may refer the head-achs, lassitude, languor, and irregular fever ; while the effusion into the ventricles may serve to account for the paralysis of the arm and leg, the stupor, the loss of sight and hearing, and finally, of all sense and motion, and of the power of deglutition. To the diseased appearances in the liver and spleen, may be ascribed the pain and uneasiness felt in the abdominal region.

Here, then, the morbid appearances are explanatory of the phenomena, and illustrative of the complaint.

No decisive benefit resulted from the use of any of the remedies employed ; but blood-letting and opiates appeared to give relief.

The cathartics, by emptying the bowels, removed one source of irritation ; this accomplished, unless food be subsequently taken, they serve only to irritate the mucous membrane of the ali-

mentary canal, and thus give rise to considerable uneasiness.

The blisters, in this instance, seemed rather to augment than diminish pain and distress.

Mercury, though given internally, and applied externally in large quantity, had no influence either over the disease of the brain or that of the liver.

Ipecacuanha combined with calomel and opium, was rejected by the stomach, and the act of vomiting was followed by an increase of head-ach.

In this case, the first symptoms were, perhaps, equivocal; and which of the three organs found diseased, the brain, the spleen, or the liver, was first affected, we cannot now say, with certainty; and, were this point ascertained, it would not follow, that the morbid actions in any one of these organs stood in the relation of cause and effect with regard to the others; for, as it often happens, that each is affected singly, there is reason to conclude, that their nearly simultaneous affection may, in the present and similar instances, be merely fortuitous.

It is curious to remark, in this instance, the gradual progress from inflammation of the brain to effusion, paralysis, and finally, to the apoplectic state.

The body was examined by Mr. Porter, assisted by Mr. Hyde.

CASE III.

A CASE OF HYDROCEPHALUS, WITH EMPHYSEMA, AND
INFLAMMATION OF THE LINING MEMBRANE OF THE
LUNGS.

GREAT GEORGE'S-STREET,

April 10, 1820.

MASTER N——, æt. 14 months, laboured under the following symptoms;—cough, dyspnœa, restlessness, fever, and heaviness of the head:—The eye is dull, yet the pupil natural; the fœces are of a yellowish green; the belly is soft—he is peevish, fretful, tosses to and fro his arms and head, and often thrusts his fingers into his nostrils.—About two months ago this child was weaned—during the last six weeks the nurse has observed, that he has become fretful and uneasy, subject to bowel-complaints, and that his appetite has diminished.—This complaint is ascribed to cold and teething.

Hirud. iii. Sterno.

Pulv. ex Cal. et scam.

Ol. Ricini.

April 11th. Cough and dyspnœa relieved.—spirits improved, fever abated—fœces yellow, greenish and slimy; pulse 108.

Cr. Pulv. et Ol. Ricini.

April 13th. Stupor and rolling of the head, sighing, restlessness, pupils contracted; pulse 124, irregular.

Vesic[™]. vertici.

Pulv. ex. Cal. et P. Jacobis.

April 14th. Coma, alternate flushing and paleness of the face, loss of vision; pupils dilated; difficult deglutition—death in the night.

DISSECTION.

BY MR. M'NAMARA.

SURFACE of the brain, especially of the left hemisphere—preternaturally vascular.—Numerous red points are observed on cutting through the substance of the brain.—Between the Arachnoid membrane and pia mater there is a large quantity of watery fluid.—Ventricles—considerably distended and contain nearly two ounces of a thin transparent fluid.—Plexus Choroides, pale.—Cerebellum—surface of, preternaturally vascular.

Lungs—emphysematous, their mucous membrane is, in some parts, of a red colour and covered with a large quantity of mucus.

Abdominal viscera—sound.

In the small intestines are two or three intussusceptions.

Heart—sound. Pericardium contains about six drams of a pale watery fluid.

COMMENT.

FROM the enlargement of the ventricles of the brain, I must consider the effusion, in this instance, to have been of several weeks' continuance. A large quantity of serous fluid was found between the membranes; this, I have often noticed in chronic Hydrocephalus.—The bowel-complaint appeared partly to depend on a morbid secretion of bile, and partly on the diseased actions in the brain.—The cough and dyspnœa may be ascribed to the low inflammation discovered in a portion of the mucous membrane of the lungs, and to the emphysema of this organ.

It is remarkable, that about twenty hours before death the pupils were more contracted

than natural—then they became irregularly dilated, and vision was lost—the same I have frequently observed in similar instances. During the child's illness, two double teeth were about to cut, a process which, no doubt, exasperated the affection of the head—and a fall which happened to it three weeks before death, must have increased the violence of the symptoms;—might it not have induced the disease?

This was first treated as a pulmonary complaint.

CASE IV.

A CASE OF HYDROCEPHALUS, WITH HYDROPS PERICARDII,
AND PRETERNATURAL VASCULARITY OF THE HEART.

LOWER DORSET-STREET,

February 4th, 1822.

MASTER T——, æt. $3\frac{1}{2}$, seriously ill during the last week;—head-ach; fever; restlessness; pains in the bowels; fæces of a bottle-green; pulse 86, irregular and intermitting; stupor, vomiting, sighing.

Leeches have been applied to the temples, and active aperients have been administered.

About a fortnight ago he complained of head-ach, and said he could only sleep on his forehead.

Hirud. viii. temporibus.

Vesic^m. Nuchæ.

Cal. gr. iii. 6^{is}. horis.

Baln. tepid.

Feb. 5th. Pain in the forehead; better night; pulse intermitting and irregular; stupor;—occa-

sionally his spirits are elevated ; fœces greenish ; pupils dilated ; tongue foul ; frequent sighings.

Mist. Cath. Cr. Cal. Vesic^m. vertici.

Feb. 6th. Yesterday evening was able to see, speak, hear, and to take drink.

Died this morning at nine o'clock, A. M.

Feb. 6th. Dissection, at two o'clock, P. M. ; by Mr. North and Assistant.

Pericranium and skull highly vascular.—Dura mater—strongly adherent to the cranium ;—its internal surface is of a bright clear red.—Upon the surface of the brain there is a considerable degree of venous turgescence.—Between the Arachnoid membrane and pia mater, a serous effusion is perceptible.—On cutting through the substance of the brain, many red points are detected.—The ventricles contain about two ounces of a watery fluid.—The plexus choroides and the internal surface of the ventricles exhibit marks of venous congestion.

At the base of the brain is found about an ounce of a serous fluid, tinged with blood.

Cerebellum—preternaturally vascular.—Liver of a natural appearance.—Spleen—its surface is dotted with several whitish minute tubercles.—Lungs—healthy.

Pericardium—contains about six drams of a serous fluid.—Heart—surface of, preternaturally vascular.

OBSERVATIONS.

SOME doubts were here entertained by the parents and their medical friend as to the nature of the complaint, because on the evening previous to the death of the child, there was nothing remarkable in the appearance of the pupils.—The child could see, hear, speak, and swallow, and when roused, seemed somewhat chearful :—the complaint, moreover, was not accompanied by screaming, moaning or convulsions, which are so often noticed in Hydrocephalus.

But, on the other hand, during the last three days, there was stupor, occasional vomiting, fre-

quent sighing, and the pulse was irregular and intermitting, and when he was questioned as to the seat of pain, his hand was always raised to the forehead.

Again—about six days before his death, this little sufferer often complained of head-ach, and that he could only lie with ease on his forehead. His usual spirits were abated; there was languor, loss of appetite and dejection of countenance;—it appears, therefore, that, to form a just diagnosis of Hydrocephalus, we must keep in our view its beginning, progress, and termination.

I was thus, in the present instance, enabled to pronounce decidedly on the nature of the disease; while the opinion of one of the medical attendants, strongly opposed to mine, made such an impression on the father, that he requested his own brother might be present at the examination, which discovered its fallacy.

The numerous red points observed on the dissection of the brain, in this and similar instances of Hydrocephalus, accompanied by other marks of excitement and congestion, show the alliance that subsists between inflammation of the brain and Hydrocephalus.

CASE V.

A CASE OF HYDROCEPHALUS, WITH A PROTRUSION OF
THE BRAIN.

MECKLENBURGH-STREET,

March 5, 1823.

MASTER R——, æt. nine months, labours under the following symptoms—uneasiness and fretfulness; frequent moaning and sighing; retching and vomiting; tossing of the hands and arms; diminished appetite; stupor, occasionally; irregular fever; irregular state of the bowels; wasting of the flesh; convulsions.

From the birth of this child, a tumor of the size of a small gooseberry has existed immediately below the os frontis, which occasionally appears and disappears.

Death, on the 8th of March, after a trial of the usual remedies.

March 9th. Dissection by Mr. M'Namara and Assistants.

Dura mater—remarkably adherent to the internal cranium. Fontanelle—ossification, very deficient. Serous effusion between the Arachnoid membrane and pia mater.

Venous turgescence in the vessels of the surface of the brain.—Lateral ventricles, contain about two ounces of a watery fluid.—Plexus choroides—highly vascular.—There is an aperture of the size of a sixpence between the lower portion of the frontal bone and the nasal bones, through which a protrusion of the cortical substance of the brain occurred and formed a tumor externally of the size of a gooseberry.—This tumor was formed by a morbid growth of the cortical substance of the brain, and was covered with the Arachnoid membrane, the pia mater, and a prolongation of the dura mater—it existed from the birth of the child; was removable by pressure; would disappear for a moment on yawning, and be violently protruded by crying or coughing.—Thoracic and abdominal viscera, sound.

COMMENT.

WAS the protrusion of the brain, in this instance, owing to a morbid growth of its cortical substance which prevented the formation of bony matter? or, did it proceed simply from a want of support in consequence of defective ossification? Different opinions respecting the nature of the tumor were entertained by different practitioners—by one, the disease was denominated *Nævi Marteni*; by another, it was considered as a watery collection; by a third, as a fatty or fungous matter; and by a fourth, as a portion of the brain itself—the dissection proved, that the tumor consisted of its cortical substance:—compression, by means of an elastic steel instrument, was employed for the removal of this tumor; on applying which, it was often observed, that the child, though immediately before lively, sunk into a state of stupor.—May not the propriety of the practice be, therefore, questioned?—May not the pressure have deranged the circulation of the brain, causing congestion and excitement of its vessels, thereby giving rise to serous effusion into the ventricles, which was the cause of death.

I have thought the above case, from its peculiar character, worthy of insertion, though it cannot be strictly classed among the cases of hydrocephalus, accompanied by disorders of other organs.

CASE VI.

A CASE SHOWING THE INSIDIOUS NATURE OF HYDROCEPHALUS, ACCOMPANIED BY INFLAMMATION OF THE HEART.

CAPEL-STREET,
29th December, 1824.

MISS D——, æt. 10 months, is violently affected with cough, dyspnœa and palpitation of the heart—the pulse is frequent and irregular; the pupils are alternately dilated and contracted; the countenance is expressive of pain and oppression; there is frequent sighing and moaning, and a considerable degree of restlessness.

During the last three months this infant has been peevish and fretful, has been often observed suddenly to distort its features, then to scream aloud, catch the breast with its hands, and suck with eagerness; these symptoms have been accompanied by an irregular state of the bowels, and by a morbid appearance of the excretions.—They were ascribed to worms, and to teething and calomel; castor oil and the warm bath have been of late the principal remedies employed.

The mother of this infant, during the entire period of her pregnancy, laboured under a painful affection of her head.

Hirud. vi. sterno.

Pulv. ex cal. P. Rhei et P. Jacobi.

Dec. 30th. Convulsions; loss of sight; pulse frequent and irregular; screaming and moaning; fæces yellow and greenish; pectoral symptoms relieved.

Vesic^m. Vertici.

C^r. Pulv.

Baln. tepid.

Dec. 31st. Pupils alternately dilated and contracted; convulsions; moaning and sighing; features collapsed.

Mist. anodyn.

Jan. 1st. Died this morning.

DISSECTION,

BY THE LATE MR. DUIGAN.

Lungs and pleura,—of a natural appearance.

Pericardium,—contains about an ounce of a watery fluid.

Upon the left ventricle of the heart is an effusion of coagulable lymph, about half an inch in diameter, at which part the lining membrane is thickened and opaque.

Liver and spleen,—of a natural appearance.

Gall-bladder,—contains some yellow bile.

Stomach and small intestines,—healthy in their structure, but considerably distended with flatus.

Between the Arachnoid membrane and pia mater there is a large quantity of serous fluid generally diffused.—The Arachnoid membrane, in some parts, is highly vascular.

Lateral ventricles,—contain about half an ounce of a watery fluid.

Cerebellum,—its lining membrane is preternaturally vascular.

At the base of the brain are detected two ounces of serous fluid, a great portion of which made its way from the surface of the brain and the ventricles.

OBSERVATIONS.

THIS was a case of chronic hydrocephalus of two or three months' duration, to which supervened inflammation of the heart and its lining membrane. In the first instance the symptoms were obscure, and supposed to arise from worms and teething; advice was not called for, nor was any active remedy employed until three days before the death of the child, when the cough, dyspnœa and palpitation, sounded the alarm.

It is a remarkable circumstance, that during the whole period of gestation the mother of this infant complained of pain, vertigo, and other disagreeable sensations in the head; I have little doubt that a predisposition to hydrocephalus is thus formed.—In all such cases, therefore, should not proper measures be taken by the physician to counteract this fatal tendency?

The morbid appearances of the heart are indicative of inflammation and its consequences, and are sufficient to account for the cough, dyspnœa and palpitation; while to low inflammation of the brain and effusion into its cavities, are referrible the peevishness, fretfulness, the countenance ex-

pressive of pain, the screaming, moaning, sighing, loss of vision, and convulsions.

Had sedatives been early employed—had a drain been established in the vertex and other parts of the head—had fit remedies been administered, might not hydrocephalus have been obviated?

CASE VII.

A CASE OF HYDROCEPHALUS, WITH INFLAMMATION OF
THE BOWELS.

SYNNOTT-PLACE,
28th September, 1820.

MISS P——, æt. 4, is subject to indigestion and head-aches.—On the 23rd September, after exposure to cold and a surfeit of fruit, complained of languor, heaviness of the head, and uneasiness in the bowels—for the removal of which a dose of castor-oil was administered.—On the 26th September fever came on, attended by nausea, vomiting, pains in the bowels and constipation; to these succeeded moaning, sighing, alternate paleness and flushing of the face, thirst, desire for cold water, stupor, delirium, distention of the abdomen, accompanied by acute pain, which is augmented on the slightest pressure.—Death took place on the ninth day of the attack—twenty-four hours before death she could see, hear, and speak.

Aperients and injections were administered—blood was taken from the arm in small quantity—

leeches were applied to the temples and abdomen, blisters to the abdomen and nucha—baths, fomentations, and stimulating liniments were employed.

DISSECTION,

BY MR. ELLIOTT, ASSISTED BY MR. LYNCH.

BETWEEN the Arachnoid membrane and pia mater, a serous fluid is found generally diffused—the vessels, arterial and venous, on the surface of the brain, are preternaturally vascular.

At the base of the brain, and in the theca spinalis, is discovered above an ounce of serous fluid, a great part of which flowed from between the membranes.—Liver and Spleen—sound.—Kidneys—highly vascular.—There are three irregular inflammatory patches on the mucous coat of the great portion of the stomach.—In the jejunum are detected two intus-susceptios, in one of which is found a lumbricus about eight inches in length.—Several portions of the mucous coat of the colon are inflamed; in some places its external coat is thickened and highly vascular, and here the bore of the canal is constricted.—Some of the mezenteric glands are much enlarged.

COMMENT.

IN this case the diseased actions in the brain and bowels were simultaneous.

At the onset, and throughout the entire attack, the child complained of pain, at one time in the head; at another in the bowels; and sometimes in both—indeed, the phenomena mentioned in the case, were indicative of a considerable degree of disorder in both organs, and the appearances after death are explanatory of the phenomena. The surface of the brain, for example, exhibited marks of inflammation, and the bowels of the same disordered action.—Cases of this kind are not unfrequent, and they demand for their cure the prompt and judicious employment of our most active remedies.—In the present instance, the complaint was, unfortunately, overlooked—considered as a common cold and bowel affection, no decisive measures were resorted to before the sixth day, when effusion was going on in the brain, and inflammation was formed in the intestines.

It has been already stated, that on the dissection, the watery fluid within the brain was found

effused, chiefly between the membranes ; a small portion was also found at the base of the cranium—there was here no dilatation of the pupils, nor was the vision impaired ; the hearing, moreover, was good, the speech distinct, and there was little, if any, delirium—whereas, when the fluid is seated in the ventricles, the pupils are almost uniformly dilated, the vision is impaired or lost, the hearing blunted, there is difficult deglutition, paralysis of the sphincters, and considerable derangement of the sensorial functions, approaching sometimes to mania.

I have so often observed the above-mentioned diversity in the phenomena, according to the parts of the brain into which the fluid has been found effused, that the circumstance has seemed to me deserving of notice, as it may lead to some important practical results, and to some pathological inferences in regard to the functions of an organ still involved in obscurity.

CASE VIII.

A CASE OF HYDROCEPHALUS WITH INFLAMMATION OF THE ALIMENTARY CANAL, ACCOMPANIED BY AN EXTRAORDINARY LUSUS NATURÆ,—THE WANT OF AN HEPATIC ARTERY.

ON the 16th of April, 1822, I was called on to visit an infant child, seven days old, of Mr. C———'s, Upper Gardiner-street, where I met Dr. Douglas in consultation:—the skin and the tunica conjunctiva of the eye had a jaundiced appearance; the pulse was feeble, frequent and irregular; there was frequent opening and shutting of the mouth; there was coma and vomiting; the fœces were fluid, and of a light yellow, and pain was excited on pressing the abdomen.

During the night of the 16th the child died;—when born it was fully formed, and had a healthy look—it was spoon-fed; considerable emaciation suddenly took place on the fifth and sixth days after birth, when it became fretful and heavy, and vomited its food.

The parents had lost four other children of

different ages—two died of pulmonary affections, and two of diseases of the brain.

DISSECTION,

BY MR. WALLACE, ASSISTED BY DR. DOUGLAS.

LIVER,—of a dark colour, harder and smaller than natural, it is adherent to the peritonæum lining the parietes of the abdomen, by very minute filaments.

Gall-bladder,—seems imbedded in the liver, and so small that it would not contain a dram of any kind of fluid; it is in part filled with a substance resembling meconium.

Peritonæum,—partly transparent, and partly of a vermilion colour.

Stomach,—internally and externally, exceedingly vascular; in some places of a dark colour, in others of a bright red.

Intestines,—their external coat has the same appearance as that of the stomach, but their internal is whitish and natural.

Heart and lungs,—sound.

The scalp and the surface of the brain exhibit a high degree of vascularity; by accident, the meninges and ventricles were laid open, and the quantity of fluid they contained could not be ascertained; but at the base of the brain was detected about an ounce of a watery fluid, tinged with blood.

The hepatic artery was wanting.

THIS is an extraordinary *lusus naturæ*; I have never witnessed a second instance of the kind:—The gall-bladder was nearly filled with a substance resembling meconium; the liver was turgid with blood, and yellowish; the fœces were of a light yellow; a secretion of bile may therefore take place independently of an hepatic artery:—the inflammatory and highly vascular appearance of the external and internal coats of the stomach are sufficient to account for the vomiting and the pain excited on pressure: the peritonæum and the external coat of the intestines were also inflamed, and preternaturally vascular; and the omentum was of a bright red colour. These appearances

show to what an extent, even in new-born infants, inflammation may exist in the serous membranes. The brain was remarkably turgid, owing to an accumulation of venous blood, and at its base was discovered an ounce of an aqueous fluid, tinged with blood, a portion of which made its way from the ventricles and membranes.

It is scarcely necessary to state that the morbid appearances here enumerated, sufficiently account for the phenomena, and the death of the patient.

To the want of the hepatic artery may be ascribed the dark colour and the diminished size of the liver.

CASES
OF
HYDROCEPHALUS,

CONSEQUENT TO
OTHER DISEASES.

CASE I.

A CASE OF HYDROCEPHALUS, WITH DISORGANIZATION OF
THE LUNGS, HEART, AND LIVER.

IN July, 1821, Mr. K——, æt. 42, Prussia-street, of a melancholic temperament, and subject to indigestion, laboured under inflammation of the liver, seated chiefly in the left lobe, accompanied by cough and præcordial oppression.—This attack was cured by venesection, blistering, leeching, and mercurial aperients.

During the greater part of the previous winter he was troubled with cough, dyspnœa, and

fugitive pains in the thorax, attended by mucous expectoration, by hectic fever, and occasionally by pains or a feeling of uneasiness in the region of the liver:—these symptoms were kept in check by a cooling diet, a regulated temperature, country air, and the use of digitalis, opium, aperients, and the mineral acids, with the occasional application of leeches or blisters.

On the 23rd of January, 1822, he complained of pain and sense of fulness in the head, of confusion of ideas, and want of rest and appetite, attended by great irritability of mind, by frequent epistaxis, and by an obtuse pain in the back part of the great lobe of the liver.—For the removal of these disorders, eight ounces of blood were thrice taken from the arm with manifest relief—leeches were applied to the temples—a blister to the head, and pills of calomel, cathartic extract, and antimonial powder, were daily administered—the blood was buffed and cupped, the discharge from the head was copious, the fœces were yellowish, and the urine was of a lemon-colour and turbid.

Jan. 31st. Is chearful, and speaks of going down stairs.

Feb. 1st. Sudden loss of speech, but the sight and hearing continue perfect, swallows freely, and is fully sensible of what is doing around him.—Leeches were now applied to the temples, an enema was administered, and blisters were applied to the legs.

Feb. 2nd. Nearly as yesterday—no return of the power of speech—pulse 116, full and tense; fœces, yellowish; drowsiness—breathing, easy.

Vesic^m. inter scap.

Mist. Camphor. Ammon.

Cras. mane, Haust. Cath.

Feb. 3rd. This morning, is unable to articulate, or protrude the tongue; sight and power of swallowing, good; fœces, yellow; urine, turbid; countenance, dejected; complexion, dun-coloured; pulse, 112, compressible; stupor; skin, hot.

Hirud. xii. pone Aures.

Vesic. tibiis internis.

En. Tereb.—H. Cath.

Feb. 4th. Makes an attempt to articulate, and is more conscious of what is doing about him—in other respects much as yesterday.

Vesic^m. fronti temporibusque

H. Cath.—En. Tereb.

Feb. 5th. Is able to articulate—countenance more animated ; pulse 102, softer ; body constipated.

H. Cath.

En. Purg.

Feb. 6th. Pulse 106, regular and soft—copious discharge from the blistered part of the head ; three dejections by the draught, and passed involuntarily ; urine, at times, passed unconsciously ; sight and hearing, good ; bad night ; stupor ; delirium ; skin hot, belly soft.

Hirud. xii. temporibus.

Mist. Ammon. Camph.

