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MEDICAL TRANSACTIONS.

VOLUME THE THIRD.

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MEDICAL TRANSACTIONS,

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IT being uncertain, when the College of Phyſicians will go on with the deſign of publiſhing Medical Papers, it is thought proper not to delay any longer the publication of the following, which have been read before the College, as a part of the third volume of Medical Tranſactions.

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IV. *The*

MEDICAL

MEDICAL TRANSACTIONS.

I. *A Letter to Dr.* HEBERDEN, *concerning the* Angina Pectoris; *and an Account of the Diſſection of one, who had been troubled with that Diſorder.*

Read at the COLLEGE, Nov. 17, 1772.

SOON after the publication of the ſecond volume of the Medical Tranſactions I received the following anonymous letter.

"SIR,

SEEING, among the extracts from the Medical Tranſactions in the Critical Review of laſt month, your account of a diſorder, which you term the

angina pectoris, I found it ſo exactly correſpond with what I have experienced of late years, that it determined me to give you ſuch particulars, as I can recollect at thoſe times to have felt; more eſpecially as ſome ſenſations have frequently led me to think, that I ſhould meet with a ſudden death. I am now in the fifty-ſecond year of my age, of a middling ſize, a ſtrong conſtitution, a ſhort neck, and rather inclining to be fat. My pulſations at a medium are about 80 in a minute; the extremes, when in a perfect ſtate of health, beyond which I ſcarcely ever knew them, 72 and 90. I have enjoyed from my childhood ſo happy a ſtate of health, as never to have wanted, nor taken, a doſe of phyſic of any kind for more than twenty years: as well as I can recollect, it is about five or ſix years ſince, that I firſt felt the diſorder which you treat of; it always attacked

me

me when walking, and always after dinner, or in the evening. I never once felt it in a morning, nor when ſitting, nor in bed. I never ride, and ſeldom uſe a coach, but it never affected me in one. The firſt ſymptom is a pretty full pain in my left arm a little above the elbow; and in perhaps half a minute it ſpreads acroſs the left ſide of my breaſt, and produces either a little faintneſs, or a thickneſs in my breathing; at leaſt I imagined ſo, but the pain generally obliges me to ſtop. At firſt, as you obſerve, it went off inſtantaneouſly, but of late by degrees; and if, through impatience to wait its leaving me entirely, I reſumed my walk, the pain returned. I have frequently, when in company, borne the pain, and continued my pace without indulging it; at which times it has laſted from five to perhaps ten minutes, and then gone off, as well as I can recollect, rather ſuddenly, as it

came on, than leſſening gradually. Sometimes I have felt it once a week; other times a fortnight, a month, or a longer time, may elapſe without its once attacking me; but, I think, I am more ſubject to it in the winter, than in the ſummer months. As, when the pain left me, I had no traces of having the leaſt diſorder within me of any kind, either from ſpitting blood, or any corrupted matter, nor ever entertained the leaſt thought of any abſceſs being formed, I never troubled myſelf much about the cauſe of it, but attributed it to an obſtruction in the circulation, or a ſpecies of the rheumatiſm.

I SHALL now proceed to acquaint you with thoſe ſenſations, which to me ſeem to indicate a ſudden death; but which, not being concomitant with the above mentioned diſorder, I am ignorant whether they are to be attributed to it or not. I have often felt,

when

when ſitting, ſtanding, and at times in my bed, what I can beſt expreſs by calling it an univerſal pauſe within me of the operations of nature for perhaps three or four ſeconds; and when ſhe has reſumed her functions, I felt a ſhock at the heart, like that which one would feel from a ſmall weight being faſtened by a ſtring to ſome part of the body, and falling from the table to within a few inches of the floor. At times it will return two or three times in half an hour; at other times not once a week; and ſometimes I do not feel it for a long time: and I think I have been leſs ſubject to it for a year paſt, than for ſeveral former ones. As you have mentioned ſeveral, who within your knowledge have died ſuddenly, that were troubled with the *angina pectoris*, I ſuſpect they were ſubject to what I have delineated, as I think that much more likely to occaſion a ſudden death, than either of

the cauſes to which you attribute it. But be the cauſe, what it may, if it pleaſe God to take me away ſuddenly, I have left directions on my will to ſend an account of my death to you, with a permiſſion for you to order ſuch an examination of my body, as will ſhew the cauſe of it; and, perhaps, tend at the ſame time to a diſcovery of the origin of that diſorder, which is the ſubject of this letter, and be productive of means to counteract and remove it.

I am, Sir, Yours,

UNKNOWN."

London,
April 16, 1772.

THE foregoing letter ſeems to have been written in ſuch a ſenſible and natural manner, that the writer would probably neither miſtake his own feelings through fancy, nor miſrepreſent

them through affectation; and therefore I judged it worthy to be communicated to the College, both in juſtice to the temper and judgement of the author, and as a juſt and original picture of this diſorder.

In leſs than three weeks after he had ſent this letter, I was informed, that in the midſt of a walk, which he was taking after dinner, he leaned againſt a poſt, and begged a paſſenger to aſſiſt him, by whoſe help he reached a neighbouring houſe, where he vomited much; and was bled, but died in leſs than half an hour. At the ſame time I was acquainted, that, by a paper found in his will, if he died ſuddenly, he had deſired, that I might immediately have notice of it, in order to have the body opened and examined. I uſed my beſt endeavours, that ſuch a benevolent intention ſhould not be fruſtrated, by procuring that expe-

rienced and accurate anatomiſt Mr. J. Hunter to open the body, which was done within 48 hours after his deceaſe. But upon the moſt careful examination no manifeſt cauſe of his death could be diſcovered: the ſeat of the diſeaſe having been, as we may ſuppoſe, in ſome of thoſe parts, the functions of which being not well underſtood in life, we can find no traces of their diſorders after death.

In general the viſcera were well formed, and in a ſound ſtate, with marks of great robuſtneſs. The contents of the thorax were examined with peculiar attention, particularly the heart with its veſſels and valves, and were all found to be in a natural condition, except ſome few ſpecks of a beginning oſſification upon the aorta, and ſome adheſions of the lungs to the pleura on the left ſide. The left ventricle of the heart was remarkably ſtrong and thick, and as perfectly

empty

empty of blood, as if it had been waſhed. Nothing extraordinary could be perceived in the brain, unleſs that there was rather more water in the ventricles, than is common for ſuch an age. It was very remarkable, that the blood was no where coagulated, and did not coagulate even after being more than two hours expoſed to the air; but at the ſame time could not be called perfectly fluid; being of the conſiſtence of thin cream; but there was no ſeparation of any of its component parts.

This anatomical examination, for which I acknowledge myſelf much indebted