Feb. 7th. Senses more impaired ; delirium ; subsultus tendinum ; pulse 108, feeble ; hiccup.

Pulv. Jacobi c. Cal.

Vesic^m. Occipiti.

En. Tereb.

Feb. 8th. Sight, lost, difficult deglutition ; involuntary dejections ; pulse feeble ; coma, moaning.

Feb. 8th. Death.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY DRS. DILLON AND
LAWDER.

DURA MATER,—exhibits numerous minute florid vessels—veins turgid with blood.—Surface of the brain highly vascular, and its convolutions are remarkably flattened.—Serous effusion is perceptible between the Arachnoid membrane and pia mater.—There are numerous air-bubbles in the veins on the surface of the brain.—On cutting through its substance it is found harder and more vascular than natural.—The ventricles are considerably distended, and contain more than four ounces of a transparent watery fluid.—The pineal gland contains a larger quantity of calculous matter than usual.—There is a considerable quantity of serous effusion in the cellular structure surrounding the optic nerves.—The cerebellum and its membranes are more vascular than natural.

Thorax,—on raising the sternum, a large quantity of firm cheesy-looking matter is found strongly adherent to its lining membrane, to the cartilages of the ribs, and between the folds of the mediastinum.

On the right side of the chest there are strong and universal adhesions—in this cavity is found about a pint of serous fluid, in which lie floating several gelatinous flakes.

Right lung,—almost completely hepatised ; it contains several tubercles of different sizes, of a cheesy or curdly nature, and contained in distinct sacs.

Left lung,—in part hepatised ; this also contains tubercles similar to those detected in the right lung—here too are several adhesions between the pleura pulmonalis and costalis.

Pericardium,—contains about an ounce of a serous fluid—it is studded to the extent of about three inches, with minute tubercles, some of which have a fleshy appearance, and when cut into are caseous, resembling those detected in the mediastinum ; and the surface of the heart opposite this diseased portion of the pericardium is similarly affected ; the posterior surface of the heart is likewise diseased in a similar manner.

Stomach,—natural.

Colon,—distended by air and fœces to thrice its usual size—in some places it is preternatu-

rally vascular.—Small intestines, in some parts, highly vascular.

Spleen,—rather soft and vascular—its peritonæal membrane is opaque, and studded with very minute whitish tubercles.

Liver,—both lobes are of the usual size.—Their peritonæal membrane is opaque, and studded with minute tubercles, which give it a mottled appearance—when cut into, both lobes are found filled with very small tubercles of a caseous nature, and contained in distinct sacs.

Gall-bladder,—distended with greenish bile.—Kidneys, of a natural structure.—Left kidney larger and more vascular than the right.

OBSERVATIONS.

HYDROCEPHALUS was here the immediate cause of death, and this was anticipated from the presence of various symptoms indicative of excitement, and compression of the brain—as the head-aches, epistaxis, sense of weight and fulness, stupor, coma, loss of sight, stertorous breathing, difficulty of swallowing, delirium, &c.

From the history of the case, we expected to find the lungs and liver considerably diseased; accordingly after death, the lungs were found hepatised and tuberculous, and the liver tuberculous and otherwise diseased.—It would appear, indeed, from the dissection, that there was a strong disposition to chronic inflammation in the serous membranes of the body generally.

The quantity of firm caseous matter detected between the folds of the mediastinum and adherent to the cartilages of the ribs is remarkable—the appearance of part of the pericardium is likewise remarkable—it was thickened, uneven, and tuberculated, the tubercles were partly of a fleshy and partly of a whitish appearance, small and of an irregular shape, and when cut into, exhibited a structure similar to those found between the folds of the mediastinum—something of the same kind was observed on the lining membrane of the heart, the liver, and spleen.

The presence of numerous air-bubbles in the veins on the surface of the brain, may also be considered as a remarkable circumstance. And, as in this instance, and some others, air in the cranium has been accompanied by a disturbance

of the intellect, the coincidence may lead to the consideration of the question—how far the presence of air within the cranium may tend to the production of mania?—It may be proper to remark, that the father and cousin of this gentleman died labouring under mental derangement.

Here it may be asked, if, after the first illness of this gentleman in the winter of 1820, a sea-voyage, a residence in a more genial climate, a proper regimen, and the establishment of a drain in the vertex and the right side of the thorax, had been recommended, might not the fatal termination of the malady have been obviated?

CASE II.

A CASE OF HYDROCEPHALUS, SUPERVENING TO MEASLES.

July, 1821.

MRS. B——'s child, æt. 16 months, Baggot-street, during the last week has laboured under hydrocephalic symptoms—moaning, sighing, vomiting, knitting of the eye-brows, frequent opening and rolling of the lips, præcordial oppression, convulsions, with a pulse varying in strength, frequency, and regularity, at one time 130—has been in the country in consequence of some delicacy of constitution and of cough, occasioned by measles which appeared in this child about a month ago—the eruption was copious and the fever high, attended by a great degree of languor and oppression.—Leeches have been applied to the temples and blisters to the head and nucha—calomel and aperients have been administered. Dr. Labatt in attendance.

July 1st. Is able to sit up in bed ; sees, hears, and swallows ; pupils natural ; pulse 86, regular ; fœces, greenish.

Pulv. ex cal. et rheo.

July 2nd. Convulsions, stupor, delirium, pulse 120, irregular and intermitting; face alternately flushed and pale; moaning and sighing; fæces green, yellow and curdy; pupils contracted.

Vesic^m. occipiti. En. Tereb.

Cal. c. opio. Baln. tepid.

July 3rd. Nearly as yesterday.

July 4th. Died this morning.

DISSECTION,

BY MR. BUCHANAN AND MR. BRADY.

SEROUS effusion is perceptible between the Arachnoid membrane and pia mater.

Considerable turgescence of the vessels on the surface of the brain. The depressions between the convolutions are filled with serous fluid.

Lateral ventricles,—distended with a watery fluid, about an ounce of which was collected, a large quantity was lost.

Gall-bladder,—distended with dark-coloured bile.

OBSERVATIONS.

It is not unusual to see hydrocephalus supervene to measles.

Does not this point out the necessity of early depletion in measles, especially in children predisposed to hydrocephalus, with a view to obviate the occurrence of so fatal a malady?

Is the inflammatory affection of the skin in measles communicated to the lining membrane of the brain?—or does the general excitement of the skin and the suppression of perspiration, induce congestion and excitement of its vessels?

Here the symptoms were indicative of hydrocephalus, and are accounted for by the appearances after death.

CASE III.

A CASE OF HYDROCEPHALUS SUPERVENING TO MEASLES,
WITH A CONSIDERABLE DISEASE OF THE LUNGS.

DURING the first week of March, 1822, I attended a child nine months old of Mr. M——'s Beresford-street, labouring under measles, accompanied by inflammation of the lungs;—the cough was urgent and the fever high,—there was violent palpitation of the heart; the respiration was oppressed, and the fœces were greenish and yellow;—in a few days the eruption disappeared, and the violence of the pulmonic attack was diminished by the application of leeches and blisters, and the use of calomel, aperients, and expectorants.

Towards the end of March the child became languid and heavy, often sighed and moaned, was restless, and was observed frequently to place one of its hands under its head; the eye lost its lustre, the countenance its animation.—The appetite diminished; there was nausea, and the complexion changed from a rosy to a sickly,

sallow hue ; the head and neck were thrown backwards, and these symptoms were accompanied by cough, dyspnœa, hectic-fever, and finally, by convulsions.

Death took place on the 31st of March.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY MR. M'KAY.

CONSIDERABLE œdema of the cellular membrane of the scalp, especially at the occiput, where it is much thickened.

There are nearly two ounces of a watery fluid between the Arachnoid membrane and pia mater.

Veins on the surface of the brain, firm and very turgid.

Lateral ventricles,—enlarged and preternaturally vascular,—they contain an ounce of a serous fluid.

Plexus choroides,—highly vascular.

Cerebellum,—highly vascular.

Intestines,—unusually pale, and considerably distended with flatus.

The left lung and the pleura costalis are covered with a yellowish flocculent lymph: the left cavity is completely filled with a serous fluid, strongly imbued with pus. There are no adhesions on this side of the cavity of the chest; on cutting into the left lung, part of it is found hepatised, while there are, in other parts, numerous minute whitish tubercles in distinct cysts.

The right lung presents the same diseased appearance as the left, but in a less degree.—The mucous membrane of the bronchiæ is easily detached, is in part, highly vascular, and in part, of a dusky hue.

Pericardium,—contains nearly three ounces of a serous fluid.

Heart,—natural.

OBSERVATIONS.

THIS is another case of hydrocephalus succeeding to measles.—The dropsical swelling of the cellular membrane of the scalp, was the most remarkable feature in the history of the dissection,—it was seated chiefly at the occiput, and communicated a pulpy feeling to the finger, while to the eye there was a sensible elevation of the scalp of about two inches in diameter ; this swelling contained a large quantity of a watery fluid:—the application of blisters sometimes induces this state of the scalp ;—in the present instance none were applied.

As the bones of the cranium were here soft, as the bregma was still open, and as a large quantity of fluid was seated between the membranes of the brain, is there not ground for thinking, that had not the lungs been so much diseased, a copious drain from the scalp would have proved serviceable?

CASE IV.

A CASE OF HYDROCEPHALUS, WITH DISORGANIZATION OF
THE LUNGS, LIVER, &c.

JERVIS-STREET,

January 10th, 1825.

MASTER E——, æt. 6, complains of fugitive pains and soreness in the epigastrium, augmented by pressure; of nausea, flatulence, vomiting, loss of appetite, and constipation;—at one time there is an acute darting pain in the forehead and temples, at another, a dull pain, preceded or followed by heaviness of the head, and accompanied by languor and lowness of spirits;—a low irregular fever is present;—there is cough, dyspnœa, and palpitation of the heart:—the fœces are dark or yellow, and the urine is reddish.—This little boy has been in a delicate state of health for several months,—of late only, the head has become engaged;—different remedies have been prescribed by different practitioners without affording any material relief.—Alteratives, aperients, mild bitters, and country air, were now recommended.

April 6th. Head-ach, stupor, delirium, loss of flesh and strength, restlessness, cough, dyspnoea, vomiting, fœces yellow, urine high-coloured, fever.

Hirud. x. temporibus.

Cal. et P. Rhei.

April 7th. Symptoms nearly as yesterday.

C^r. Cal. et P. Rhei.

Vesic^m. capiti abraso.

April 9th. Vision impaired.

C^r. Pulv.

April 11th. Convulsions—hiccup.

Baln. tepid.

Cal. c. Opio.

April 12th. Pupils contracted—coma—involuntary dejections.

April 13th. Vision lost—difficult deglutition.

April 14th. Death.

DISSECTION.

A HIGH degree of venous turgescence and arterial vascularity are observable on the surface of the brain.

Between the Arachnoid membrane and pia mater there is a quantity of serous fluid.

In the ventricles, and at the base of the cranium, are found three ounces of a watery fluid.

Lateral ventricles,—enlarged.—Plexus chorooides,—pale.

The Cerebellum exhibits marks of inflammatory action.

Between three and four ounces of a watery fluid are found in the cavity of the thorax.

Both lungs, when cut into, contain innumerable minute tubercles, in some of which are found a purulent and curdy, and in some, a cheesy or fatty matter.

Pericardium,—contains about ten drams of a watery fluid.

On the surface, and in the substance of the liver, are several small tubercles of a whitish-yellow appearance, some of which contain a substance of a fatty, and some of a curdy nature.

Liver,—harder, larger, and more vascular than natural.

Pancreas,—its head is schirrous and greatly enlarged, and when cut into is found filled with a granulated purulent substance; it is attached by membranous adhesions to the stomach and duodenum.

COMMENTARY.

THIS is an instance of chronic hydrocephalus, in which we meet with effusion between the membranes, as well as in the ventricles. Scrofulous tubercles were found in the lungs, liver, and spleen, and the head of the pancreas was converted into a scrofulo-schirrous mass, in its progress towards suppuration. The lungs were most affected; the obstructed circulation in the different organs mentioned, gave rise to congestion and excitement of the brain, and consequent effusion,—the impeded circulation in the lungs,

caused likewise effusion into the cavities of the chest and pericardium.

The state of the spleen, liver, and pancreas, will serve to account for the pain, uneasiness, or soreness, referred to the epigastrium, augmented by pressure and taking food.

The dissection shows to what an extent the lymphatic glands of different organs may become diseased in the same subject.

CASES
OF
RECOVERY
FROM
SUPPOSED HYDROCEPHALUS.

CASE I.

ABBAY-STREET,
May 12, 1816.

MISS M—, æt. 12, of a delicate frame and quick perception, has been complaining for a fortnight of nausea, loss of appetite, prostration of strength, head-ach, and restlessness. Cathartics have been administered without producing any good effect. A younger brother died about a month ago of hydrocephalus; a discharge from the ear, to which this young lady was subject, has lately ceased.

Pulse 124; skin hot and dry; thirst; shooting pains throughout the temples and forehead; pupils dilated, but they contract on the application of

light ; vomiting occasionally ; restlessness ; tongue white ; bowels constipated.

Mittatur sanguis e brachio ad uncias sex.

Habeat^{*} pil. ex. Cal. et ex. col. c.

Vespere injiciatur enema purgans.

May 13th. Blood dense and slightly buffed ; head-ach relieved by the bleeding ; complains of shooting pains in the occiput and forehead ; three dejections, yellow and greenish ; pulse 114 ; skin cooler ; tongue whitish ; some rest ; no appetite.

Admoveantur pone Aures hirudines duodecim.

Repetantur pilulæ et en. purgans.

May 14th. Temporary ease from the application of the leeches ; rest disturbed by the head-ach ; frequent sighing and starting ; faintishness ; slight epistaxis this morning ; pulse 120 ; skin hot ; vomiting occasionally ; throbbing of the temples ; two dejections, yellowish.

Admoveantur temporibus, hirud. xii.

Rep^r. pilulæ et en. purg.

May 15th. Slept some time after the application of the leeches ; head-ach returned in the evening ; vomited once ; three dejections, greenish and yellowish ; pulse 100 ; skin, cool ; some return of appetite ; weaknesses occasionally.

Hab. calomelanos gr. duo 3 horis.

Utatur pediluvio.

May 16th. Very slight return of head-ach ; tolerable night's rest ; three dejections, yellowish ; urine straw-coloured ; pulse 94 ; skin cool ; no vomiting ; took a little food.

Repetantur Pulveres ex calomelane.

May 17th. Able to sit up in bed ; occasionally slight return of head-ach.

Rep'. Cal.

May 19th. Convalescent.

Habeat pil. cath. simp. alvo postulante.

COMMENT.

HYDROCEPHALUS is, in every instance, a dangerous disease, insidious in its approach, and often rapid in its progress, effusion not unfrequently supervenes before the alarm is given ; whenever, therefore, there is ground to suspect the existence of this disorder, when the head is engaged, though some of the symptoms be equivocal, a decided line of treatment should be pur-

sued: now, as this complaint is inflammatory, or congestive in the *first* stage, and dropsical in the *second*, it is clear that general and local evacuants are indicated, and are the only remedies to be relied on; if these fail, effusion follows, when all our efforts too often prove abortive: in cases of recovery, therefore, hydrocephalus, correctly so called, can scarcely, in any instance, be said to exist but there is inflammation or congestion of the vessels, threatening to terminate in that aqueous effusion from which it derives its name.

That the present was a case of hydrocephalus in the first stage, we may conclude for the following reasons:—

1st. The delicate and irritable frame and great sensibility of the patient.

2nd. Family predisposition.

3rd. The shooting pains throughout the head, the dilatation of the pupils and intolerance of light; the weaknesses, sighing and starting, and the restlessness, vomiting and irregular state of the bowels.

4th. The absence of disease in every organ save the brain.

5th. The inutility of purgatives.

6th. The efficacy of general and local blood-letting.

7th. The cessation of a discharge from the ear, which had previously subsisted.

CASE II.

BRIDGEFOOT-STREET,

June 2, 1820.

MASTER P——, æt. 10, for some days past, after exposure to wet and cold, has occasionally complained of fugitive pains in the forehead and occiput; of languor and throbbing of the temples:—the face is often pale and often flushed; the appetite is bad and the digestion imperfect.—Aperients have been administered,—at present the pulse is 110 and strong, the skin is hot, and the tongue foul and yellowish.

V. S. $\frac{3}{4}$ viii. Cal. gr. v.

June 3rd. Temporary ease afforded by the V. S.; blood sily; three dejections, partly yellow and partly greenish and slimy; urine high-coloured; head-ach and fever somewhat abated; moaning and sighing occasionally; disturbed rest.

Hirud. x. temporibus.

Cal. gr. iv. statim—H. Aperiens.

June 4th. Says he felt much relief from the application of the leeches; full operation from the calomel and aperient; fœces, tarlike; urine,

turbid ; skin pale, yet when pressed, communicates a pungent heat to the touch ; pulse 120 ; some uneasiness in the right hypochondre ; tongue foul.

Hirud. xii. temporibus—Repr. Cal.

June 5th. Restlessness ; yesterday evening the face was flushed, the skin hot and reddish, and the pulse 130 ; the temples throbbed, and the pains of the head returned with increased violence ; fœces dark and olive-coloured ; urine, turbid ; tongue, parched and brownish ; uneasiness on pressing the right hypochondre abated.

V. S. ζ viii.

Cath.

Baln. tepid.

June 6th. Blood dense ; serum in small quantity ; ease, for some hours, procured by the bleeding ; but, in the evening, the affection of the head returned ; some remission of the symptoms was obtained by the aperient and the tepid bath.

Vesic^m. Nuchæ. Hirud. xv. Temporibus.

Cal. II. Cath. et Baln. tepid.

June 7th. Intolerance of light and noise ; stupor ; slight delirium ; pulse 116, irregular ; skin, hot and dry ; thirst ; loss of appetite ; fœces

black; urine deposits a lateritious sediment; fugitive pains in the head.

V. S. $\frac{3}{4}$ vi. Baln. tepid.

Cath. et H. Anodyn. h. s.

June 8th. Some hours' rest, from the anodyne; head relieved—bowels open—fever abated; blood dense—there is every morning a remission of fever and an exacerbation every evening.

Cath.

June 10th. Return of head-ach and fever, restlessness, moaning and sighing; fœces, saffron-coloured; urine, turbid.

Hirud. xii. Temporibus.

Vesic^m. Vertici.

Hab'. 3ⁱⁱ. horis Cal. gr. ii. cum Ex. Opii aquosi. gr. dimid.

June 13th. Head-ach and fever considerably abated, but still the morning remissions and evening exacerbations are manifest—better rest—some return of appetite.

Cont'. Cal. cum Opio.

June 16th. Gradual amendment—the bowels are opened by a simple aperient—the gums are spongy.

Cr. Cal. cum Opio.

June 20th. Slight ptyalism—skin moist and warm—return of rest and appetite—free from head-ach and fever.

Convalescent.

OBSERVATIONS.

THIS was a case of threatening hydrocephalus, accompanied by a considerable derangement of the hepatic functions,—the shooting pains in the head, the languor, the intolerance of light and noise, the moaning and sighing, indicated a morbid state of the vessels of the brain, while, from the appearance of the excretions and the uneasiness or pain in the right hypochondre, it was clear that the functions of the liver were much disturbed.

It is not unusual to find these two organs simultaneously diseased—in some cases the brain is primarily engaged, in others, the liver; and, how far they stand in the relation of cause and effect, it is not, at all times, easy to determine; one thing, however, is clear, that if either viscus has been long disordered in its actions, or has been altered in its structure, the other, from

their mutual relations and sympathies, must suffer from the derangement; this fact is well known to every practitioner: when, therefore, a predisposition to hydrocephalus exists, it is rational to infer that a morbid condition of the liver will induce congestion or excitement of the brain, and finally, effusion into its cavities.

The present case affords an example of the advantages to be derived from the prompt employment of active measures; indeed, when danger is present, the loss of a day, or of an hour, may be the loss of life.—Here we may notice the good effects of calomel and opium after depletion,—these remedies combined are often found to allay irritation and procure rest; moreover, they sometimes succeed in equalizing the circulation, by causing a determination of blood to the surface.

CASE III.

MOUNT PLEASANT,

Oct. 27, 1816.

MISS C——, æt. 8, complains of shooting pains in the forehead, temples, and eye-balls,—pulse 120; skin hot and dry; tongue, foul, moist and of a brownish yellow; fœces, blackish; urine, high-coloured and turbid; delirium, restlessness, flushing of the face, intolerance of light, tossing of the head, moaning, laborious respiration; uneasiness on pressing either hypochondre.—This illness commenced ten days ago with languor, chilliness, loss of appetite and constipation of the bowels.

V. S. ℥viii . Hirud. xx. Temporibus.

Hab'. pulv. ex Scam. et submur. Hydrarg.

Foveatur Abdomen.

Injiciatur En. Purgans.

Oct. 28th. Pain of head relieved; pulse 102, and soft; skin cooler; tongue, of a yellowish brown; fœces resemble chopped spinage; some

rest; urine, turbid and deposits a lateritious sediment; uneasiness on pressing the right hypochondre.

R. Pulv. Antimon. gr. x.

Submur. Hydrarg. Scammonii ā ā ʒi.

Sacchari Albi, gr. vii. m. et divide in partes sex.

Sum'. un. 3ⁱⁱ. horis.

Emp. Canth. Nuchæ.

Oct. 29th. Vomiting of a greenish yellow bitter fluid; fœces of a grass-green; urine turbid; head-ach abated; skin, hot, dry, and of a yellowish hue; uneasiness or pain in the right hypochondre on making an inspiration or on pressure.

Rep'. Pulveres—Enema Purg.

Foveatur Abdomen.

Oct. 30th. Five dejections, green and yellowish; urine deposits a pink-coloured sediment; pulse 92; eye and skin of a jaundiced appearance; slight head-ach; tolerable rest.

Repr. Pulv. et En.

Nov. 3rd. Has taken the powders daily; fœces, lightly tinged with green; urine, straw-coloured; return of rest and appetite; free from head-ach and pain in the right hypochondre.

Hab'. Ol. Ricini dos.

Omitt'. Pulv.

COMMENT.

THIS attack was ushered in with symptoms of indigestion, accompanied by low fever,—as the disease advanced, it was apprehended, from the state of the head and eye, that hydrocephalus had taken place;—towards the close of the complaint the appearance of the skin and excretions, and the uneasiness or pain in the right hypochondre indicated obstructions and morbid actions in the vessels of the liver.

Here a derangement was first observed in the chylopoetic viscera. The affection of the brain supervened, and thus far the presumption is, that the disease of the brain was the consequence of such derangement; and this supposition derives additional strength from the further evolution of hepatic disease about the close of the distemper. But, however opinion may vary on these points, the case shows the utility of evacuations and of a decided line of treatment,—and, in a practical point of view, is valuable and important.

CASE IV.

COPE-STREET,

19th September, 1816.

MASTER F——, æt. 12, ill fifteen days. The complaint commenced with chilliness, languor, lassitude, head-ach, nausea, and loss of appetite.—To these symptoms succeeded heat of skin, frequency of pulse, thirst, restlessness, delirium, and pain on pressing the right hypochondre.—The head is large and the forehead prominent.

Cathartics have been administered, and leeches applied to the temples and right hypochondre.

Pain in the forehead, intolerance of light, vision perfect; pupils of a natural appearance; pulse 116, strong; skin hot; tongue clean and moist; abdomen extremely sensible to the touch.

Detrahantur ex Arteria temporali Sanguinis, $\frac{3}{4}$ vi.

Pulv. ex Cal. et Scam.

Hirud. x. Temporibus.

Sept. 20th. Bowels free; fœces dark-coloured, green and mucous; urine, brownish and turbid; pulse 120; skin hot and dry; eyes suffused; restlessness; delirium; pains generally diffused throughout the head; considerable tenderness of the abdomen.

Detrahantur ex Arteria temporali Sanguinis, ℥xii.

Hab'. statim Cal. gr. v. post horas tres, Haust. Cath.

Alvo soluta, incipiat sumere. Pulv. ex Cal. Digital. et Opio.

Sept. 21st. Fœces, nearly as yesterday; urine, straw-coloured; intellect, clear; pupils, more contracted than natural; vision, perfect; pulse, 118; skin hot and dry; head-ach; soreness of the abdomen augmented by pressure; knitting of the eye-brows; convulsive twitchings of the muscles of the lips; temporary ease procured by the bleeding.

Omitt'. Opium.

Pulv. ex Cal. Digital. et P. Ant.

Hirud. xxiv. Temp'.

Sept. 22nd. Restlessness; low delirium; frequent cry of "Oh, my head!" pulse, 108; skin, cool; pain in the occiput and nucha; pupils contracted, but sensible to the application of light;

three dejections of a grass-green ; urine, straw-coloured ; tongue, clean.

V. S. ζ viii.

Vesic^m. Vertici.

R. Extr. Opii. aquosi, gr. ii.

Pulv. Antimon. gr. xii.

Cal. \mathfrak{D} i. m. et divide in partes sex.—Sum^t. un. 3^{iiis}.
horis.

Sept. 23rd. Slept a little ; less moaning ; pupils of a more natural appearance ; three or four dejections like to chopped spinage ; pulse 106 ; soreness on pressing any part of the abdomen or any part of the flesh ; takes drink freely, and sometimes broth.

Hab^t. Olei Ricini dosin cum Oleo Terebinth.

Rep^t. Pulveres ex Cal. Opio. et P. Ant.

Foveatur abdomen decocto Chamemeli.

Vespere habeat semicupium.

Sept. 24th. Complains of pain in the occiput and about the sixth and eighth dorsal vertebræ ; stupor and delirium occasionally, yet when roused, gives a rational answer ; pulse 120 ; skin hot and dry ; tongue clean ; no mercurial fetor of the breath ; fæces resemble sloak or chopped spinage ; relieved by the fomentation and semicupium.

Rep^t. Ol. Ricini et Terebinth.

Rep^t. Pulv. fatus, et semicupium.

Sept. 25th. Still complains of pain in the occiput and dorsal vertebræ; three or four dejections, greenish and slimy; dozing, moaning, and delirium occasionally, and crying out, "O Lord! oh, my head and back!" pulse, 104; tendency to mortification on the tip of the right ear; calls out for a repetition of the bath, from which he finds much relief.

Habeat Pulv. Scam. et Rhei dos.

Habeat Pulv. ex Cal. Scam. et Opio.

Admoveatur Occipiti et Nuchæ Emp. Canth.

Sept. 26th. Bowels confined; abdomen tense, soreness on pressing the right hyhochondre; pulse 106; skin cool; occasionally moaning and dozing, and delirium, yet when roused, speaks coherently; still complains of pain in the occiput and dorsal vertebræ; tongue clean.

M. Cath. ex Infuso Sennæ, Sulph. Magn. Tinct. Jalapæ et Elect. Scam.

Omitt. Cal. Opium et Ol. Tereb. et Ricini.

Rep. Semicupium.

Admoveatur Hypochondrio dextro Emp. Canth.

Sept. 27th. Symptoms nearly as yesterday; pupils of a natural appearance; sight and hearing good; wild expression of countenance—takes flummery.

Admoveantur parti dolenti Vertebrarum Hirudines octo.

Rep'. M. Cath. cum Ant. Tartarisato.

Post alvi solutionem, habeat Pulv. ex Cal. Opio et Pulv. Ant.

Sept. 28th. Pulse 106, soft and regular; stupor and moaning occasionally; fæces yellowish and greenish; urine natural and copious; sight and hearing good; considerable irritation of mind occasionally, approaching to mental derangement.—Takes a little light food; pain still felt in the dorsal vertebræ and occiput.

Rep'. M. Cath. cum Tart. Emet.

Rep'. Pulveres ex Opio. Cal. et P. Ant.

Sept. 29th. Pulse 96, hard; complains much of pain in the forehead, occiput, and back; moaning and screaming occasionally.

Mittatur Sanguis e brachio ad uncias sex vel octo.

Rep'. M. Cath. cum Tart. Emet.

Omitt'. Cal. Opium et P. Ant.

Sept. 30th. Crassamentum florid, soft and in small quantity; serum in large quantity and straw-coloured; peevishness, delirium, moaning and restlessness; at present does not complain of pain in the head, back, or belly; pulse 102; skin cool; right ear very uneasy; three or four dejections, dark-brown and fetid, and of a granulated appearance; urine varies little in appearance.

Rep'. M. Cath.

Baln. tepid.

Oct. 1st. Symptoms nearly as yesterday; complains at times of pain in his head, back, and belly.

Rep'. M. Cath. cum Tart. Emet.

Hab'. Mist. Opiat.

Oct. 2nd. Fæces brick-coloured and dark; pupils more dilated; sees and hears distinctly; dozing, screaming, and delirium occasionally, yet when roused, gives a rational answer,—tossing of the head, and frequent rubbing of the forehead upon the pillow, restlessness; pulse 92; skin cool; urine straw-coloured.

Rep'. M. Cath. cum Ant. Tart.

R. Extr. Opii Aquosi gr. iss. Cal. ʒi. P. Ant. gr. xii.

M. et divide in part. vi.—Sum'. un 3^{iss}. horis.

Rep'. Baln. tepid.

Oct. 3rd. Symptoms much as yesterday.

Rep'. M. Cath.

Oct. 4th. Pulse 102, soft and regular; skin cool; occasional fits of mental derangement; last night called aloud for potato-cake, of which he eat voraciously; frequent moaning, restlessness and tos-

sing of the head, pupils natural; sight and hearing good; took tea and bread this morning—short sleeps—slight ptyalism.

Omitt'. M. Cath. et Cal. Op^m. et P. Ant.

Hab'. H. Anodyn. cum Tinct. Opii. gutt. xxx. h. s.—Pediluvium.—Application of Ice to the head.

Oct 5th. Temporary fits of mania apparently relieved by taking food; pulse 96; skin cool; tongue clean; fœces yellowish and brick-coloured; urine straw-coloured; sleeps a little—no good effect from the ice and pediluvium.

Rep'. H. Anodyn.

Oct. 6th. Symptoms nearly as yesterday.

Rep'. H. Anodyn.

Oct. 7th. Three paroxysms of mental derangement occurred during the last twenty-four hours, each of about twenty minutes duration; while the paroxysm continues, he often screams aloud, and calls for bread, potato-cake, &c., of which he eats voraciously; pulse 94; skin cool; tongue clean; peevishness; fœces yellowish and consistent.

Hab'. Cal. gr. v. et h. s. H. Anodyn.

Oct. 9th. Paroxysms of mania and idiotcy

frequently succeed each other; the former are often appeased by food or soothing expressions. Sleep and appetite improved; expression of countenance, more natural, but which at times, is wild or vacant; bowels opened by the cathartic; fœces pale and yellowish, but now consistent.

Habt. Cal. et Scam. et M. Cath. cum Ant. Tart.

Oct. 11. Paroxysms abated; they are aggravated by constipation, or whatever may irritate the mind; general health amended.

C. M. Cath.

Oct. 15th. The same state of mind continues, but the paroxysms are more moderate; fretful, and at times difficultly satisfied; intellect occasionally clear and strong; small boils appear upon the scalp, which cause great uneasiness; makes use of the tepid bath, and takes opium and cathartics when necessary.

Oct. 30th. Convalescent.

COMMENT.

THE most remarkable circumstance in the history of this case, was the supervention, at one time, of maniacal delirium, and, at another, of idiotcy.

There was another circumstance deserving of notice, I mean the pain so loudly complained of in the dorsal vertebræ.—As, at the same period pain was felt in the occiput and nucha, we may conclude, that the inflammatory action was thence extended along the theca spinalis to the vertebræ of the back, and the great relief afforded by general blood-letting, the application of leeches and blisters, and the use of calomel and aperients, seems to confirm the opinion.

This was considered by the practitioners in attendance, Dr. Crampton and the late Mr. Richards, as a case of hydrocephalus, and certainly the symptoms indicated the presence of hydrocephalus;—but during the course of this formidable attack, there were symptoms of typhous or cephalic fever, of phrenitis, of mania, and of idiotcy; and all yielded to the use of evacuates, sedatives, and counter-stimulants—a fact

well worthy the notice of the reader, as it shows the close alliance that subsists between diseases supposed distinct and opposite in their nature.—The unusually large quantity of blood that was abstracted gives to the case an additional interest, as it shows to what an extent blood-letting may, in some instances, be carried with safety; although, perhaps, there are physicians who may consider, that the quantity here withdrawn, was greater than was absolutely necessary.

CASE V.

Oct. 27, 1816.

MISS C——, æt. 9, Capel-street, complains of acute fugitive pains in the forehead, temples, and eye-balls, of nausea and occasionally of vomiting.—Pulse 124; skin hot and dry; tongue foul, of a brownish yellow; fœces blackish; urine, high-coloured and turbid; delirium; restlessness; intolerance of light; flushing of the face; moaning and tossing of the head; respiration laborious; uneasiness on pressing either hypochondre.

This illness commenced ten days ago with languor, chilliness, and slight head-ach; for some weeks previously, the appetite was diminished and irregular, the bowels were constipated, the urine was turbid and yellowish, the complexion was sallow, and there was some diminution of the strength and spirits.

Mittatur sanguis e brachio ad uncias octo.

Admoveantur temporibus hirudines viginti.

R. Submuriatis Hydrargyri sublimati.

Scammoni in pulverem triti utriusque scrupulum.

Sacchari Albi grana sex m. et divide in partes quatuor.

Sumatur pars una 3^{ies}. horis ad Alvi solutionem.

Vespere injiciatur Enema Purgans.

Oct. 28th. Pain of head relieved; pulse 102; skin cooler; three dejections resembling chopped spinage; better night; urine deposits a lateritious sediment; considerable uneasiness on pressing the right hypochondre; moaning, retching, and intolerance of light.

R. Pulveris Antimonialis grana decem—Scammonii in pulverem triti.

Submuriatis Hydrarg. sublimati utriusque scrupulum. Sacchari Albi grana tria m. bene et divide in partes quatuor æqualis. Sumatur pars una 4^{ta}. horis.

Admoveantur Nuchæ Vesicatorium.

Admoveantur hypochondrio dextro hirudines triginta.

Oct. 29th. Vomiting of a greenish yellow bitter fluid; three dejections of a grass green; urine deposits a mucous pink-coloured sediment; uneasiness on pressing the right hypochondre abated; head relieved; moaning, intolerance of light and noise.

Rep^r. Pulveres ut heri.

Oct. 30th. Five dejections, green and yellowish; pulse 90; eye and skin of a jaundiced appearance; urine high-coloured; head much relieved; taste bitterish.

Repetantur Pulveres.

Nov. 6th. Has taken the powders daily since

last visit; fœces still greenish; uneasiness on pressing the right hypochondre considerably abated; eye and skin of a yellowish hue; no head-ach, delirium, moaning nor intolerance of light.

Rep'. Pulveres.

Nov. 9th. Two or three dejections daily, of a brownish yellow appearance; jaundiced symptoms declining; free from uneasiness in the head and right hypochondre.—Return of rest and appetite.

Habeat bis terve in Septimana Olei Ricini dosin.

COMMENT.

THIS is apparently a case of incipient hydrocephalus,—the attack commenced with deranged actions in the chylopoietic viscera, accompanied by fever; to these succeeded head-ach, delirium, moaning, retching and intolerance of light, symptoms considered pathognomonic of hydrocephalus; towards its close, the appearance of the eye, skin, and excretions indicated the further evolution of hepatic disease.

In this case the progress of incipient hydrocephalus towards effusion was probably arrested by the decided and vigorous mode of treatment adopted, and the efficacy and necessity of evacuants and sedatives are clearly demonstrated by the effects they produced.

CASE VI.

AN EXTRAORDINARY CASE OF RECOVERY FROM ACUTE
HYDROCEPHALUS.

Oct. 20, 1824.

MASTER E——, æt. 9, Upper Dominick-street, a fortnight ago, without any obvious cause, complained of head-ach, nausea and a diminution of appetite, followed by alternate chilliness and heat, and accompanied by a frequent varying pulse, a foul tongue, thirst and restlessness.—Leeches have been applied to the temples, and calomel, aperients, the saline julep, and blisters have been employed without affording any decided relief.—The pain of the head is now acute, the temples throb, the face is flushed, and the eyes are suffused.—Pulse 124 and strong; skin hot and dry; tongue foul; bowels free; fœces of a greenish yellow; urine high-coloured.

V. S. $\frac{3}{4}$ viii.—Cal. et P. Jacobi. Mist. Cath. En. Purg.

Oct. 21st. Blood, slightly buffed and dense; temporary ease procured by the bleeding; deli-

rium ; restlessness ; fœces greenish and yellow ; urine, turbid ; pulse 130, hard ; the affection of the head is still violent.

Hirud. xx. Temporibus. Cr. Med.

Oct. 22nd. Head relieved for a few hours by the application of the leeches—symptoms as violent as yesterday—wild expression of the countenance.

Vesic^m. Capiti abraso.

V. S. $\frac{3}{4}$ viii.

Cr. Med.

Oct. 23rd. Moaning ; screaming ; acute head-ach ; alternate paleness and flushing of the face ; skin, hot and partially moist ; fœces greenish, and, at times, passed involuntarily ; belly soft.

Hirud. xv. Temp.

Cr. Cal. et P. Jacobi.

En. Purg.

Oct. 24th. No alleviation of the symptoms. Pupil of the left eye contracted, that of the right dilated, but both sensible to the application of light.

Vesic^m. Fronti.

Cr. Med.

Oct. 25th. Pulse irregular, tense and fre-

quent; skin, somewhat cool and constricted;—moaning, and screaming, “Oh my head!” involuntary dejections.

C. Med.

Fov'. Crura.

Oct. 26th. High delirium—restlessness—skin hot and dry; sight of the left eye apparently lost; pupil of the right eye dilated, yet sensible to the application of light; pulse slow, and intermitting; moaning and sighing; involuntary dejections; convulsions of the extremities.

Hirud. xvi. Temporibus.

Vesic^m. Nuchæ.

C'. Cal. et P. Jacobi.

Oct. 27th. Considerable tossing of the head; a tear drops occasionally from the left eye; eyelids occasionally closed; sight of the right eye almost lost; vacant expression of countenance; delirium not so violent; body convulsed.

Vesic^m. Vertici.

C'. Cal. et P. Jacobi.

Oct. 28th. Deglutition difficult; involuntary dejections; tossing and rolling of the head; moaning, restlessness; pulse frequent; loss of the power of speech.

En. Purg.

P. Jacobi cum P. Rhei.

Oct. 29th. Nearly as yesterday—pulse feeble and intermitting; occasionally a little of the rhubarb and James's Powder is swallowed.

Oct. 31st. No alteration of the symptoms.

C^r. P. Jacobi et P. Rhei.

Nov. 3rd. Considerable flow of urine; temperature of the skin more equable; expression of countenance at one time wild, at another, idiotic; speech indistinct.

C^r.

Nov. 6th. Some alleviation of the symptoms; fæces yellowish and green; urine, in large quantity; pulse more regular and soft; pupils more sensible to the application of light.

C^r. P. Jacobi et P. Rhei.

Nov. 10th. Some return of rest; sighing, moaning and screaming diminishing; skin soft; takes a little food.

C^r.

Nov. 18. Expression of countenance still

idiotic ; gradual restoration of sight ; seems to suffer a good deal from mortification of one of the hips.

C^r.

Nov. 24th. Speech still indistinct.

C^r.

Nov. 30th. Speech and vision more distinct ; gradual amendment ; considerable irritation and pain are excited by a foul ulcer on the back and hip.

C^r.

Dec. 10th. Weak and delicate both in mind and body.

Dec. 21st. Better in every respect.

1825.—Jan. 12th. Is still confined to bed by the sores, but there is an evident amendment in the state of both mind and body.

OBSERVATIONS.

Most, if not all the symptoms which are considered diagnostic of hydrocephalus, in its advanced stage, were here present—every sense was blunted, the power of vision and hearing was suspended for several days,—deglutition was imperfect,—the speech was indistinct, the sphincters were relaxed—there were sighing, moaning and screaming, and, finally, convulsions, yet the patient recovered ; indeed, so hopeless did the case appear to me, that for two or three days I gave up my attendance. Cases of this kind are rare, and therefore valuable ; they teach us, never while life remains, to desert a patient, and never, to be too decided in our prognosis.—Life may be continued for years with effusion in the brain, as it may with water in the thorax or abdomen, but, there is this difference,—recovery occasionally takes place in the latter disorders, but when the brain is thus affected, very rarely indeed.—To what, in the present and similar instances of recovery, are we to ascribe the favourable result ? Is it not to the action of absorbent vessels of the brain ? And, as every other organ of life is furnished with its complete system of vessels—

of arteries, veins, absorbents, &c., can we suppose that the brain, an organ of such magnitude, and of such vast importance in the economy of the human frame, forms an exception to this law of nature?

About the period of the incipient amendment in this child, the flow of urine was considerable, from which we may infer, that the secretory and absorbent vessels of the system were called into action, and that the absorbents of the brain partaking of this activity, the fluid effused was gradually absorbed.

It is remarkable, that during the whole course of the illness, there was no appearance of worms, nor of any other complaint, except hydrocephalus. Had full depletion been more early practised, there is reason to think that a great deal of the child's sufferings might have been obviated. It was visited by Dr. Colles once at an advanced period of the disease.—The sores were treated by Surgeon M'Dowall.

MANIA AND FEVER.

CASE I.

M_{RS.} M——, æt. 30, 25th January, 1822, Eden Quay, of a melancholic temperament, sallow and emaciated, during the last three months was subject to the varied symptoms of indigestion, to fugitive pains or uneasiness in the stomach and hypochondria, to distressing head-aches, and to lowness of spirits approaching to despondency;—during the last ten days she has lost her rest and appetite, has become feverish, and has been repeatedly attacked with shiverings and tremors of the body and extremities;—while labouring under these paroxysms, she screams, speaks incoherently, is thirsty, and acts like a person in a fit of maniacal delirium; at the same time the face often becomes of a florid and often of a livid hue.

The pulse is now feeble, frequent, and irregular, the breathing hurried and oppressed, the skin cool and the tongue foul; the excretions are involuntary, there is great prostration of strength and the features are collapsed.

The case has been judiciously managed by Dr. Mollan.

Vesic^m. capiti abraso.

Haust. Anodyn.

Jan. 26th. Repeated returns of the paroxysms of maniacal delirium, in some of which she attempts to bite her nurse-tender—convulsions.

Died on the 27th.

DISSECTION,

BY DR. M'CARTHY AND DR. MOLLAN.

THE dura mater, anteriorly, is raised from the surface of the brain by a large quantity of air. On the surface of the brain there is a considerable degree of venous turgescence. Between the Arachnoid membrane and pia mater, a large quantity of serous effusion is detected, in some places there are small portions of coagulable lymph.

The cerebrum, when cut into, appears preternaturally vascular.

In the ventricles are about six drams of a watery fluid, at the base of the cranium, about twelve drams.

Plexus choroides,—highly vascular.

The cerebellum exhibits the same appearance as the cerebrum.

The right and left lobes of the liver are firmly adherent to the parietes of the abdomen.

The liver is harder than natural, and when cut into, of a deep red colour.

The gall-bladder is adherent to the duodenum and contains a large quantity of a greenish yellow bile.

The spleen is adherent to the neighbouring parts, and is preternaturally vascular.

Stomach and small intestines, externally, present an inflammatory, internally a natural appearance.

The colon, externally and internally, in many parts, is preternaturally vascular.

The neck of the uterus is enlarged and hardened, and when cut into, cartilaginous to the touch.

The right lung is firmly adherent to the pleura costalis.—The lower portion of both lungs is firm, and has a hepatised appearance.

COMMENT.

THE most remarkable feature in the history of this dissection, was the quantity of air accumulated between the dura mater and the Arachnoid membrane,—it was confined to the anterior portion of the cerebrum; it raised the dura mater half an inch from the surface of the brain, and occupied a space of about two inches in length, and one in breadth.—Was the air so situated the result of secretion?—Was it in any wise connected with the maniacal delirium and the convulsions?

I never witnessed in any brain a higher degree of venous congestion.—This appearance, the unusual vascularity of its substance and the effusion between the membranes and into the ventricles were indicative of excitement and congestion in this organ, and are sufficient to account for the

head-ach, the maniacal delirium, the convulsions and the other symptoms referrible to a disordered condition of the cerebral functions. We may also remark, that the morbid appearances detected in the liver and intestines, are equally explanatory of the pains and uneasiness felt in the stomach and hypochondria, and of the symptoms comprehended under the head of indigestion.—I shall not speak of the morbid appearances detected in the thoracic viscera, because the symptoms referrible to these viscera were absorbed, in some measure, by the greater violence and extent of disease existing in the brain ; but a circumstance worthy of remark, in as much as it is accounted for by the disorganized state of the uterus, is, that the patient had never borne children.

It is curious to observe the progress of this attack—beginning with depression, going on to excitement of the brain and fever, and finally terminating in maniacal paroxysms, convulsions, and death.

CASE II.

17th Dec. 1821.

M_{RS.} K——, æt. 34, Abbey-street, a school-mistress of extensive information, sedentary habits, and of a melancholic temperament,—five days ago, after exposure to cold and wet, was seized with chilliness, head-ach and pains in the back and limbs,—to these succeeded languor, vertigo, thirst, loss of appetite and rest, foulness of the tongue, retching, and pains in the umbilical region, augmented by pressure :—this lady is in her seventh month of pregnancy ; about a fortnight ago her foot slipped, when she fell and received a hurt in the abdomen.

Four years ago, immediately after a premature accouchement, caused by the sudden death of two of her children, she laboured under mania, which assumed a religious character, and continued three months.—During the continuance of the maniacal attack, and frequently since, she has complained of head-ach, vertigo, confusion of ideas, and occasionally of a sense of weight and coldness in the occiput and vertex :—it is remarkable, that while pregnant her mind is

more composed and vigorous than after her accouchement, or at any other period.

Ten ounces of blood have been taken from the arm, and aperients have been administered by the direction of Mr. Johnston.

Dec. 18th. Restlessness; maniacal delirium; pulse 116; skin hot; tongue yellowish and furred; pain and uneasy feelings in the head; bowels confined; urine high-coloured; suffusion and rolling of the eyes; frequent retching; pains in the umbilical region increased by pressure.

Hirud. xx. Regioni Umbil.

R. Submur. Hyd.

P. Jalapæ ā ā gr. x. m. Sum'. statim.

Dec. 19th. Little effect from the powder; pains in the abdomen,—high fever,—maniacal delirium.

Fotus abdominis. En. Purg.

H. Cath. ex infuso Sennæ et Tinct. Jalapæ.

Dec. 20th. Three dejections of a black colour; urine reddish; tongue furred; thirst; subsultus tendinum; respiration hurried; pulse 124, irregular; abdominal pains augmented by pressure.

Hirud. xx. regioni Umbil.

Rep'. Pulv. ex Cal. et Jalapa.—En. P.

Dec. 21st. Bowels obstinately costive; delirium; speech inarticulate; abdomen highly sensible to the touch; rolling of the eyes.

Fotus abdominis.

Rep'. P. Cath. et En. Purg.

Dec. 22nd. Prostration of strength; involuntary dejections; hiccup; skin cool; pulse 120, weak and intermitting.

Vesic^m. inter Scap.

Mist. Camphor.

H. Anodyn.

Dec. 23rd. Difficult deglutition; oppressed respiration.

Died in the evening of the 24th December.

DISSECTION,

BY DR. PEEBLES AND MR. JOHNSTON.

THERE is a considerable quantity of serous effusion between the Arachnoid membrane and pia mater.—This effusion is pretty general over the surface of the brain.—The Arachnoid membrane is opaque and thickened, especially about the occiput.

The surface of the brain presents a high degree of venous turgescence.

There is about a dram of a watery fluid in the ventricles; there is an ounce at the base of the cranium, much, if not the entire, of which seems to have decended from between the membranes.

The substance of the brain is preternaturally firm.

The peritonæal covering of the parietes of the abdomen is very vascular—the same covering of the stomach and of a great portion of the small intestines is thickened and highly vascular.—The lining membrane of the stomach and

intestines is in a state perfectly natural.—The colon is considerably distended with flatus.

Liver,—the great lobe, in some parts, appears to be excessively vascular, in others, natural.

Gall-bladder,—distended with greenish bile.

In the superior portion of both lungs, under the clavicles, are found three or four small tubercles, which externally are of a blueish hue, and when cut into, are found to contain a cheesy matter.—With this exception the lungs are healthy.

The surface of the heart appears covered with a layer of yellowish fat.

The uterus exhibits a natural appearance, and is about half an inch thick.

There is nothing remarkable in the appearance of the foetus.

OBSERVATIONS.

IN this interesting case, there existed for years, symptoms indicative of a disturbance of the functions of the brain;—these were, headaches, vertigo, a sense of weight, coldness, and fulness of the head, &c.—The understanding was also disturbed, and for three months the subject of this memoir was placed in a retreat, labouring under a religious melancholy.—These symptoms, from their long continuance and obstinacy, would induce us to apprehend, not merely a functional but an organic derangement of the brain; accordingly after death, the Arachnoid membrane was found opaque and thickened, and a considerable quantity of serous effusion was discovered between this membrane and the pia mater.—The substance of the brain was preternaturally firm, and a watery fluid was found in large quantity at the base of the cranium; these changes had been going on for a considerable length of time, and when aggravated by a new excitement of the vessels, a state of the brain was produced incompatible with life.

This patient received a hurt in the abdomen before her last illness, which occasioned perito-

næal inflammation; this was extended to the external coats of the stomach and small intestines, and may serve to account for the pain and for other symptoms referrible to those organs.

From these and other cases and dissections, and from having attended cases of a similar nature where recovery took place, I am led to conclude, that mania and fever may pass reciprocally, one into the other, and may be induced by the same exciting causes.

CASE III.

DISSECTION OF THE LATE MRS. M——, ÆT. 33, DOMINICK-STREET, BY MR. CORBET.

June 4, 1821.

ON removing the dura mater, the surface of the brain exhibited marks of arterial excitement and venous congestion.—Between the Arachnoid membrane and pia mater a serous fluid was perceptible.—On cutting through the substance of the cerebrum, it was found dotted with numerous red points.—The lateral ventricles were enlarged and contained an ounce and a half of a transparent watery fluid.—Plexus choroides pale.—The cerebellum was highly vascular, a small portion of its inferior surface was covered with dark-coloured coagulated blood.—At the base of the cranium and in the theca spinalis there were found nearly two ounces of a watery fluid.

The morbid appearances, in this instance, were indicative of inflammation of the membranes and substance of the brain, and of congestion of its veins,—the watery effusion found

in the cavities was the consequence of such inflammation.

This lady laboured under the common symptoms of brain or typhous-fever, occasioned by cold and anxiety of mind ;—it commenced with chilliness, head-ach, prostration of strength, loss of appetite and pain of the back ; and was followed by thirst, heat of skin, vertigo, tinnitus aurium, restlessness, delirium, foulness of the tongue, involuntary dejections and a pulse varying in strength, frequency and regularity.

Four days before death fever abated, and mania supervened, and during this period she rejected almost every kind of drink ; indeed the horror with which she sometimes looked on water or any other liquid, would seem to countenance the idea, that she laboured under a species of hydrophobia.

Death took place on the fourteenth day of the attack, preceded by a fluttering pulse, collapsed features, oppressed respiration and difficult deglutition. Here the disease consisted in inflammation of the brain, and the debility was indirectly the consequence of this inflammation.

The only remedies, therefore, that could have cured the disease were blood-letting, general and local, fully employed at the onset of the attack, (I say at the onset, because the attack was violent,) aided by emetico-aperients, mercury, blisters, &c.—these remedies, indeed, were resorted to, but at too late a period, for effusion had taken place before medical advice was called for.

This case, like the former, tends to show how intimate the connexion is between cephalic fever, inflammation, mania and hydrocephalus.

CASES AND DISSECTIONS

OF

CEPHALIC FEVER,

SHOWING THE INSIDIOUS NATURE OF THIS DISORDER.

CASE I.

Nov. 20, 1817.

MISS N——, æt. 24, Townsend-street, of a phlegmatic temperament and subject to indigestion and head-aches, has been fifteen days ill of fever, and seven confined to her bed.—The complaint commenced with heaviness of the head, diminution of appetite, languor, and lowness of spirits,—to these succeeded head-ach, shivering, nausea, soreness of the flesh, quickness of pulse, heat of skin, thirst, and prostration of strength :—on the ninth day of fever, epistaxis took place, to the amount of about ten ounces.—On the eleventh a practitioner was sent for, who let blood to the amount of eight ounces with good effect.—Cathartics were administered and a blister was applied between the shoulders.

Pulse 124, feeble and irregular; countenance lurid; weight and uneasiness of the head; eyes suffused; heat of skin moderate; fœces greenish and dark-coloured; urine turbid; tongue foul and yellow; soreness on pressing the abdomen; difficulty in speaking and swallowing.

Hirud. xx. temporibus.

Cal. gr. v.—H. Cath.

Fotus Abdominis.

Nov. 21st. Head relieved; moaning, low delirium; neither urine nor fœces passed since yesterday; mucus tinged with blood apparently thrown up from the stomach; pulse weak and intermitting; extremities cold; vomiting.

Vesic^m. Epigastrio.

En. Purg. 4th. horis.

C^r. Cal. et H. Cath.

Nov. 22nd. Tossing of the arms and legs; screaming and moaning; throwing back of the head; creeping downwards and out of the bed; involuntary excretions; countenance vacant; eyes fixed; difficult deglutition; pulse intermitting; speech inarticulate.

Vesic^m. Capiti abraso.

En. Tereb.

Nov. 23rd. Death.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY MR. HYDE AND
MR. DALY.

BETWEEN the Arachnoid membrane and pia mater, especially on the left hemisphere, there is a considerable quantity of serous fluid.—The vessels of the pia mater are turgid with blood,—on cutting through the substance of the brain numerous red points are observable.—Plexus choroïdes highly vascular.—In the lateral ventricles, and at the base of the brain, are found four drams of a watery fluid.—The lining membrane of the cerebellum is preternaturally vascular.

Spleen,—unusually soft.

Stomach,—some parts of its lining membrane are florid, and some are covered with a viscid mucus of a deep purplish colour.—A portion of the jejunum is considerably distended with flatus and fecal matter.

OBSERVATIONS.

It appears from this case of fever, and from several others I have witnessed, that the mildness of the symptoms at the onset, does not always prognosticate a favourable termination :—in such instances it would seem, that effusion goes on unaccompanied by any acute symptom, and that when alarm is excited and advice called for, a cure is doubtful, if not impossible ; hence the surprise of friends and the disappointment of practitioners at the unexpectedly fatal issue of such cases.

Towards the close of the complaint, the moaning, tossing of the arms, screaming, throwing back of the head, &c. indicated the presence of hydrocephalus, which was fully proved by the subsequent examination.

The indigestion and constipated state of the bowels under which this patient had previously laboured, caused congestion and irregular actions in the vessels of the head, and thus predisposed this organ to be acted on by the usual exciting causes.

It is deserving of remark, that a portion of

the jejunum was formed into a sac resembling the caput coli, an effect produced by long and repeated accumulations of the contents of the alimentary canal.—Shortly before death, some mucus, tinged with blood, was thrown up, apparently from the stomach.—On dissection, a large portion of the lining membrane of the stomach was found covered with a similar matter.

On the ninth day of fever epistaxis took place with relief,—on the tenth a practitioner was called in, who, following the suggestions of nature, let blood from the arm and administered cathartics; but effusion had now taken place, so that these remedies, and the subsequent application of leeches, only served to mitigate the sufferings of the patient, and lessen the quantity of serous fluid effused between the membranes and into the ventricles.

CASE II.

May 30th, 1818.

MR. R——, æt. 26, Spring-gardens, of a florid complexion, active and robust; yesterday was seized with acute head-ach and shivering, followed by delirium, fever, and restlessness;—pulse 116, strong; skin intensely hot; flushing of the face; throbbing of the temples; tremors of the body and extremities; difficulty of speech and deglutition; frequent vomiting; petechiæ.

During the last fortnight has complained occasionally of slight head-aches, chilliness, foulness of the tongue, and diminution of appetite, but continued until yesterday to attend to his usual business.

V. S. ad $\frac{3}{4}$ xii.

Hirud. xii. Temporibus.

Mist. Cath.

May 31st. The urgent symptoms subsided for four hours after the blood-letting, and the power of speech and swallowing was restored.—The symptoms have returned with augmented violence—the delirium is now maniacal, and the

muscles of the body and extremities are convulsed;—bowels free; urine high-coloured.

Detrahantur ex Arteria temporali Sanguinis ʒx.

Hirud. xx. Temporibus.

Vesic^m. Nuchæ. En. Tereb.

June 1st. No alleviation of the symptoms; imperfect vision; subsultus tendinum; rejection of drink and medicine.

Death in the evening of the 1st June.

DISSECTION,

BY MR. HYDE ASSISTED BY MR. CRUMP.

THERE is a considerable number of minute florid vessels distributed over the surface of the right hemisphere of the brain.—Over both hemispheres the veins are exceedingly turgid, and in some of the veins particles of air are observable:—about twelve drams of a watery fluid are found in the ventricles, and at the base of the brain:—the cerebrum and cerebellum, on being cut through, exhibit numerous red points:—there is a serous effusion between the Arachnoid mem-

brane and pia mater, principally observable at the posterior portion of the cerebrum.

About six drams of a watery fluid are found in the pericardium.

There are three red patches of different sizes upon the mucous surface of the great end of the stomach, the blood here appears to be extravasated.

The spleen is highly vascular, and so soft as to yield readily to the pressure of the finger.

OBSERVATIONS.

THE short time that elapsed from the confinement to the death of this patient is, perhaps, the circumstance most deserving of notice.—On the twenty-ninth of May he was first confined to his chamber,—on the first of June he died; but, the disease had been making slow and insidious advances during the previous fortnight, as appears from the presence of febrile symptoms, the chills, head-aches, &c; and during this period, I am of opinion, effusion had been gradually and imperceptibly going forward:—the vessels

of the brain exhibited marks of congestion and inflammatory action, and a watery effusion, the consequence of such inflammation, was found in the ventricles and between the membranes.—These post-obit appearances sufficiently account for the head-ach, delirium, tremor, flushing of the face, and the loss of the power of speech, and deglutition. To a high degree of excitement of the vessels of the stomach, and to an extravasation of blood found on its mucous coat, may be ascribed the frequent and urgent vomiting.

The advantage derived from the blood-letting was manifest and decided,—the head-ach and fever abated, and the power of speech and deglutition was recovered, but effusion had taken place, and the benefit procured was but temporary.

CASE II.

Nov. 17th, 1817.

MRS. M——, æt. 32, Beresford-street, thirteen days ill,—confined to bed five days;—while passing through one of the narrow streets in the neighbourhood of Smithfield, perceived a very offensive smell, which affected her for several days, and caused the apprehension that she had in this way taken fever; while labouring under this feverish state of mind, she complained of languor, vertigo, a diminution of appetite, and occasionally of slight pains in the temples; to these succeeded flushing of the face, pain and sense of weight in the forehead, a buzzing noise in the head, especially on the right side, nausea, thirst, prostration of strength, restlessness, low muttering delirium, stupor and heaviness; yet, when spoken to, she would give distinct and rational answers.—The pulse varied in strength, frequency, and regularity; the fœces were of a brown-yellow, dark and green colour, and the urine varied in colour and consistence.

I first visited this patient on the fourteenth

day of fever.—A profuse and general perspiration continued from the evening of the sixteenth day to the morning of the eighteenth without affording any relief;—the perspiration was accompanied by flushing of the face, heat of the skin, throbbing of the temples, and great frequency of pulse.—Three days before death chilliness came on, attended by præcordial oppression, and followed by intense heat of skin, by urgent thirst, and general uneasiness.

On the twenty-first day of fever, death took place without a struggle; a few hours before, she was collected, and able to raise a cup of whey to her lips.—In the early period of the complaint there was considerable distention and soreness of the abdomen, which yielded to the full and free operation of cathartics. No remedy was prescribed till the fourteenth day of fever, when, there is reason to suppose, effusion was going on, an effect, which frequently takes place when no one symptom, considered singly, would seem to indicate danger; it is scarcely necessary to say, that should this happen, all remedies will prove, in general, unavailing.

On the 14th, 16th, and 19th days, leeches were applied in large numbers to the temples,

and during the same period, blood was twice abstracted from the temporal artery; the effect produced was a manifest, but temporary alleviation of the symptoms referrible to an excited and compressed state of the brain.

A scruple of calomel was given daily for eight days,—it acted as a purgative and did not induce ptyalism.—Such is the torpor of the absorbent system in disorders of the brain.—Blisters were applied to the head, the nucha, and between the shoulders;—their effect was pain and irritation.

Sudorifics were given during the perspiration, but no benefit followed their administration.

The opinion here advanced respecting early effusion into the brain, may be considered as deserving of notice, inasmuch as it may lead to the employment of active remedies during the first and apparently mild stage of fever.

DISSECTION,

BY MR. M'NAMARA, MR. HYDE, AND MR. M'KAY.

DURA MATER,—covered with numerous vessels filled with florid blood, particularly that part of

it which covers the right hemisphere :—the veins on the surface of the cerebrum are remarkably turgid. The Arachnoid membrane is raised from the pia mater by a serous effusion, principally observable along the longitudinal sinus.—On cutting through the hemispheres a considerable number of red points is detected.—About half an ounce of a watery fluid is found in the lateral ventricles.—The lining membrane of the cerebellum is preternaturally vascular.—In the theca spinalis are two or three drams of a serous effusion.

Thorax,—the left cavity contains an ounce of a serous fluid tinged with blood.

The pericardium contains an ounce and a half of a serous fluid.

Lungs and heart,—of a natural appearance.

Omentum,—natural—it adheres to the fundus uteri—the right ovarium contains a small hydatid.

Stomach,—there are small patches of a crimson colour on its mucous coat, chiefly about the cardiac orifice—small patches of a lighter colour are noticed on the mucous coat of the ilium.

CASES AND DISSECTIONS

OF

CEPHALIC FEVER,

TO SHOW THE NECESSITY OF THE EARLY EMPLOYMENT
OF BLOOD-LETTING.

CASE I.

March 2, 1816.

MR. D——, æt. 20, Capel-street, four days ago complained of shivering, slight head-ach, nausea, and vertigo, of loss of appetite, great languor and depression of spirits, to which succeeded symptoms of jaundice.—Tongue foul and yellowish; pulse 106, feeble; bowels confined; fœces dark-coloured; urine red as blood; thirst and frequent retching; the uneasiness and sense of weight in the head and the vertigo are most distressing; has been very lately under the care of Dr. Colles for the cure of syphilis; his father has laboured under a disease of the liver, and his mother died of pulmonary consumption.

Haust. Emet. ex P. Ipecac.

Pil. ex Pil. Hydrag. et ex Col. C.

Hirud. xii. Temporibus.

March 3rd. Leeches not applied, but blood was taken from the arm to the amount of eight ounces, by which he found his head, for some hours, considerably relieved; temporary ease from the emetic; considerable languor and oppression; vertigo and sense of weight and fulness of the head, but little pain; tongue foul; thirst; frequent chills; pulse 110; vision impaired; paralytic affection of the eye-lids; bowels confined; symptoms of jaundice as usual.

Mist. Cath.

Fotus crurum.

March 4th. No rest; frequent moaning and screaming; general convulsions; delirium; speech indistinct; pupil of the right eye much dilated and not sensible to the application of light; the left pupil is contracted; power of vision lost; difficult deglutition; pulse frequent, tense and bounding. Dr. Colles in consultation.

Hab'. Cal. gr. iii. 3ⁱⁱ. horis.

Mist. Cath.

Vesic^m. inter Scap.

March 5th. Bowels open; frequent sighing; respiration laborious; difficult deglutition; paralysis of most of the muscles of the body and extremities; pulse 106, irregular.

Vesic^m. Occipiti.

C'. Cal. et M. Cath.

March 6th. Convulsions; stupor; involuntary dejections.

Died in the evening of the 6th March.

DISSECTION,

BY DR. COLLES AND HIS TWO APPRENTICES.

DURA MATER,—of a yellow colour.—Serous effusion upon the surface of the brain and between the pia mater and Arachnoid membrane. In the ventricles, at the base of the cranium and in the spinal canal, are about two ounces of a watery fluid.

Lungs,—slight adhesions between the pleura pulmonalis and costalis on both sides.

Pericardium contains nearly two ounces of a yellowish serum.

Liver,—of a yellow colour and gorged with blood.—Gall-bladder adheres slightly to the omentum and is distended with a viscid yellowish fluid.

Cystic duct—where it joins the neck of the gall-bladder, is almost impervious, and its lining membrane is thickened and whitish.

Omentum,—drawn up closely to the stomach.

Intestines,—distended with air and almost destitute of blood.

COMMENT.

THIS young gentleman had become languid and delicate from confinement and the use of mercury whilst under treatment for the cure of a venereal bubo.—His appetite and strength gradually diminished; his spirits were lowered and he had attacks of vertigo, attended by a sense of weight and fulness in the head, and dull pain in the vertex;—next came on shiverings, head-ach, thirst, loss of appetite, precordial oppression and prostration of strength; finally, supervened high delirium, convulsions and loss of sense and voluntary motion.—The symptoms first mentioned are indicative of a high degree of vascular excitement and congestion in the brain.—The succeeding and more aggravated symptoms proceeded from compression. In this instance blood was taken from the arm at a late period of the attack.—From the relief that followed, and from the post-obit appearances, there is reason to conclude, that evacuants, timely and fully employed, might have obviated the fatal effusion.

CASE II.

May 4th, 1815.

MR. G——, æt. 48, Golden-lane, corpulent, and an inveterate drunkard, three days ago received a wound on the occiput which bled profusely.—Pulse 124, feeble and intermitting; skin hot and moist; delirium; tremors; subsultus tendinum; petechiæ; tongue foul and yellowish; urine high-coloured and turbid; fœces tar-coloured; face of a livid hue; throbbing of the temples; belly full and tense; speech indistinct;—complains chiefly of pain in his head.—Purgatives and other remedies have been prescribed.

Hirud. xii. Temporibus,—H. Cath.

Died on the following morning.

DISSECTION.

THE cellular membrane of the scalp is distended throughout with air, immediately around

the wound it is distended also with blood.—The pia mater is preternaturally vascular.—The surface of the brain is of a yellowish brown colour.—The substance of the cerebrum is softer than natural.—The ventricles contain six ounces of a clear lymph.—Plexus choroides, pale and full of vesicles.

Two quarts of a brownish lymph are in the cavity of the abdomen.—Intestines pale and distended with flatus.—The liver is of a yellowish brown colour, is smaller than natural, and so very soft that it yields to the pressure of the hand.—Spleen,—soft and of a dark purplish hue.—Gall-bladder,—half filled with a clear viscid fluid.

COMMENT.

ON the 4th day of his illness I visited this patient, labouring under head-ach, delirium, tremors of the hands and arms, subsultus tendinum, hurried respiration, suffusion of the eyes and a feeble, frequent, intermitting pulse.—These are the symptoms of the Typhus Gravior or Brain-Fever, and what is remarkable, they were occasioned

by a blow on the cranium, producing excitement and compression of the brain, as appears from the post-obit examination.

The examination, moreover, shows the connexion between the sign and the morbid change, and between the cause and the phenomena.—A large quantity of lymph was found in the cavity of the abdomen, a common occurrence in drunkards, and to be ascribed to increased exhalation which almost uniformly attends a disordered and obstructed condition of the abdominal viscera.

Could any mode of treatment have saved the life of this patient? If any, must it not have been, from the onset, of a vigorous and decided character?

CASE II.

Nov. 25th, 1818.

MR. A——, æt. 31, Nassau-street, robust, plethoric, of intemperate habits and subject to headaches, nine days ago was seized with shivering followed by head-ach, pain of back, vomiting, loss of appetite and prostration of strength; to these succeeded high delirium, throbbing of the temples, stupor, suffusion of the eyes, red and dark petechiæ on the abdomen, difficult deglutition and loss of the power of articulation.—Is under the care of Mr. M'Namara, who has twice taken blood from the arm, and thrice applied leeches to the temples.—Mercurials, aperients, &c. have been administered.—Pulse 116, full and tense, violent throbbing of the temples, skin intensely hot, acute head-ach.

V. S. 3x.—Hirud. xx. Temporibus.

Cal. gr. x.—Haust. Cath.

Nov. 26th. Speech more distinct, swallows with freedom, gives rational answers when spoken to; belly tympanitic; involuntary discharges;

pulse frequent, feeble and irregular; dark-coloured petechiæ upon the abdomen; delirium; heaviness of the head.

C^r. Cal. Habⁱ. Ol. Ricini et Tereb. Dos.

Nov. 27th. Full operation from the medicines; belly softer; restlessness, moaning, cannot raise his head; pulse intermitting, takes wine, porter and Mist. Camphor.

Nov. 28th. Death.

DISSECTION.

BY MR. M'NAMARA.

THE integuments of the head are extremely vascular.—There is a considerable quantity of serous fluid between the Arachnoid membrane and pia mater.—Numerous bloody points are observable on cutting through the substance of the brain.—Plexus choroides, turgid with blood.—The cerebellum and the superior portion of the spinal marrow are preternaturally vascular and their investing membrane appears as if injected.—About half an ounce of a watery fluid is found in the lateral ventricles; at the base of the cranium

there are three ounces of the same fluid, a large quantity of which flowed from the theca spinalis.

Lungs,—a portion of the left lung is hepatised.

Pericardium,—contains about six drams of serous fluid.

OBSERVATIONS.

ON the ninth day of fever there was stupor, delirium, difficulty of speech and deglutition and great prostration of strength. On the 10th, after the employment of general and local blood-letting and cathartics, the patient was collected, was able to sit up in bed and spoke and swallowed with ease; this circumstance deserves consideration, inasmuch as it shows that, if effusion have not taken place, symptoms commonly regarded as fatal, may be removed and life preserved by a prompt and decided line of treatment. The large quantity of watery fluid which flowed from the theca spinalis, was occasioned by inflammation of the lining membrane and substance of the medulla oblongata, which may either exist at the onset or

be an extension of the disease of the brain.—To the hepatised condition of the left lung may be ascribed the serous fluid found in the pericardium.—On a review of this case, we find that fever was accompanied in its progress by paralytic and apoplectic symptoms, which appear from the post-obit examination to have originated in inflammation of the vascular system of the brain.—In proof of the alliance between inflammation and fever, I refer the reader to Dr. Abercrombie's remarks on inflammatory paralysis, in his *Researches on the Pathology of the Brain*.—*See Edin. MEDICAL and SURGICAL JOURNAL for January 1811.*

DISSECTION OF THE LATE MR. S——, ÆT. 38, DORSET-STREET, BY MR. PEEBLES AND MR. NORTH.

June 19, 1819.

LIVER,—enlarged and of a deep yellow.—Stomach and duodenum,—on their mucous coats are several patches of different sizes, some of which exhibit an inflammatory, others a congestive appearance.

Spleen,—enlarged and of the colour and consistence of black currant-jelly.

Lungs,—of a mottled appearance.—Chronic adhesions between the pleura pulmonalis and costalis.

Brain,—considerable effusion of a serous fluid under the Arachnoid membrane, especially along the course of the longitudinal sinus.—Veins of the pia mater, very turgid.—Cerebrum,—of an inflammatory appearance.—Ventricles,—enlarged and contain twelve drams of a watery fluid.—Cere-

bellum and medulla oblongata, preternaturally vascular.—At the base of the cranium are about ten drams of a serous fluid, and the same kind of fluid is observed to flow from the theca spinalis.

OBSERVATIONS.

THE subject of this examination was a gentleman of intemperate habits, and subject to vomiting and head-aches,—he died after an illness of five days.—On the thirteenth of June he was attacked, after a fit of intoxication, with vomiting and chilliness, followed by stupor, head-ach, delirium ferox, throbbing of the temporal arteries, suffusion of the eyes and restlessness.—The pulse was 140, strong, irregular and intermitting, the tongue yellow and loaded with mucus, and the respiration laborious; to these symptoms supervened loss of vision, and paralysis of the muscles of deglutition and of those of the body and extremities.

The connexion between the symptoms and the morbid changes in this instance, is obvious, and the practical conclusions to be thence drawn

are important:—we learn from the dissection, that inflammation and congestion, with their consequence, serous effusion, existed in the brain, and that early and copious depletion could alone, by checking the inflammation, and obviating the effusion, have saved the life of the patient.—The mucous coat of the stomach and duodenum exhibited marks of excitement and turgescence, sufficient to account for the frequent vomiting, an effect produced by the spirituous liquors, in the use of which he was accustomed to indulge.

DISSECTION OF THE LATE MR. H——, GRAFTON-STREET,
BY MR. M'NAMARA AND MR. BUCHANAN.

May 28, 1819.

DIFFERENT portions of the serous membrane of the small intestines are preternaturally vascular,—on their mucous membrane are several red patches which exhibit an inflammatory appearance,—the same are observable in different degrees on the mucous membrane of the stomach and colon.—The stomach is unusually contracted. The right lobe of the liver, when cut into, appears gorged with blood.—The gall-bladder is distended with greenish bile.

Kidneys and pancreas,—exhibit evident marks of congestion.

Lungs,—adhesions on both sides between the pleura pulmonalis and costalis.

Pericardium,—contains about six drams of a watery fluid.

Dura mater,—preternaturally vascular,—con-

siderable effusion of a serous fluid under the Arachnoid membrane principally observable towards the vertex.—A great number of red points are discovered on cutting through the substance of the cerebrum.—The lateral ventricles are enlarged, and contain about six drams of a serous fluid; in the left ventricle, attached to the plexus choroides is an hydatid of the size of a small pea.—The cerebellum is highly vascular—at the base of the brain and in the theca vertebralis are two ounces of a watery fluid.—In the pineal gland is found a quantity of calculous matter.

The patient in this case was a Mr. H—, æt. 41, a man of temperate habits, but whose constitution received a shock in consequence of fever caught while attached to the Walcheren expedition.—On the fourteenth of May he was first attacked,—on the twenty-seventh he died.—The usual febrile symptoms,—chilliness, languor, headache, nausea and vomiting, ushered in the complaint,—to these succeeded delirium, suffusion of the eyes, throbbing of the temples, restlessness, thirst, petechiæ, frequency of pulse, tension and pain of the abdomen, augmented by pressure, difficult deglutition, impaired vision, contraction of the pupils, involuntary dejections, and finally, convulsions.—The tongue was always moist,

cream-coloured on the edges and yellowish in the centre.—On the twenty-fourth of May, there was delirium ferox.—During the first week of fever, there were repeated perspirations, but they were not accompanied by any diminution of the heat of the skin, or of the other febrile symptoms — On or about the fifth day, leeches were applied to the temples with advantage; during the four following days were prescribed cathartics, the camphor and saline julep, opium, calomel and blisters;—about the eleventh day, when the delirium ferox set in, recourse was had to arteriotomy, but at so late a period, in so violent an attack, no radical benefit could be expected from any remedy; it had the effect, however, of lowering the delirium and the violence of the convulsions.

Here the head-ach, delirium, suffusion of the eyes, high fever, loss of vision, difficult deglutition, &c. indicated excitement and compression of the brain.—On dissection the brain was actually found in this state; is it not clear, therefore, that depletory measures fully and early employed, were best calculated to diminish the excitement and obviate the occurrence of the effusion?

CASE III.

MR. B——, æt. 42, Westmoreland-street,—on the twelfth of June, 1821, after fatigue and exposure to cold and wet, complained of head-ach, shivering, loss of appetite and soreness of the flesh; for the removal of these symptoms he took an aperient and confined himself to his room.—Two days afterwards the pain of the head became more troublesome, attended by heat of skin, restlessness, low delirium, thirst and foulness of the tongue.—Leeches were applied to the temples, and mercurials and aperients were administered:—these remedies procured a remission of the symptoms, and he was able to walk about his room.

On the eighteenth there was stupor, a pulse varying from seventy to eighty, and a torpid state of the bowels.—Sixteen ounces of blood were taken from the temporal artery, five grains of calomel were given at bed-time, and an opening draught on the following morning, with good effect.

Between the 23rd and 26th of June, leeches

were twice applied to the temples and behind the ears, and blood, to the amount of eight ounces, was twice taken from the temporal artery.—The blue pill was given two or three times daily.—Blisters were applied to the head, nucha and to the region of the stomach and liver.—Aperients were occasionally administered and sometimes opiates; during these last four days the pulse was generally slow and tense, from 70 to 75,—after each bleeding it rose to 85, 90 and 104.—The power of articulation was lost on the 23rd of June, on the day following, after blood-letting, it returned; the skin, which was previously cool, became hot and moist; and, the intellect, which, before was clouded, became, for a time, comparatively clear;—perspirations procured by fomentations seemed, for the moment, to afford relief.—The gums were affected by the mercury, and the morbid bilious discharges were corrected by its influence.—The secretion of urine was, for a short period, diminished.—Occasionally there was hiccup and vomiting, and three or four times the dejections were involuntary.—Death took place in the night of the 26th of June.

DISSECTION,

BY MR. O'REILLY.

DURA MATER,—highly vascular.—The Arachnoid membrane, in some parts is opaque and thickened ; between this membrane and the pia mater there is a large quantity of lymph, and both exhibit marks of inflammation and congestion.—The lateral ventricles are considerably enlarged, and contain between three and four ounces of a watery fluid.—Plexus choroides, pale.—The membranes of the cerebellum are inflamed, and at the base of the brain are about two ounces of a watery fluid.

Stomach and small intestines,—on their lining membrane are discovered some red patches.

Larynx,—its lining membrane is inflamed and in some parts of a mulberry-colour.—The arytenoid cartilages, and the glands immediately under the epiglottis are thickened and have that appearance which precedes schirrous ulceration.

Lungs,—sound.

I should here observe, that this patient was subject, for a year or longer, to painful and dif-

ficult deglutition.—His voice became weak—he was often hoarse, and was subject to cough and hemoptysis.—The morbid appearances of the larynx now described, will serve to account for these symptoms which were supposed to arise from a diseased state of the lungs:—The marks of inflammation detected in the coats of the brain and the fluid effused into the ventricles, are sufficient to account for the pain, sense of weight and fulness of the head, the stupor and delirium, the slowness of the pulse, the loss of the power of articulation, &c.; and we may ascribe the vomiting partly to the inflammatory patches discovered in the mucous coat of the stomach, and partly to its sympathy with the brain.—It follows, therefore, that in regard to the case before us, the morbid appearances are explanatory of the phenomena.

In this case no active remedy was employed before the sixth day of fever.

DISSECTION OF THE LATE MASTER M^CE——, ÆT. 9, SACK-
VILLE-STREET, BY MR. M^CCOY.

Nov. 10, 1822.

THERE is considerable venous turgescence of the dura mater and on the surface of the brain.—The lateral ventricles are enlarged and contain about two ounces of a transparent watery fluid ; there is a yellowish, purulent, coagulable matter upon and about the thalami nervorum opti-
corum.—In the lower part of the occiput, and in the theca vertebralis, is an ounce of a watery fluid tinged with blood.—A portion of the occi-
put is remarkably prominent.

The pleura pulmonalis and costalis, on both sides of the thorax, are firmly adherent.—On cut-
ting into the substance of the lungs many small tubercles are discovered.

The substance of the heart is harder than na-
tural, and it exhibits marks of chronic inflamma-
tion.—The pericardium contains nearly an ounce
of a serous fluid.

Abdominal viscera,—of a natural appearance.

About ten days before the death of this boy the symptoms of hydrocephalus manifested themselves.—The pupils lost their usual sensibility; the sight became impaired and was gradually lost—the power of speech, of hearing, and of deglutition daily diminished—there was frequent moaning and sighing, tossing of the arms and hands about the head, and picking of the nose—the pulse rose to 140, was irregular and intermitting, but never became slow—occasionally there were convulsions of the entire body.—For a fortnight before the presence of the hydrocephalic symptoms, this patient laboured under the usual symptoms of typhous or brain-fever—head-ach, shivering, loss of appetite, nausea, pain of the back and loins, thirst and prostration of strength,—as these symptoms were relieved, but not removed by aperients, blisters and antimonials, I consider that effusion was going on imperceptibly under the mask of fever from the onset of the attack, and that the mode of treatment adopted served to alleviate the sufferings of the patient by lowering the excitement of the brain and diminishing the effusion.—There was a mal-formation of the occiput; on the right side it was much longer and more pro-

minent than on the left,—was this, in any wise, the cause of the previous dulness of intellect and imperfection of speech in this patient.

It may be proper to notice, that two children of the same family were confined at the same time by brain or typhous-fever and recovered by the use of evacnants, which, if timely employed in the above case, would have probably proved equally effectual.

CASES
OF
CEPHALIC FEVER,
IN WHICH THE APPARENT CONVALESCENCE WAS FOLLOWED BY A RETURN OF THE COMPLAINT.

CASE I.

April 9, 1820.

Mrs. C——, æt. 29, Circular Road, North, subject to bilious vomiting and head-aches; about a week ago was seized with shivering, head-ach, pain of the back and vomiting,—some days previously to this attack, there was languor, diminution of appetite and lowness of spirits,—has been relieved by aperients and a moderate bleeding.—Pulse 116, strong, skin hot and dry, tongue yellowish and parched, eyes suffused, low delirium, vomiting, petechiæ on the breast and back, complains chiefly of pain in the forehead.

Hirud. xii. Temporibus.

Cal. et Ext. Col. C.—H. Salin.

April 10th. Pain of the forehead relieved by the application of the leeches and the operation of the cathartic; urine high-coloured; fæces of a yellowish green, petechiæ more faint.

Vesic^m. Nuchæ.—Rep^r. Pil. et H. Sal.

April 11th. Considerable variation in the temperature of the skin, head-ach, at one time acute, at another scarcely perceptible, pulse 112, some return of appetite.

C^r. Pil. et H. Salin.

April 12th. Says she is tolerably well, and calls for food, no head-ach, slight fever.

April 13th. Yesterday, in consequence of some unpleasant conversation with a visitor, was greatly agitated; this was followed by head-ach, shivering, stupor, flushing of the face and a temporary loss of power of the muscles of deglutition and of those of the back, skin intensely hot and dry, tongue yellow and parched, disturbed rest, delirium.

Hirud. xii. Temporibus.—M. Cath.

April 14th. Temporary ease from the application of the leeches, suffusion of the eyes, flush-

ing of the face, muttering delirium, bowels open, urine high-coloured, abdomen soft.

Vesic^m. Nuchæ.—Abrad^r. capillitium.

April 15th. Better night, some remission of the symptoms, bilious diarrhœa.

Haust. Salin Cath.

April 16th. Nausea and vomiting, stupor, shivering followed by heat of the skin, thirst, tongue parched and yellowish.

Vesic^m. Capiti.—Ol. Ricini dos.

April 17th. Restlessness, stupor, delirium, calls for food, fœces of a yellowish green.

Foveantur crura. H. Cath.

April 18th. Vomiting, hiccup, pulse 98, involuntary dejections, alternate flushing and paleness of the face, speech indistinct.

Cal. gr. ii. cum Ext. Opii Aquosi gr. uno quartis horis.
En. Purg.

April 19th. Considerable remission of the urgent symptoms and fever, speech distinct, countenance placid, calls for food.

Cont^r. pil. et En. Purg.

April 20th. Pain of head acute, general irritation and uneasiness, bowels constipated.

Omitt'. pil. Hab'. H. Cath.

April 21st. Despondency, hiccup, delirium, vision perfect, difficult deglutition, pupils of a natural appearance, moaning and sighing, cries out, "Oh, my head!" yet when roused, says she does not feel pain; head thrown backwards.

Vesic^m. Vertici. Rep'. pil. ex Cal. et Opio.

April 22nd. Moaning and sighing, hiccup, stupor, involuntary dejections, vision good, often puts her hands upon the vertex, some rest, about noon daily there is a remission of the urgent symptoms.

Rep'. pil. et H. Cath.

April 23rd. Frequent tossing of the lower extremities, screaming, moaning, sighing—called for trotter-jelly this day at twelve o'clock, and took two glasses of it rather voraciously, after which she said she was much better—pulse varying from 100 to 120, at times irregular.

Haust. Anodyn. En. Purg.

April 24th. Face alternately pale and flushed,—at times, sees, speaks and hears distinctly,

immediately afterwards falls into a state of stupor or delirium.

En. Purg. et H. Anodyn.

April 25th. Death.

This lady was visited by Dr. Crampton.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY DR. LAWDER.

THERE is a considerable quantity of serous fluid between the Arachnoid membrane and pia mater; this effusion is general, but is in greatest quantity in the anterior portion of the brain.—The cerebrum is preternaturally vascular.—About two ounces of a watery fluid are detected in the ventricles.—The Arachnoid membrane is thickened, and the under-surface of the pia mater is excessively vascular.—On cutting through the substance of the brain innumerable minute blood-vessels are discovered.—The cerebellum and its membranes exhibit a high degree of vascularity.

Lungs,—there is about an ounce of a watery fluid in the left cavity of the thorax.

Colon,—considerably distended with flatus.

OBSERVATIONS.

THIS patient died on or about the twenty-first day of her illness.—By some the disease would be denominated typhus, by others, from the appearance of the petechiæ and the violence of the symptoms, the spotted, putrid or malignant fever.—On dissection no vestige of putrescency was discoverable in any part of the body.—The thoracic and abdominal viscera were sound, but the brain exhibited marks of excitement or inflammatory action; a serous fluid was discovered between the membranes and in the ventricles; the Arachnoid membrane was thickened, and the pia mater highly vascular.—There was, moreover, on the surface of the brain, a considerable degree of venous turgescence, and its substance was found loaded with minute blood-vessels; these appearances are sufficient to account for the phenomena which presented themselves during life.—The head-ach, for example, the stupor, delirium, nausea, vomiting and fever; the hiccup, deafness, moaning, sighing, loss of vision and paralysis of the muscles of deglutition, and of those of the whole body, &c.—In such a case it is obvious, that if, at the commencement of the attack, the most active depletory measures be not employed, there

can be little hope of a recovery.—It is remarkable that the pupils were not, at any time, dilated.

During the last week a considerable remission of the symptoms took place daily about noon, and lasted from one to three hours, during which period, if visited by a stranger, she would have been pronounced convalescent.—These remissions were uniformly followed by flushing of the face, delirium, stupor, &c.—For several months before the attack, she had been subject to headaches and the common symptoms of indigestion.—Her spirits had been much depressed and her mind considerably agitated in consequence of disappointed hopes and domestic afflictions.—This state of mind must, no doubt, have acted on the brain and produced some of those organic changes mentioned in the dissection (the thickening of the Arachnoid membrane for instance) long before her illness was considered of a serious nature. I mention this circumstance because, in chronic hydrocephalus, I have often detected a thickening of the membranes and a collection of serous fluid between their coats.—About the eleventh day of fever this lady was considered convalescent by her friends and attendants.—She was free from head-ach and fever, called for food, sat up in bed and looked well.—On the

same day she was visited by a relative; some irritating conversation took place, immediately after which the head-ach and fever returned, accompanied by stupor, loss of voice and power of deglutition, &c.

In all cases of Cephalic Fever, it is of the utmost importance to preserve the mind in a state of tranquillity, and even though there should be a wish for food accompanied by other symptoms of approaching convalescence, yet any, even the slightest indulgence in the use of stimulating food or drink, is often followed by the most dangerous consequences.

CASE II.

Oct. 14, 1818.

MR. G——, æt. 33, Portland-row, of a spare habit and sanguine temperament, six days ago, after fatigue, night-watching and anxiety of mind, was seized with shivering, followed by head-ach, pain of the back and the usual febrile symptoms—has taken an aperient.

Complains of pain in the head and back, loss of appetite, rest and strength.—Tongue foul and yellowish, skin hot and dry, flushing of the face, throbbing of the temples, pulse 124, irregular, countenance expressive of great anxiety, slight cough and dyspnœa.

Hirud. xxiv. Temporibus.—H. Cath.

Oct. 15th. Head relieved by the application of the leeches, would not submit to venesection or the opening of the temporal artery, low delirium, restlessness, three dejections of a yellow-colour, fever abated.

Hab'. h. s. Cal. gr. v.—Cras mane H. Cath.

Oct. 16th. Head much engaged—high fever.
Vesic^m. Nuchæ. H. Cath. Hirud. xx. Temporibus.

Oct. 17th. Head easier,—pains and uneasiness in the bowels,—fever abated.

Ol. Ricini Dos. En. Purg.

Oct. 18th. Some amendment.

Rep. Ol. Ricini et En. Purg.

Oct. 21. Convalescent.

Oct. 24th. Has made too free,—return of head-ach and fever.

Detrahantur ex arteria temporali Sang. ʒviii .

Cal. gr. v. H. Cath.

Oct. 25th. Head relieved,—fever abated.

Mist. Salin. H. Cath.

Oct. 29th. Head-ach and fever seem alternately to increase and diminish, uneasiness and pain in the bowels augmented by pressure, disturbed rest, urgent thirst, desire for cold sour drinks, fœces, at one time, greenish, at another yellow, troublesome cough, hurried respiration.

Hab. Cal. gr. v. H. Cath. Fetus Abdominis.

Oct. 31st. Symptoms less violent,—head-ach and cough.

Vesic. inter Scap. C. Med.

Nov. 4th. Irregular fever, pains in the abdomen, cough and dyspnœa.

Ol. Ricini Dos. En. Purg. Fetus Abdominis.

Nov. 12th. Vomiting, thirst, pulse frequent and irregular, pains in the abdomen.

Vesic^m. Abdomini. Cr. Med.

Nov. 15th. Symptoms more alarming.

H. Anodyn. En. Purg. H. Cath.

Nov. 16th. Hiccup,—faintishness.

Nov. 17th. Death.

DISSECTION,

BY MR. NORTH AND MR. HOWIE.

THE vessels of the dura mater are turgid with blood; the veins upon the posterior portion of both hemispheres of the brain are considerably enlarged, while the arteries upon the anterior portion are extremely numerous.—The substance of the brain when cut into appears pale.—Between the Arachnoid membrane and pia mater, a watery fluid is perceptible, and it seems to be generally

diffused over both hemispheres. The membrane covering the cerebellum is preternaturally vascular.—About a tea-spoonful of serous fluid is discovered in the left ventricle, but at the base of the brain, and in the theca spinalis there are three ounces.—On bending the head downwards the same kind of fluid flows from the theca.

There is about a pint of a brownish fluid in the cavity of the abdomen.—The peritonæum in several parts, and almost the entire of the mezen-tery is inflamed.—A scrofulous tumour of the size of a flattened pear, is found involved in the mezen-tery and lying upon the fourth lumbar vertebra.—The mezenteric glands are scrofulous.—The mu-cous and serous coats of the pyloric orifice of the stomach and of different portions of the small and large intestines are inflamed.—The liver is highly vascular and somewhat enlarged.

In each cavity of the chest are about three naggins of a serous fluid, and on both sides are adhesions between the pleura pulmonalis and costalis, some portions of this membrane are in-flamed.—The pericardium contains nearly four ounces of a transparent watery fluid.

At three o'clock P. M. the body was examin-

ed; it is now ten o'clock and I still feel in my fingers a hot prickling sensation although I handled but little the organs diseased: this sensation I have often experienced on dissecting the bodies of those who have died of fever.

OBSERVATIONS.

THIS was a case of mixed fever in which several organs were affected,—the brain, the lungs and the alimentary canal, with their investing and adjoining membranes.—The complaint commenced with symptoms of brain or typhous fever, and terminated by effusion into the great cavities of the body;—in each cavity marks of inflammation were observable after death.—Cases of such violence are often so immediately followed by effusion, that the most efficient remedies, although employed at the onset, too frequently prove unavailing.—In the present instance a week had elapsed before medical advice was called for, and then the patient refused to submit to venesection or the abstraction of blood from the temporal artery.—At one period of the illness the patient was, for two or three days, so far convalescent, as to be able to sit up and take food, but, even then, the head was not altogether free from vertigo, or from some degree of weight

and uneasiness, and I am disposed to think that effusion had, at that time, taken place in the brain.—A large quantity of serous fluid was accumulated in the vertebral column, which poured forth on bending the neck downwards: this fluid was the effect of inflammation of the lining membrane of the spinal marrow.

The pyloric orifice of the stomach was found inflamed; this will serve to account for the vomiting, while, to the same morbid state of the intestines, mezentery and peritoneum we may ascribe the pains complained of in the abdomen.

Some days before death there was cough, the respiration was laborious, and the pulse irregular and intermitting, symptoms proceeding from the fluid accumulated in the cavities of the chest and pericardium.—The emaciated habit of this gentleman may be ascribed to the enlarged and scrofulous condition of the mezenteric glands (one was found suppurated) which must necessarily have impeded the free flow of chyle into the blood.—The dark-brown appearance of the fluid contained in the abdomen is singular and deserving of notice,—did this depend on a rupture of blood-vessels or an exudation from the intestines and peritoneum?

DISSECTION OF THE LATE MR. H——, ÆT. 18, MARY-STREET.

THE dura mater is highly vascular; the vessels on the surface of the cerebrum are extremely turgid and exhibit marks of arterial excitement:—numerous bloody points present themselves on cutting through the substance of the brain.—About one ounce and a half of serous fluid is discovered at the base of the brain, and in the theca spinalis.—The pia mater covering the medulla spinalis is highly vascular.

The left lung is adherent to the pleura pulmonalis and mediastinum.—Contiguous to the bronchial glands is a greyish calculus of a chalky nature of the size of a large garden pea.—The liver is enlarged one-half beyond its usual size, its surface is extremely vascular, and when cut into both lobes appear gorged with blood.—The lymphatic glands of the capsula Glissonii are much enlarged.—The spleen is nearly thrice its usual size, is loaded with blood, is in consistence somewhat softer than natural, and in appearance re-

sembles black currant-jelly.—The bladder contains a preternatural quantity of urine.

COMMENT.

THE subject of the present case was a young gentleman, who, after violent exercise and subsequent exposure to cold and wet, was seized with shivering, followed by head-ach, nausea, prostration of strength and the usual febrile symptoms.—Purgatives and the saline julep were the remedies administered.—On Saturday the sixth of February, and the sixth day of his illness, he felt so much relieved that he spoke of leaving his room on the day following.—During the evening of the same day, low muttering delirium and stupor set in; on the next morning, Sunday the seventh, I first saw this patient.—There was loss of voice, sight, speech, and power of deglutition and motion, followed by laborious respiration and involuntary dejections, symptoms which, during the night, terminated in death.—On examination the brain exhibited evident marks of venous congestion, and a high degree of arterial excitement; a quantity of serous fluid was found in the base of the cranium and in the theca ver-

tebralis; appearances which might naturally be expected from the symptoms above mentioned.—What remedies, in such a case, could prove effectual, save those of an anti-inflammatory nature?

The present history shows, that we are not always to infer the presence of a mild disease from the absence of violent symptoms, and warns us not to postpone the employment of active remedies to a period when, in consequence of the lesion of some important organ, or of effusion, they can be of no avail.

The body was examined by Mr. M'Namara.

CASE.

A CASE OF AN AFFECTION OF THE HEAD, TERMINATING
IN CEPHALIC FEVER AND EFFUSION.

IN July 1822, Signor ———, an eminent Italian artist, complained of fugitive pains in the thorax and abdomen, of a teasing cough, attended, at one time, with mucous expectoration, at another with vomiting or retching, and, on some occasions with hemoptysis.—He likewise complained of head-aches, confusion of ideas and epistaxis, of disturbed rest, a diminution of appetite and an irregular state of the bowels,—the pulse was frequent, the skin hot and the tongue foul.—Ten ounces of blood were taken from the arm, and mild aperients and bitters were administered.—Some relief was obtained by these remedies.—In August and September the symptoms became more violent.—He said there was a frequent distillation from the posterior part of the nares which excited coughing and vomiting, and disturbed his appetite and rest;—the head-ache became more frequent and violent, his spirits

drooped and emaciation commenced.—Leeches were applied to the temples and blisters to the head and nucha, and calomel and saline aperients were administered.

In November and December the pain in the head became more acute, and was accompanied by vertigo, tinnitus aurium, frequency of pulse and despondency of mind; the epistaxis recurred more frequently and it always procured some alleviation of the affection of the head.

In January 1823, the same symptoms, in a greater or less degree continued, attended by thirst, restlessness, prostration of strength and fever of an irregular intermittent type.—Early in February the genuine symptoms of typhous or cephalic fever set in.—On the 10th there was low muttering delirium, hiccup, a frequent, feeble, irregular pulse, laborious respiration, picking of the bed-clothes, subsultus tendinum, difficult deglutition and involuntary dejections.

Death took place on the evening of the 11th of February.

DISSECTION,

BY MR. CARMICHAEL ASSISTED BY MR. BILTON.

THE Arachnoid membrane is opaque, inflamed and thickened, and the substance of the brain dense and extremely vascular.—About two ounces of a serous fluid are found in the ventricles.

There are firm adhesions between the pleura pulmonalis and costalis on both sides of the thorax.—The pericardium contains about an ounce of a watery fluid.—The lungs, in some parts, are hepatised, in others, of a natural appearance, the lining membrane of the larynx, trachea and bronchiæ, is inflamed and covered with purulent mucus.

The right lobe of the liver is adherent to the parietes of the abdomen, the left to the diaphragm.—This organ is harder than natural, and some portions of it are highly vascular.—The kidneys are of a deep purple-colour and harder than usual.—The spleen is considerably enlarged and preternaturally vascular.—The transverse portion of the colon is very much contracted in diameter.

COMMENTARY.

IN the consideration of this case, the circumstances which chiefly claim our attention are, the long-continued head-aches, the epistaxis, the termination of these head-aches in the genuine symptoms of typhous or cephalic fever, and after death, the inflammatory state of the brain and the effusion into the ventricles.—These circumstances show the near alliance between phrenitis, epistaxis and typhous or cephalic fever.—In the present instance, we may allow the epistaxis to have been a salutary effort of nature, and, it cannot be questioned, that full and early depletion, counterstimulants and drains about the head and nucha, were the remedies which would have been most likely to obviate the fatal tendency of the complaint; unhappily this patient complained so much of a teasing, troublesome cough, that the attention of the practitioner was, in the beginning of the illness, diverted from the consideration of the state of the brain, the organ principally affected.—How patient and discriminating should be the mind of the physician!—It is scarcely necessary to observe, that the morbid appearances detected in the brain, the chest, the larynx, and trachea and the abdomen, are sufficient to account for the phenomena.

CASE.

A CASE OF CEPHALIC FEVER TO WHICH PERITONÆAL
INFLAMMATION SUPERVENED.

Sept. 2, 1814.

MR. M'N——, æt. 36, Usher's-court, seven days ago, after exposure to cold and wet, was seized with head-ach, shivering and nausea, followed by prostration of strength, loss of appetite and depression of spirits.—Blood has been taken from the arm to the amount of about eight ounces, and cathartics and saline medicines have been exhibited.—Pulse 116, feeble and irregular, skin hot and dry, respiration frequent and laborious, shooting pains in the temples and forehead, cough and mucous expectoration, thirst, low delirium, eyes suffused, restlessness, bowels constipated, urine high-coloured, tongue loaded and yellowish.

V. S. \S viii.—Pil. ex Cal. et Jalapa.

Sept. 3rd. Head relieved for some time by the bleeding, blood dense and florid, serum in small quantity, pulse 112, stronger and more regular,

skin cooler, three dejections of a dark green, urine turbid, shooting pains in the temples and forehead.

Hirud. xx. Temporibus. C^r. Pil. H. Salin.

Sept. 4th. Pains in the head abated, four dejections, yellowish, urine deposits a lateritious sediment, pectoral affection relieved, some rest, tongue cleaner, pulse 102.

C^r. Pil. et H. Sal.

Sept. 5th. Head-ach and fever abated.

Haust. Sal.

Sept. 6th. Return of head-ach and fever, delirium, tinnitus aurium, restlessness, bowels constipated, petechiæ upon the breast.

V. S. $\frac{3}{8}$ viii.—Abradatur Capillitium.

Haust. Cath.—En. Purg.

Sept. 7th. Temporary ease from the bleeding, blood dense and florid, deafness, pulse 124, irregular, skin cool, præcordial anxiety, tongue moist and whitish, bowels free, urine deposits a lateritious sediment, petechiæ more visible.

Detrahantur Arteria temporali Sanguinis uncia decem.

Haust. Cath. Vesic^m. Nuchæ.

Sept. 8th. The bleeding afforded relief for some hours; in the evening the head-ach returned, when twenty-four leeches were applied to the temples and the ice-cap to the head; complains of pain, heat and a sense of hardness in the pit of the stomach,—pulse 102, regular, slight hemorrhage from the left ear.

Fotus Abdominis. H. Cath. et En. Purg.

Nine o'clock P. M. Pain and uneasy feelings in the region of the stomach diminished, three dejections, greenish, urine lateritious, return of head-ach, tinnitus aurium and fever.

Hirud. xx. Temporibus. H. Cath. et En. Purg.

Sept. 9th. Stupor, delirium, involuntary dejections, pulse 112, irregular and intermitting, speech indistinct, pain on pressing the epigastrium and umbilical region.

Detrahantur Arteria Temporalis Sanguinis unciae decem.

Fotus Abdominis. Cal. gr. x. 3^{ies}. horis ad alvi solutionem. En. Purg.

Sept. 10th. Head relieved, petechiæ scarcely perceptible, three dejections, greenish, urine deposits a heavy mucous sediment, pain in the abdomen removed, skin moist, pulse 98, soft and regular.

Haust. Salin, 3^{ies}. horis.

Sept. 11th. Return of fever, pulse 120, feeble and irregular, abdomen tympanitic and pained on pressure, countenance lurid.

Fotus Abdominis. Cal. gr. x. 4th. horis ad alvi solutionem. Ol. Ricini.—En. Terebinth.

Sept. 12th. Weaknesses, extremities cold, pulse 126, feeble and irregular, four dejections fetid and greenish, respiration laborious, abdomen tympanitic and painful to the touch, thirst, urgent desire for cold water, head free from uneasiness.

Admov^r. Abdomini Hirud. L. Hab^r.

Cal. ʒi. 4th. horis ad alvi solutionem.

Rep^r. En. Tereb. et Ol. Ricini.

Sept. 13th. Considerable ease from the application of the leeches, but the pain and tympany of the abdomen continue, pulse 116, stronger and more regular, no uneasiness of the head.

Hirud. L. Abdomini. Rep^r. Med.

Eight o'clock P. M. Abdomen softer, pain abated, bowels open, urine passed in large quantity.

Vesic^m. Abdomini.

Sept. 14th. Pain and tympany considerably abated, four dejections green and yellow, fever

diminished, countenance more expressive of health.

Rep'. Cal. et Ol. Ricini.

Sept. 15th. Gradual amendment.

C'. Ol. Ricini.

Sept. 17th. No return of the complaint.

Sept. 20th. Convalescent.

COMMENT.

THE circumstance most deserving of notice in this case, is the supervention of peritonæal inflammation to Cephalic Fever.—The violence and nature of the fever may be judged of from the good effects of the active remedies employed.

From the head-ach, delirium, stupor, tinnitus aurium, hemorrhage from the ear, and the relief obtained by depletion, we may conclude that the brain was the organ primarily engaged; that the complaint was inflammatory in its nature, and the fever secondary.

During the course of the attack, there were

several remissions and exacerbations of the symptoms, but it is remarkable that whether the pulse was strong or weak, regular or intermitting, an alleviation of the affection of the brain was always procured by blood-letting and the operation of a cathartic.—On the fifteenth, fever subsided; on the following day the belly was tympanitic and pained on pressure, with a weak, frequent, irregular pulse, weaknesses, coldness of the extremities and a lurid countenance; under these circumstances the application of a hundred leeches, in the course of twenty-four hours, to the abdomen, succeeded by a blister, scruple doses of calomel, cathartic draughts and turpentine injections, removed this formidable disorder.

From a perusal of this case, and from others of a similar nature, we may conclude that inflammation may arise in a part essential to life at the close of a tedious and dangerous fever, and that symptoms of *apparent* debility should not deter the practitioner from the employment of anti-inflammatory remedies, which alone can save the life of the patient.

CASE.

A CASE OF FEVER, ACCOMPANIED BY CATALEPSY.

June 10, 1817.

MISS W——, æt. 15, Jervis-street, of a sanguine temperament and a delicate irritable frame, seven days ago was attacked with shivering, head-ach, vomiting and fugitive pains in the muscles of the body and extremities; blood has been taken from the arm and active cathartics have been administered by the direction of Dr. Adams.—Pulse 124, of good strength, skin hot and dry, pain and intense heat of the head, flushing of the face, suffusion of the eyes, tension of the abdomen, tremors of the fingers of the left hand.

V. S. \bar{z} viii. Pil. ex Cal. et Ext. Col. Comp.

June 11th. Head-ach and fever abated, fœces green and yellowish, urine lateritious, tremors of the fingers and rigidity of the muscles as yesterday.

Rep^r. Pil.—Haust. Cath.

June 12th. Low delirium, head-ach, flush-

ing of the face, pulse 126, strong and irregular, tongue foul and yellow, thirst, restlessness.

Hirud. xxiv. Temporibus.—H. Cath.

June 13th. Head-ach and fever abated.

H. Cath. Mist. Salin.

June 14th. Symptoms as yesterday.

C^r.

June 15th. Head-ach more severe, fever and delirium, tremors of both hands, muscles rigid, the arms, on being bent or extended, remain in the position in which they may be placed ; the same is observed in regard to the legs, and, in some degree, in regard to the body,—abdomen tympanitic, muscles rigid, fœces greenish, urine turbid.

Vesic^m. Capiti. Abraso. Haust. ex Oleo Terebinth. et Ricini.

June 16th. Cataleptic affection as yesterday, abdomen less tense, head-ach, fever and delirium as yesterday.

Hirud. xvi. Temporibus. Pulv. ex. Cal. et Pulv. Ant. En. Tereb.

June 17th. Symptoms nearly as yesterday.

Rep^r. Pulv. et En.

June 18th. Head-ach relieved, little variation of the symptoms.

Cr. Pulv. et En. Tereb.

June 19th. Cataleptic affection continues, head-ach more acute, deafness, low delirium, flushing of the face, abdomen tense, pulse 126, irregular, tongue foul.

Hirud. xx. Temporibus. Vesic^m. Nuchæ.

Haust. ex Oleo Ricini et Tereb.

June 20th. Cataleptic affection, head-ach and fever abated, four dejections green and yellow.

Haust. ex Oleo Ricini et Tereb.

June 21st. Further amendment.

Cont^r. Haust.

23rd. Head-ach, fever and cataleptic affection considerably abated,—the turpentine draught excites nausea, no rest.

Omitt^r. haust. ex Ol. Tereb. Hab^r. Haust. salin cum

Infuso Sennæ. Postea Haust. Anodyn.

June 26th. Sleep procured by the anodyne, gradual amendment.

H. Cath. et Anodyn.

June 29th. Convalescent,

COMMENT.

THE remarkable circumstance in the history of the present case was the cataleptic affection:—the brain was the seat of fever, for the head-ach, delirium and the other febrile symptoms are referrible to the excitement of this organ, and the fever subsided on the removal of its diseased actions.—The muscles of the abdomen partook of the rigidity which affected those of the extremities, and which in both yielded to the anti-inflammatory remedies employed.—As the cataleptic affection subsided with the fever, may we not infer, that this peculiar malady originated in the brain, and was caused by a morbid excitement of the nerves issuing from the spinal column?

In the summer of 1824 I met with a second instance of Cephalic Fever, attended by a cataleptic affection:—it occurred in a young gentleman, twenty-three years old, of a bilious habit, and in fourteen or fifteen days terminated favourably without any critical evacuation.—The expression of his countenance was idiotic, and his mind despondent.—Depletory measures, mercurials, saline aperients, &c. were employed.—This patient was under the cure of Mr. White.—Dr. Colles and I were the consultants.

A CASE OF CEPHALIC FEVER WITH AN AFFECTION OF
THE SPINAL COLUMN.

March 10, 1825.

MR. N——, æt. 36, Sackville-street, four days ago, after exposure to cold and wet, complained of head-ach, shivering and pain of the back, accompanied by loss of appetite, nausea and a sense of weakness in the upper and lower extremities:—Pulse 116, strong, skin hot and dry, tongue foul, thirst urgent, bowels constipated.

V. S. $\frac{3}{4}$ x. Haust. Cath. Sal.

March 11th. Blood dense and slightly buffed, temporary ease procured by the bleeding and the operation of the cathartic, fœces dark and indurated, urine lateritious, pain in the back, at times, lancinating, pulse 110, full, head-ach, suffusion of the eyes and throbbing of the temples.

V. S. $\frac{3}{4}$ x. Rep^r. Haust. Cath.

March 12th. Head considerably relieved, blood dense and slightly buffed, three dejections yellowish, urine turbid, pains in the dorsal and lumbar vertebræ, a feeling of weakness and lan-

guor and, at times, of heat and uneasiness, is complained of in the upper and lower extremities.

Admoveantur partibus affectis hirudines xxiv. Hab'.
Cal. gr. iii. cum P. Jacobi gr. ii. 3^{ies}. horis.

March 13th. Temporary ease was procured by the application of the leeches, but pain and other distressing sensations are still felt in the back and extremities, pulse 110, skin hot, tongue foul and moist, head slightly affected, bowels free, urine lateritious, restlessness.

Hirud. xxx. partibus affectis. Haust. Cath. Sal.

March 14th. Pains in the back abated, feeling in the extremities more natural, bowels open, fever diminished, no head-ach, some appetite.

Haust. Salin.

March 15th. Return of pains in the lumber vertebræ, accompanied by a sense of heat and uneasiness in the lower extremities, skin hot, pulse 98.

Hirud. xv. parti dol. H. Cath.

March 16th. Pain and fever abated, bowels open, feeling in the lower extremities more natural.

Cont'. Haust. Cath.

March 18th. Gradual amendment.

March 20th. Convalescent.

COMMENT.

HERE leeches were thrice applied to several parts of the spine, and on each application the pains in the dorsal and lumbar vertebræ and the sense of heat and uneasiness in the extremities abated :—this is the circumstance in the case most deserving of notice.—It serves to show the propriety of the practice adopted, and leads us to think that if neglected, a weakness or numbness of the extremities, approaching to paralysis (a common effect of fever) might have supervened :—I shall here observe, that different effects are produced in different individuals by this complaint of the spine.—In one, there are fugitive pains, or there is a sense of heat or indescribable uneasiness in one or more of the extremities, accompanied, at times, by irregular involuntary actions of the muscles ; in another, a feeling of numbness, coldness or weakness, approaching to paralysis ; in a third patient, the respiratory muscles are engaged and the breathing is oppressed ;

in a fourth, the skin and abdominal muscles become full, tense and painful to the touch; while in a fifth, these muscles are flaccid and paralyzed, and the skin is covered with a clammy moisture, accompanied, at one time, by a torpid, at another, by a relaxed state of the bowels.—Such are the prominent effects I have observed to follow a diseased condition of the spine in Cephalic Fever.

Now, from the advantages derived from general and local blood-letting, from blistering, from the use of aperients, mercurials, antimonials, and the hot bath—and, further, from the post-obit appearances detected in such cases, must we not infer that this affection of the spine is, like that of the brain, inflammatory in its nature, and to be treated in a similar manner?

In the last stage of all the cases of fever here related, and in any stage whenever symptoms of real debility manifested themselves, wine and other cordials were administered.

Before closing these remarks, I beg leave to state, that in many instances I have witnessed the best effects from the following emetico-aperient mixture :

R. Antimonii Tartarisati grana tria.
Infusi Sennæ Uncius sex, Sulphatis Magnesiae.
Tincturæ Jalapæ, utriusque drachmas decem. m.
Sumantur Cochlearia duo singulis horis donec
evomuerit vel soluta fuerit Alvus.

This mixture, by diminishing the tone and activity of the vessels of the brain and of the whole vascular system, by relaxing the extreme vessels, and by opening the bowels, proves a valuable anti-inflammatory remedy, and often succeeds in cutting short fever.

In what I have stated, I have endeavoured to show, that cephalic, or typhous fever, is inflammatory in its nature ;* and from the post-obit appearances I am justified in saying, that in all urgent cases venesection is necessary.—I contend for a principle—but, let me not be misunderstood—I am not the advocate for copious or indiscriminate blood-letting.

* For further particulars on this subject, see my “ Essay on the Utility of Blood-letting in Fever,” published in 1811 : and a later work, entitled, “ A Comparative View of Fever and Inflammatory Complaints.”

THE FOLLOWING
CASES AND DISSECTIONS

SERVE TO SHOW

THE ALLIANCE THAT SUBSISTS BETWEEN

APOPLEXY

AND OTHER DISORDERS OF THE BRAIN.

CASE I.

A CASE OF SEROUS APOPLEXY, PRECEDED BY HEAD-
ACHES, EPILEPTIC FITS AND PARALYSIS.

June 6, 1817.

MR. L——, æt. 40, Camden-street, of an active, intelligent mind, and of studious and sedentary habits; complains of pain, heat and heaviness of the head, of indigestion and loss of appetite; pulse 68, irregular, skin cool, tongue yellowish, fœces dark-coloured, speech indistinct, weakness of the muscles of the right eye-lid and right side of the mouth,—During the last four

months has been complaining of vertigo, headaches and confusion of ideas, and of several symptoms arising from imperfect digestion:—within the last six weeks has been attacked with epileptic fits, and has, at times, been incoherent.

Hirud. xv. Temporibus.

Pil. Cath. ex Cal. et Ext. Col. C.

June 7th. Head relieved, but still considerably affected, pulse 66, irregular, stupor, prostration of strength, three dejections, dark-coloured, urine natural, vomiting occasionally.

Vesic^m. Nuchæ. Pil. Cath. et M. Sal.

June 8th. Head-ach and tinnitus aurium, pulse 72, face flushed, great heat in the forehead, disturbed rest, paralysis of the right eye-lid and side of the mouth, half conscious he suffers the fœces and urine to pass off into the bed.

Hirud. xxiv. Temporibus. C'. Pil. Abradatur Capillitium.

June 9th. Pain of the head abated, speech more distinct, delirium, pulse 80, face flushed, vomiting not so frequent, skin dry, tongue whitish, fœces green-coloured.

Pulv. ex Cal. et P. Jacobi, 3^{is}. horis.

June 10th. Frequent vomiting and weak-

nesses, pulse 68, feeble and irregular, head-ach and confusion of ideas, stupor, debility.

Omitt^r. Pulv. Cont^r. Pil. Cath.

Vesic^m. Capiti.

June 11th. Little variation in the symptoms, whilst speaking will close his eyes and apparently fall asleep, yet is easily roused; pulse 76, uneasiness on pressing the epigastrium.

H. Cath. ex infuso Sennæ et Sul. Magnes.

June 12th. Head-ach and flushing of the face, low delirium, pulse 74, irregular.

Hirud. xxii. Temporibus. M. Salin.

June 13th. Head-ach abated, speech more distinct, ideas less confused, is disposed to conversation, skin of a more natural heat.—This day the late Mr. Richards was called in.

Cont^r. Pil. Cath. et H. Sal.

June 14th. Sense of weight in the forehead, pulse 82, bowels free, some return of appetite.

Vesic^m. Vertici. H. Cath.

June 15th. Symptoms nearly as yesterday, strabismus.

Cal. gr. iii. 4^{tis}. horis.

June 16th. Coma, pulse 70, pain and sense of weight in the forehead, bowels free.

Hirud. xx. Temporibus.

June 17th. Head relieved, pulse 82.

C. Cal. H. Cath.

June 19th. Speaks of going to the country, pulse 84, occasionally stupor.

Cont'.

June 21st. Yesterday was attacked with apoplexy.—Died this morning.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY THE LATE
MR. RICHARDS.

THE mezentery is loaded with fat, and the bladder distended with urine.—The spleen is softer than natural, its peritonæal membrane bears evident marks of previous inflammation.—Liver, of a natural appearance.—Gall-bladder, distended with greenish yellow bile.—Kidneys, covered with fat and internally the calices are surrounded with fat.—Lungs and heart, of a natural

appearance.—Pericardium contains half an ounce of a watery fluid.—The surface of the brain is highly vascular.—The lateral ventricles are considerably enlarged, and in them, at the base of the brain, and in the theca spinalis, are found three ounces of a serous fluid.—Plexus choroides pale.

OBSERVATIONS.

THIS dissection shows how many diseases may arise from excitement and congestion of the brain, and a collection of a watery fluid in the ventricles :—to these may be ascribed the head-aches, vertigo and tinnitus aurium, the symptoms of indigestion, the epileptic paroxysms, the paralysis of the right eye-lid, and the right side of the mouth, the stupor, delirium, slow pulse, and the apoplectic fit which terminated the sufferings of the patient ; hence it would appear that head-aches, coma, epilepsy, paralysis and apoplexy are nearly allied, and that remedies calculated to diminish plethora and increased action of the vessels of the brain, are best suited to obviate the occurrence of these maladies. In illustration of this point, I shall quote the following passage from Dr. Prichard's work on the Nervous System.

“ In apoplexy it is well known that the most
“ apparent circumstance in the morbid state of
“ the brain, consists in an excessive action of the
“ arteries belonging to the encephalon; or, at least,
“ in an unusual repletion and distention of the
“ vessels; or, in what is termed an increased de-
“ termination to the head; often producing effu-
“ sion of blood or of serum within the skull. If
“ the foregoing remarks are well founded, we
“ have from this fact reason to believe that the
“ immediate cause of other disorders which, by
“ their frequent conversions and transitions, are
“ shown to be allied to apoplexy, consists in a
“ deviation from the healthy condition of a similar
“ kind, though probably very different in degree,
“ and modified by a variety of circumstances.”

In the review of this work we find the follow-
ing valuable observations :—

“ Our readers are aware that this doctrine
“ approximates to, or rather that it is identical
“ with, the pathology of nervous diseases, as set
“ forth in the incomparable work of Dr. Parry
“ the elder.

“ These doctrines are strongly supported by

“ the post-mortem as well as the living pheno-
“ mena.

“ Our author observes that, when we genera-
“ lize the appearances discovered in the heads of
“ persons who have laboured under the diseases
“ alluded to, they are found to resolve themselves,
“ for the most part, into the effects of inflamma-
“ tion and of increased vascular action,—such as
“ adhesion of parts within the cranium; effusions
“ of serum into the cavities; distention of the
“ vessels; abscesses; hemorrhagic effusion into the
“ ventricles, on the basis, and into the interstitial
“ openings of the brain; redness of the mem-
“ branes, &c.

“ Other species of disorganization, indeed,
“ besides the unequivocal products of inflamma-
“ tion, are occasionally discovered in the encephalon, in some forms of nervous diseases, as
“ tumours, induration, softenings of the brain,
“ &c. But even those are probably the conse-
“ quences of disordered vascular action or inflam-
“ mation, though there is no doubt that, in many
“ cases, the irritation they produce leads to an
“ increase of the inflammation or sanguineous
“ congestion that gave origin to them.

“The doctrine of the *juvantia* and *lædientia*,
“leads to the same result.”*

But, to return to the case.—The spleen bore marks of inflammation; this appearance may serve to account for some of the symptoms which were considered hypochondriacal.—As the remaining abdominal viscera were sound, the complaint styled bilious depended on irritation of the digestive organs in consequence of their sympathy with the diseased actions of the spleen.—On the attack of apoplexy the breathing became frequent, stertorous and laborious, and the actions of the heart, consequently much increased, hence the effusion into the pericardium; if this had happened at an earlier stage of the complaint it would have been indicated by palpitation, dyspnoea, &c.—For several days there was coma, delirium, head-ach and paralysis, symptoms owing to excitement and compression, which becoming greater, produced a total abolition of sense and motion.

During the first week of this patient's confine-

* See the *Medico-Chirurgical Review*, &c. for June, 1822.

ment, vomiting was a frequent symptom, during the second, the vomiting ceased, an occurrence not unusual in hydrocephalus.—The pupils remained unchanged throughout the complaint.

In this instance the application of leeches and blisters to the head afforded considerable relief, but no sensible benefit was derived from the other remedies employed.

CASE II.

A CASE OF SANGUINEOUS APOPLEXY WITH GALL-STONES
AND INFLAMMATION OF THE STOMACH MISTAKEN FOR
GOUT.

August 9, 1819.

MR. B——, æt. 55, a country gentleman, complains frequently of head-ach, vertigo, confusion of ideas, and a sense of weight or heaviness of the head, accompanied by fever; and occasionally by pains in the stomach, by nausea or vomiting:—the bowels are constipated, the fœces often present a morbid appearance and the urine is often high-coloured and deposits a pink or lateritious sediment. This gentleman is of a florid complexion and accustomed to the use of fermented liquors.—His complaint has been considered gouty, and various tonics, cordials and bitters have been prescribed.—At present the face is flushed, the heat of the forehead is intense, and there is head-ach and vertigo, the pulse 96 and strong, the bowels are constipated, the tongue is foul and yellowish and there is palpitation of the heart.

V. S. $\frac{3}{4}$ xii. Mist. Cath.

Aug. 10th. Head relieved by the bleeding, blood dense, four dejections dark and yellowish, urine lateritious.

Hirud. xii. Temporibus. Pil. ex Cal. et Ext. Col.
Comp.

Aug. 13th. Feels considerably better,—is anxious to return to the country.

April 14, 1820. Yesterday, when on horse-back, complained of vertigo and head-ach; on his return to his son's house in Parliament-street, he found his left hand and arm paralytic; shortly afterwards the left leg and thigh became paralyzed.—Twelve ounces of blood were taken from the arm, leeches were applied to the temples, and a purgative draught was given by order of Dr. Adams.—Pulse 114, strong and irregular, delirium, vomiting, face flushed, vision impaired, articulation imperfect, intellect clouded, hearing good, bowels constipated, pain in the stomach.

Hirud. xvi. Temporibus. Pulv. ex Cal. et Scam.

April 15. Stupor, delirium, constipation.

Pulv. ex Cal. et Jalapa. Vesic^m. inter Scap. En.
Terebinth.

April 16th. Face darkly flushed, throbbing of the temples, involuntary dejections, difficult deglutition, stertorous breathing, hiccup.

April 17th. Death.

DISSECTION,

BY MR. M'NAMARA.

THE dura mater exhibits evident marks of excessive vascularity both arterial and venous.—The veins on the surface of the cerebrum are very turgid.—The convolutions of the cerebrum are remarkably depressed.—On making a section of the brain a preternatural number of red vessels are discovered. In the centre of the posterior lobe of the right hemisphere is found a cavity of the size of a hen's egg filled with coagulated blood. The walls of this cavity are formed of the substance of the cerebrum, which is softened and of a bright red-colour.—The blood appears to have been furnished from a number of minute vessels observed on its surface, and not from the rupture of any large vessel, similar to what is noticed on the surface of the intestines in melæna.—The edge of the plexus choroïdes has an hydatid-like appearance.—In the

ventricles are about three drams of a serous fluid, and about six at the base of the cranium and in the theca vertebralis.—The cerebellum is preternaturally vascular.—The lungs are of a natural appearance.

The heart is enlarged and softer than natural, and its right auricle and ventricle are filled with a dark-coloured fluid blood.

The liver, when cut into, is found to be exceedingly vascular.—The gall-bladder contains two gall-stones, irregular in their shape and of the size of French beans; there are several others considerably smaller.—The spleen is enlarged, softened and gorged with dark blood.—A large portion of the mucous coat of the stomach near the cardia is preternaturally vascular, some of the vessels have a florid appearance.

OBSERVATIONS.

THE vascular state of the stomach and the gall-stones detected in the gall-bladder, may serve to account for the vomiting and the pains referred to the epigastrium, which being supposed to pro-

ceed from gout, induced different practitioners to exhibit stimulants and cordials, remedies calculated to increase and not to diminish the complaint.—The affection of the head was also considered as gouty, and medicines of a heating quality were prescribed for the removal of symptoms which proceeding from inflammation and plethora, demanded the use of evacuants and sedatives; the consequence was, a gradual increase of the complaint, and finally death.—From the appearances exhibited on dissection, there is reason to say, that had a just view been taken of the case, and judicious means employed at its commencement, the life of this patient might have been long preserved.—It is remarkable that the blood found in the brain did not proceed from the rupture of any large single vessel, but (as appears from the walls of the cavity) from numerous minute florid vessels, showing the existence of inflammation of the brain, to which source may be referred the headaches, vertigo, delirium, stupor, fever, paralysis, and apoplexy.

The following case is remarkable, as it shows the connexion between brain-fever, mania, paralysis and apoplexy.

“ A. H., a country-woman, had a fit of apoplexy.—She was naturally robust and sanguine, but for some months had an earthy unnatural complexion, was dispirited and complained of sick head-ach.—Four years before this seizure she had a violent inflammatory fever, with pain in the epigastrium, which yielded to copious bleeding and the antiphlogistic regimen.—It was succeeded by symptoms allied to mania. Though free from fever she talked incessantly, and never slept, but wandered about all night. Her manner was forward and immodest, and the powers of her mind were powerfully excited. She was prompt in her replies, positive in all her opinions, and on all subjects employed a copious eloquence. These symptoms yielded to free purging.

“ After the attack she was insensible, and the right side was motionless, but she frequently lifted the left hand to her head, and the leg of the same side was violently moved. The power of swallowing was gone, but the sphincters were closed.—Free bleeding from the external jugular had no effect, and she survived the attack only twenty-four hours.

DISSECTION.—“The dura mater adhered firmly to the cranium.—The finer membranes were manifestly inflamed; between them there was an extensive effusion of bloody lymph, which reddened the surface of the cerebrum.

“As was suspected, the greatest mischief was on the left side of the brain; the anterior half of which was completely injected with blood.—A large coagulum, which had evidently proceeded from the rupture of innumerable diseased vessels, filled the left ventricle, and had broken down the thalamus nervi optici of that side, and the corpus striatum.

“There was serum in all the other ventricles.—The cerebellum was surrounded by water; its surface was deeply inflamed, and in its substance there were many apoplectic cells.

REMARKS.—“Between inflammation of the brain and apoplexy, provided we include the whole disease, there seems to be no essential difference.

“The former seldom conforms itself to strict nosological description, but appears in various forms, and apoplexy is one of them.—The symp-

toms which constitute pyrexia have ranked phrenitis with the phlegmasiæ; and if the premonitory symptoms of apoplexy be carefully noted, its exclusion is unaccountable.—The occurrence of fever after the fit has been remarked by all observers, and the other symptoms are analogous.”*

* For this case and the remarks, see the Contributions to Morbid Anatomy, by Mr. Sandwith, in the Edin. Med. and Surg. Journal for July, 1820.

CASE III.

A CASE OF APOPLEXY, ORIGINATING IN SANGUINEOUS
AND SEROUS EFFUSION, WITHOUT RUPTURE.

1818.

MR. F——, æt. 72, Lower Dorset-street, full and plethoric, of sedentary habits, fond of good living, but temperate in the use of fermented liquors; has been subject for years to indigestion, vertigo, acute head-aches, accompanied by fever and sometimes by slight paralytic attacks of the fingers or arms; on the thirteenth of April was seized with apoplexy; this was followed by hemiplegia of the right side; a fortnight afterwards he died:—during this period the powers of speech, memory and deglutition were frequently lost and restored.—The head was often referred to as the seat of pain and distress; the pulse varied in strength, frequency and regularity; the excretions were involuntary; two days before death there was loss of sight, the pupils were dilated, the eyelids paralytic, the pulse became slow and intermitting, and the respiration frequent and laborious.

The remedies employed were blisters, cathartics, topical blood-letting and the camphorated mixture with ammonia.

DISSECTION,

BY MR. M'NAMARA.

THE dura mater is extremely vascular, and the veins on the surface of the cerebrum are very turgid; the Arachnoid membrane is raised from the pia mater by a serous effusion.—The substance of the brain is firmer than natural.—A considerable number of red vessels is discovered on making a section of the cerebrum.—The ventricles are enlarged and distended with a watery fluid.—In the middle lobe of the left hemisphere there is a regularly formed cavity, large enough to contain a hen's egg, this cavity is filled with grumous blood and its surface is of a bright claret colour.—On cutting through the cerebellum a small clot of blood is discovered.—About four ounces of a serous fluid are found in the ventricles, the base of the cranium and the theca spinalis.

The integuments of the skull, chest and abdomen are œdematous.—The omentum is fatty.—In

the lining membrane of the stomach and intestines are several red patches.—The bladder is thickened and diminished in size, and on its mucous coat are numerous red spots.—Lungs, healthy.—Heart, preternaturally large, a portion of the left mitral valve is thickened and contracted, and the semilunar valve of the aorta is thickened.

OBSERVATIONS.

HERE, as in the former case, there was no trace of any ruptured blood-vessel of the brain, nor was there any lesion of structure ; but on the surface of the cavity formed by the blood, there were numerous red points, so that we must conclude the blood was poured out by the exhalants.—Moreover, four ounces of a watery fluid were found in the ventricles and the base of the cranium ; hence we may infer, that the state of vessels which produces an effusion of blood also favours an effusion of serous fluid in the cavities of the brain.—The numerous red points detected in the substance of the brain are indicative of inflammation of its vessels ; this produced the acute head-aches and fever, the vertigo, numbnesses and slight paralytic attacks, finally terminating in

apoplexy. In proof of the alliance between inflammation of the brain and paralytic and apoplectic affections, the following case may be adduced from Dr. Abercrombie's Dissertation on Apoplexy.

“A young man, after bathing in the Tweed, lay down on the bank and fell asleep without his hat, in a very hot day in June 1818. When he awoke he had lost his speech, but walked home and appeared to be otherwise in good health:—he recovered his speech imperfectly on the following day, and afterwards lost it, and partially recovered it several times during the four or five succeeding days.—During this period he was observed to be dull and forgetful; afterwards he had dilated pupil, squinting and double vision, with a dull uneasiness in the back part of his head, without acute pain.

“His pulse varied from 60 to 86.—Notwithstanding the most judicious and active practice, he sunk gradually into coma, and died in twenty-four days.

“On dissection a considerable part of the brain was found in a state of suppuration; the

remainder exhibited marks of inflammatory action, and there was effusion into the ventricles."

From this and several similar cases, Dr. Abercrombie considers that many paralytic affections are connected with a state of the brain which is not apoplectic but inflammatory, and that all the symptoms may take place while the brain is in the state of simple inflammation, and that it may not have advanced beyond that state while they go through their usual course and terminate in fatal apoplexy.*

* See the Edin. Med. and Surg. Journal for January, 1819.

CASE IV.

A CASE OF CONVULSIONS SUCCEEDED BY APOPLEXY,
CAUSED BY A RUPTURE OF THE BASILARY ARTERY.

July 1819.

J. L——, æt. 30, weak in intellect and of a spare habit, was for several years employed as an attorney's clerk, and, for some time, was involved in pecuniary difficulties.—His appetite was good but his bowels were constipated, and he was subject to head-aches.

On the night of the twenty-first instant he was attacked with what he called the night-mare, which he ascribed to drinking cold water at bed-time.—At ten o'clock, A. M., on the twenty-second, he was seized with general convulsions, followed by stupor, stertorous breathing and dilatation of the pupils; spirit of turpentine was administered per os et anum, which acted as a cathartic.—About five o'clock, P. M., the convulsions returned with violence; the wrists and ankles were considerably distorted, and the body was bent back with

an inclination towards the right side ; the vessels of the head and neck were turgid ; the pupils were dilated, the tunica conjunctiva was red, and the breathing stertorous ; there was frequent moaning and profuse general perspiration.—Thirty ounces of blood were taken from the jugular vein and temporal artery at nine o'clock, P. M.—The head was shaved and blistered, and a fetid injection administered.—The pulse became small and irregular, and though the turgescence of the vessels of the head subsided, yet the convulsions, stertor, moaning and dilatation of the pupils continued.

Death took place at eight o'clock on the morning of the twenty-third of July, about twenty-four hours after the first attack of convulsions.—At three o'clock, P. M., the same day, the body was examined by Dr. Peebles.

The contents of the abdomen showed no marks of disease.

The superior and lateral portions of the brain were of a dark red-colour ; there were about two ounces of coagulated blood at the medulla oblongata, and a quantity of turbid serum flowed from the ventricles and from beneath the Arachnoid

membrane.—The vessels of the pia mater were turgid.—The walls of the ventricles were dotted with numerous red points.—On removing the coagula from the under surface of the brain, the basilar artery was found ulcerated and ruptured, so as to admit a small quill into its canal below and behind the origin of the posterior cerebral arteries, the margin of the orifice was thick, and of a dull yellow-colour.—The diseased structure did not surround the whole artery, nor was there any appearance of an aneurismal sac.—About half an ounce of serum tinged with blood flowed from the spinal canal.

I examined the brain of this patient in the house of Dr. Peebles, who favoured me with the history of the case.

OBSERVATIONS.

A RUPTURE of the basilar artery and the consequent effusion of blood and compression of the brain caused convulsions, apoplexy and the death of this patient.—The rupture of the artery was occasioned by an ulcer of its coats, which, from the appearance it presented, was

probably of long standing.—A serous fluid was also found in the ventricles, under the Arachnoid membrane and in the theca vertebralis; this effusion, we have reason to think, was slow in its progress, and to this cause may be ascribed the weakness of intellect, the head-aches and the constipated state of the bowels.

EPILEPSY.

CASE I.

A CASE OF EPILEPSY WITH UNUSUALLY GREAT EFFUSION,
AND ACCOMPANIED BY OTHER DISORDERS OF THE
BRAIN.

Feb. 11, 1823.

AT the early age of three months, Miss B—— was attacked with epileptic convulsions, accompanied by fever, flushing of the face and throbbing of the temples.—These attacks recurred at irregular and distant intervals for eight or nine months; she was then weaned and sent to the country, where she resided for five years; during this period the disease seldom returned, but she became rickety and was, at times, idiotic.—The head was enlarged and the belly tumid.—The limbs were feeble and emaciated, the appetite was bad and the body constipated.

On her return to her parents great attention was paid to the state of her health, and after five

years of unremitting care, some amendment took place in her mind and body ; during the whole of this period, however, she was occasionally subject to epileptic paroxysms, sometimes at considerable intervals.—During the last six years of her life, she was afflicted with head-aches, and was subject to stupor, coma, vertigo and tinnitus aurium, was despondent, fond of retirement and easily irritated by her sisters and brothers.—At one time she appeared idiotic, at another, maniacal.—Was still liable to the fits ; and on recovering from them would scream violently, and, on their approach, would complain of head-ach, or fall into a state of stupor :—the digestive organs and all the functions of life were much impaired. At the age of fifteen she menstruated.—In her sixteenth year she died apoplectic.

The day before her death she dined with a good appetite, was able to walk about, to see, hear and to converse with her family.—All the remedies usually prescribed in such cases were here employed.

DISSECTION,

BY DR. M'DOWALL AND MR. NORTH.

ON removing the cranium, numerous red points present themselves from torn vessels on the outer surface of the dura mater, the veins on the surface of the brain are turgid.—Between the dura mater and Arachnoid membrane is a watery fluid; in some places the Arachnoid membrane is opaque.—The falx is adherent to the lateral hemispheres, and these to the anterior lobes of the brain. The septum lucidum is destroyed, with the exception of a few shreds, which had been vessels.—The anterior part of the fornix is nearly removed by absorption.—The foramen monroianum is so enlarged as to allow the thumb to pass from one lateral ventricle into the other.—The lateral ventricles contain one pint by measure of a watery fluid; the appearance of this cavity in the substance is truly frightful.—The third ventricle is so much enlarged as to admit the fore-finger.—The iter a tertio ad quartum ventriculum will admit a goose quill.—The substance of the brain is considerably reduced, within the ventricles, it is of the consistence and feel of leather.—The optic nerves are smaller

than usual.—The cranium is enlarged, and its bones, in some parts, are thinner than natural.

The right lobe of the liver has a natural appearance; on cutting into its substance the venæ cavæ hepaticæ are gorged with blood. The pericardium contains about half an ounce of a watery fluid.—The coats of the coronary arteries are opaque; the external coats of the aorta and pulmonary artery are preternaturally vascular; the blood in the cavities of the heart is fluid.

OBSERVATIONS.

THE cavity made in the brain by so vast an accumulation as a pint of a watery fluid, was truly frightful.—All the foramina and ventricles were seen on a grand and enlarged scale. On the internal surface of this cavity was formed a sort of artificial membrane of the colour, feel and consistence of leather; this change of its internal portion we may ascribe to long-continued and gradual pressure, while the external had a great deal of the natural appearance.—The brain itself did not, in most parts, exceed an inch in thickness; an effect which can only be attributed to an absorp-

tion of its substance.—Under such circumstances is it not extraordinary, that until two days before her death, this young lady was able to walk about the house, to eat, drink and sleep, and to converse with her brothers and sisters?—A question here arises whether a drain established in the nucha or vertex, or in both, immediately after the first epileptic fit, might not have checked the progress of this formidable malady.—I think it probable, if, at the same time, such measures had been adopted as were calculated to promote healthy secretions and to give tone to the general habit.

This remarkable case shows the connexion between excitement or inflammation of the brain, epilepsy, hydrocephalus, head-aches, idiotcy, mania and finally, apoplexy.—The epileptic fits were caused, in the first instance, at the early age of three months, by inflammation or excitement of the vessels of the brain, and subsequently by the effusion.—And from the dissections I have witnessed these are the most common causes of epilepsy.

CASE II.

A CASE OF EPILEPSY, ACCOMPANIED BY EXTREME DEJECTION OF MIND, AND IMMEDIATELY BEFORE DEATH BY PARALYSIS.

Oct. 31, 1816.

LATE Mr. K——, æt. 32, Fishamble-street. The dura mater is thickened in several places.—A gelatinous fluid of a pale white is generally diffused between the Arachnoid membrane and pia mater.—The vessels on the surface of the cerebrum are turgid with blood of a dark colour.—On cutting through its substance it is found preternaturally hard and dotted with numberless dark-coloured specks.—The septum lucidum is strong and thickened.—The cerebellum presents the same diseased appearance as the cerebrum.

The colon is distended with flatus.—The mucous coat of the small intestines is dotted with numerous dark spots apparently arising from venous congestion.—The bladder is unusually large and distended with urine.—The liver is considerably enlarged and hardened, and firmly ad-

herent to the diaphragm;—on cutting into its substance it appears much paler than natural.

The contents of the thorax are of a natural appearance.

THE subject of this case and dissection was a man of temperate, sedentary habits, of a melancholic temperament, of a delicate frame and subject to indigestion.—During eight years he laboured under epilepsy.—The attacks varied in frequency and violence; they were preceded by pain and heaviness of the head, by stupor, confusion of ideas, imperfect vision and tinnitus aurium.—They were followed by stupor, melancholy, weakness of intellect and loss of memory.—On the 26th, 27th and 28th of October, three days before death, he had three successive fits.—After the first, there was paralysis of the right side, after the second, dilatation of the pupils and loss of vision—violent convulsions and death supervened to the third.

During this tedious illness, the various remedies called nervous, were repeatedly employed, and venesection was had recourse to during the

violence of the last paroxysm.—From the dissection it appears, that the organ principally affected was the brain, its vessels were turgid, its substance preternaturally hard, and there was an effusion of coagulable lymph between the Arachnoid membrane and pia mater.—This state of the brain I have before observed, on the examination of those who have died of epilepsy, in consequence of which, I have latterly been led, in every case of the kind accompanied with diseased cerebral action, to establish a drain in the vertex and sometimes also in the nucha.—In the majority of these cases I acknowledge the remedy has not proved successful.—It has, however, generally mitigated the violence of the paroxysms, and, in a few instances, has apparently cured the disorder.—The liver was enlarged and hardened; this organ, therefore, did not fulfil its functions, and the vitiated state of the bile secreted was a principal cause of the indigestion under which this gentleman so long laboured.—I paid several visits to this patient.—Dr. Mulvey favoured me with the dissection.

CASE III.

A CASE OF EPILEPSY RELIEVED BY JAMES'S POWDER AND
THE ESTABLISHMENT OF A DRAIN IN THE VERTEX.

July 6, 1821.

Mrs. C——, æt. 46, Dorset-street, during the last four years has been subject to epileptic fits, which have come on at irregular periods and in all seasons, but most frequently during the summer; sometimes once every month for two or three months, then three or four months may elapse without an attack, after which, two or three fits will come on for one, two, or three months successively; they are often violent and continue, with some remissions, for one, two or three days,—they are occasioned by anxiety of mind, constipation of the bowels and bodily fatigue, and at times they come on without any apparent cause.—The attack is almost uniformly preceded by vertigo, by pain or a sense of weight or fulness of the head, by confusion of ideas, or tinnitus aurium; and, not infrequently, the digestive organs are much deranged for several days before the paroxysm, when there is a painful distension of

the stomach and bowels, want of appetite, offensive eructations and foulness of the tongue.

This lady labours under considerable derangement of the hepatic functions, is subject to head-ach and lowness of spirits, and for two years has often complained of a painful cramp in the right foot a little below the external ankle.

Blood-letting has been employed in the paroxysms with advantage.—Mercurial cathartics and bitters, country air and sea-bathing have been recommended.—Mrs. C—— is now recovering from a violent fit which lasted three days, during which time blood was twice taken from the temporal artery ; twenty leeches were applied to the forehead and temples and a blister between the shoulders, and active cathartics were fully administered.—There is a considerable degree of fulness and heaviness of the head, the speech is inarticulate, the ideas are confused, there is intolerance of light and noise, and the skin and eye are slightly jaundiced.—Pulse 104, strong and full, tongue foul, thirst, urine high-coloured, fœces, at one time greenish, at another, of an orange colour.—I have directed a drain to be established in the vertex by means of the antimonial ointment ; four grains of James's Powder

and two of calomel to be given every night, and a moderate dose of Epsom salts every morning dissolved in a light bitter infusion.

July 30th. No return of the fit, gums tender, copious discharge from the vertex.

Omitt'. Cal. Cont'. P. Jacobi.

Aug. 28th. No return of the complaint, considerable discharge from the vertex, bowels open, fœces and urine more natural.

Hab'. P. Jacobi grana duo ter quotidie. Mist. Cath.
p. r. n.

Sept. 30th. The discharge from the vertex is from one to two table-spoons full daily—head-aches abated.

Cont'.

Oct. 12th. This morning complained of vertigo, head-ach and tinnitus aurium,—is heavy and lethargic; disturbed rest, pulse 104, strong, discharge from the vertex continues, is apprehensive of an attack, and ascribes the present uneasy feelings of the head to anxiety of mind.

V. S. $\frac{3}{4}$ x. Mist. Cath.

Oct. 13th. Blood dense, considerable ease

from the bleeding, three dejections yellow and dark-coloured, urine lateritious, pulse 84.

Rep'. Mist. Cath.

Oct. 15th. No fit, head relieved, the discharge from the vertex is still copious, owing to the occasional application of the antimonial ointment.

Hab'. P. Jacobi grana tria ter quotidie. Mist. Cath. pro re nata.

Nov. 26th. Has been in the country in the enjoyment of tolerable health.—The painful cramp in the foot comes on occasionally and causes some degree of lameness for one or two days, skin generally moist and warm,—takes the James's Powder, from which she think sshe derives much benefit.

Hab'. P. Jacobi gr. iv. ter quotidie.

Jan. 10th, 1822. No return of the fit, still a copious drain from the vertex, to-day feels some uneasiness and heaviness of head, and complains of loss of memory ;—change of air recommended.

Cont'. P. Jacobi et Mist. Cath.

March 16th. Remained a month in the country, felt immediate ease when out of the air of Dublin.—No fit.—Discharge from the vertex as

usual; is desirous to persevere in the use of the James's Powder.

Cont^r.

May 26th. No return of the complaint.—Is now anxious to give up the use of every kind of medicine.—No return of the paroxysm.—The discharge from the vertex continues.

July 18th. The drain from the vertex continues.—No return of the fit.

OBSERVATIONS.

THIS case of epilepsy was accompanied by considerable excitement of the brain, fever and a derangement of the powers of the mind.—There was a sense of weight or fulness of the head, or pain, vertigo, or tinnitus aurium; the memory was impaired, the ideas were confused, and at times there was coma.—These symptoms were, in some of the paroxysms, attended by a frequency and hardness of pulse, a hot skin, a foul tongue and thirst, and were relieved by blood-letting, aperients and blisters;—we may hence infer that the congestion in the brain was considerable, and

that it was in the fits accompanied by a high degree of vascular excitement; but, from the long continuance of this complaint, from the frequent and violent returns of the paroxysms, and from the good effects which followed the discharge from the vertex, may we not infer that effusion had taken place between the Arachnoid membrane and pia mater, and that these membranes were thickened?—I am rather disposed to make this inference from what I have witnessed on post-obit examination in instances similar to the present.—The case, at least, is instructive; it shows that much benefit may occasionally be derived from relieving the brain when this organ is the seat of the disease.—It likewise shows that the antimonial ointment properly employed, may produce, for months, a copious purulent discharge from the vertex, and thus may prevent a recurrence of an epileptic paroxysm.—This patient thought she experienced considerable relief from the use of James's Powder; and from its action on the cutaneous vessels, no doubt it contributed to equalize the circulation, and thus to diminish or prevent congestion of the brain.—It may be proper to mention, that on one occasion, an approaching fit was prevented by a removal from the town into the country, and by the operation of a brisk cathartic.

This lady is still subject to epileptic attacks, (March 2nd, 1826,) which recur every fourth or sixth month, but they are less violent and of shorter duration than formerly:—a drain has been established in the nucha, and the only medicines employed are those calculated to improve the condition of the digestive organs.

CASE IV.

A CASE OF EPILEPSY ACCOMPANIED BY MANIACAL DELIRIUM AND APOPLECTIC SYMPTOMS.

January 18, 1816.

MR. B——, æt. 36, Essex-street, of a low stature, corpulent and addicted to intemperance, was, last night, after a fit of intoxication, attacked with violent convulsions of the head, face, tongue, body and extremities ;—these convulsions were followed by stupor and insensibility.—Pulse 116, strong and intermitting, skin hot and moist, tongue foul and yellowish, face flushed, throbbing of the temples, difficult deglutition, abdomen tense, bowels constipated, urine lateritious.—This gentleman has been subject for years, to head-ach, vertigo and tinnitus aurium.

V. S. \mathfrak{z} xv.—Mist. Cath. En. Purg.

Jan. 19th. Blood sily; return of the convulsive attack about twelve o'clock yesterday, disturbed rest, delirium, tongue parched, face flushed, skin hot, respiration laborious, pulse 120,

strong, two dejections dark-coloured and passed involuntarily.

Detrahantur ex Arteria Temporalis Sanguinis ℥xii. En.
Tereb.

Mist. Cath. cum Tinct. Jalapæ.

Jan. 20th. No return of convulsions, less stupor and insensibility, five dejections dark and fetid, urine turbid, head-ach, flushing of the face and throbbing of the temples; pulse 114, irregular, breathing more easy, restlessness, thirst, delirium.

V. S. ℥xii. Mist. Cath. En. Tereb.

Jan. 21st. Slight return of convulsions this morning, affection of the head as yesterday; three dejections greenish, urine lateritious.

Hirud. xxx. Temporibus. Vesicæ. Capiti. Abraso.
Pil. ex. Cal. et Jalapa.

Jan. 22nd. No return of convulsions.

Rep. Pilulæ.

Jan. 23rd. Head relieved.—No return of the convulsions.

Cont. Pil.

Jan. 24th. Some return of rest and appetite, considerably better.

Pil. Cath. p. r. n.

Jan. 28th. Convalescent.

1817, March 5th. Two days ago, on swallowing half a pint of spirituous liquor, he lost, for several minutes all sense and power of motion; convulsions of the body and extremities followed, they were accompanied by foaming at the mouth and distortions of the face, and followed by stupor and insensibility.—The face was flushed, vision was impaired and there was stertor and delirium.

During the last year this patient has laboured under repeated attacks of maniacal delirium in consequence of intoxication.—Fourteen ounces of blood were taken from the arm, a cathartic was exhibited and a blister was applied to the occiput. On the day following, from a recurrence of the same symptoms the same remedies were employed.—Pulse 120, irregular and intermitting, respiration laborious, pupil of the right eye dilated, that of the left contracted, vision lost, difficult deglutition, delirium ferox, grinding of the teeth, involuntary dejections.

Hirud. xx. Temporibus. En. Tereb.

Vesic^m. inter Scap. Mist. Cath.

March 6th. Delirium, restlessness, difficult

deglutition, involuntary dejections, loss of vision, eyes fixed, pulse 126, weak and irregular, respiration frequent and laborious.

Empl. Canth. tibiis. internis. Mist. Cath. et En. Tereb.

March 7th. Died this morning.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY MR. J. ADAMS OF
ATHBOY.

THE os frontis is of unusual thickness, the Arachnoid membrane is raised from a quarter to half an inch from the pia mater by a serous effusion, which extends over the entire surface of the cerebrum.—A considerable quantity of serous fluid escaped on cutting into the right ventricle; the left and third ventricles are distended with the same fluid.—The walls of the lateral ventricles are considerably firmer than natural.—Plexus Choroïdes very pale.—The quantity of serous fluid found upon the surface of the brain, in the ventricles and the base of the cranium, may be estimated at about six ounces.—The liver is larger and harder than usual; externally it is of a brick-colour, and when cut into tubercles or marks of

inflammation are discoverable.—The gall-bladder is distended with bile of a greenish-yellow.—The spleen is paler, smaller and softer than natural; it yields to the pressure of the hand, and when thus broken resembles coagulated blood.—The omentum is loaded with fat.—The coats of the stomach are thickened, on the mucous surface are observed red and purple-coloured patches differing in their size and figure.—The mezenteric glands are loaded with fat.—The mucous coat of the ilium in some places is highly vascular.—The lungs contain more air than usual; in the superior part of the left lung are three portions of calculous matter, each about the size of a small pea.—The heart is fatty but natural.—The pericardium contains about a dram and a half of serous fluid.

COMMENT.

THE subject of this case was a man of low stature, corpulent, of a sanguine temperament and addicted to the use of spirituous liquors:—for many years he laboured under head-ach, vertigo and tinnitus aurium, and during the last twelve months, after intoxication, was liable to

attacks of maniacal delirium. Twice he was seized with paroxysms of epilepsy which were attended with apoplectic symptoms.—These paroxysms were caused by repletion and inflammation of the brain :—in the first instance relief was procured by evacuants, in the second they failed, and death supervened.

The most remarkable circumstance observed on dissection, was the large quantity of serous fluid detected between the pia mater and Arachnoid membrane ; in some places these membranes were separated to the distance of half an inch.—The lateral ventricles were enlarged and their walls considerably thickened ; these circumstances, the symptoms to which this patient was so long subject, and the habits of intemperance in which he indulged, render it probable that the effusion was slow in its progress, and the result of increased or inflammatory action of the vessels of the brain and its membranes.*

* In detailing Doctor Pritchard's opinions on the Pathology of Epilepsy, the talented author of the *Med. Chirurgical Journal*, writes as follows :—

“ The phenomena of the paroxysm itself indicate determination of blood to the head,—as flushed and turgid

The spleen was considerably diseased, it yielded to the pressure of the finger and resembled grumous blood.—This state of the spleen I consider to be often the effect of inflammatory action.

The liver was hardened, tuberculated, inflamed and loaded with vitiated bile, a common appearance in persons of intemperate habits.—The red and purple-coloured patches found on the internal coat of the stomach are indicative of inflammation and congestion, and to be ascribed to the stimulus of spirituous liquors.

countenance, pulsation of the carotids, dilated pupils, stupor during the fit, vertigo, preceding, and head-ach following it. The consequences of epilepsy lead to a similar inference.—Thus we not unfrequently see instances where the brain has sustained such injury from epileptic paroxysms, as to produce permanent fatuity, or palsy, or incurable deafness; or, amaurotic blindness.—The appearances on dissection, though various, resolve themselves, Doctor Pritchard thinks, “into the evidences of inflammatory action,” the most common of these appearances are, a turgid state of the Arachnoid vessels; sometimes a reddened condition of the cerebral substance itself; serous effusion into the cavities, or on the surface of the encephalon.

“Tubercles are found sometimes in the brain of epileptics, “but they appear to act as occasional causes, inducing, at times, local determinations to the head.”

CASE V.

A CASE OF EPILEPSY WHICH TERMINATED IN CEPHALIC
FEVER AND DEATH.

June 3, 1817.

MR. C——, æt. 20, Marlborough-street, during ten years has been subject to head-ach, vertigo and epileptic attacks, and for the last four years has been idiotic; six days ago was seized with shivering, pain of the head, back and loins, nausea and vomiting:—tongue foul and yellow, bowels free, fœces tinged with blood, urine lateritious, pulse 124, feeble and irregular, skin hot, respiration frequent, countenance languid, pain of the head and back.

Pil. ex Cal. et Ext. Col. C. Haust. Sal.

June 4th. Epistaxis, three dejections feculent and mixed with blood, delirium, pulse 126, irregular, breathing hurried, thirst, restlessness, pain on pressing the abdomen.

Mist. Cath. ex Infuso Sennæ et Sulphate Magnesiae.

Vesic^m. inter Scap.

June 6th. Epistaxis, fœces mixed with blood,

urine turbid, delirium, moaning, urgent thirst, abdomen soft and not pained on pressure.

H. Salin. Mist. Cath.

June 7th. Hiccup, respiration laborious, countenance lurid, pulse intermitting.

Mist. Camphor.

June 8th. Died this morning.

OBSERVATIONS.

EPILEPSY, in the present instance, terminated in cephalic fever and death, an occurrence not infrequent. The hemorrhage from the nostrils and bowels, accompanied by fever, implies repletion and inflammatory action of the vessels of the brain and intestines; and to this morbid condition of the encephalon we may ascribe the head-aches, vertigo, epileptic fits and idiocy under which this patient had, for so many years, laboured.

CASE VI.

A CASE OF EPILEPSY, FOLLOWED BY APOPLEXY AND
MENTAL DERANGEMENT.

May 22, 1818.

MR. T——, æt. 33, Portland-place, of a sanguine temperament, subject to head-aches, indigestion, and, at times, to loss of memory and some aberration of intellect, was yesterday attacked with epileptic fits which terminated in apoplexy.—Blood was taken from the arm and temporal artery and turpentine injections were administered.

Pulse 124, hard and irregular, breathing stertorous, difficult deglutition, power of speech and sight almost lost.

Detrahantur ex Arteria Temporalis Sanguinis uncia
decem. Vesicæ. Capiti abraso. Mist. Cath.

May 23rd. Symptoms less alarming.

Hirud. xx. Temporibus. Mist. Cath.

May 24th. Speech and sight, in some degree, restored, deglutition not so difficult.

Vesicæ inter Scap. Mist. Cath.

May 30th. Gradual amendment.—Able to go abroad.

July 18th. During the last six weeks has occasionally complained of vertigo and a sense of weight, fulness and pain of the head ; his speech and memory are impaired, and, at times, he labours under the apprehension of becoming a lunatic, and speaks incoherently ; the bowels are free, the excretions natural and the appetite is good, but the rest is disturbed by extravagant fancies and uneasy feelings in the head.

Vesic^m. Vertici. Pil. Cath.

July 25th. Last night was seized with epilepsy ; at present lies deprived of sense and motion.—The vision is gone, the swallowing difficult and the excretions are involuntary.—Blood-letting, local and general, has been employed, and cathartics have been administered.

Vesic^m. inter Scap. En. Tereb.

July 26th. Symptoms nearly as yesterday.

July 27th. Breathing, at one time, laborious, at another, easy.—Continues in a state of apoplectic stupor.

Died in the Evening of the 29th of July.

DISSECTION,

BY MR. WRIGHT, ASSISTED BY MR. M'NAMARA, AND
MR. HYDE.

THE dura mater is preternaturally vascular.—A considerable quantity of serous fluid of a pale yellow is found between the Arachnoid membrane and pia mater.—The Arachnoid membrane is thickened and more vascular than usual.—The veins upon the surface of the brain are remarkably turgid.—On making a section of the brain, numerous red points are discoverable.—The lateral ventricles and the third ventricle are very much enlarged, and they contain two ounces and a half of a watery fluid.—The plexus choroides is pale and granulated, some hydatids are found in the third ventricle.

The right lung is adherent at its inferior posterior portion to the pleura costalis.—The pericardium is healthy and contains about three drams of serous fluid.

The mucous coat of the stomach is of a mottled brown appearance from numerous vessels distributed upon its surface.

OBSERVATIONS.

EPILEPTIC fits and apoplexy were here preceded by vertigo, pain and several distressing sensations in the head;—they were followed by impaired memory and judgment, and at times, by mental derangement.—On dissection, the veins of the brain were found turgid with blood, numerous red points were discovered on cutting through its substance, and a large quantity of serous fluid was contained in the ventricles and between the membranes.—These appearances are indicative of congestion and inflammatory action and its consequences; they serve to account for the phenomena, and they show the alliance that subsists between head-aches, phrenitis, epilepsy, apoplexy and insanity.*

It appears from the dissections of epilepsy here

* M. Lallemand, in his work on the Pathology of the Brain, adduces a case where violent epileptic symptoms supervened during venesection, to a state of coma and paralysis.

In this case the post-obit appearances indicated inflammation of the membranes and substance of the brain.—See *the Medico-Chirurgical Review for December, 1822.*

detailed, that the disorder proceeded from repletion and inflammation of the vascular system of the brain, my views, therefore, have necessarily been directed to subdue this morbid condition of its vessels:—no doubt, epilepsy may arise from various other causes, but, to enter into a discussion of these points would be foreign to the intention of the present work, in which I propose to speak only of those phenomena and post-obit appearances that came under my own immediate observation.

CONCLUSION.

THE similarity of the morbid changes observed in these dissections, tends to confirm what has been advanced respecting the similarity of diseases, of which these changes have been the result,—for, if in the phenomena of inanimate nature, connexion between cause and effect is so close, that we argue an identity of cause from observing an identity of effect, shall not the same mode of argument be applicable, as we rise in the scale of creation from the inanimate to the animated world?—Shall the links of the great chain which binds cause to effect be here rent asunder?—or, rather shall we not suppose that they become, if possible, bound more closely together;—that the same admirable simplicity still remains, and that, therefore, where the same effects are produced, we are authorized in concluding, that the same causes produce them?

THE END.

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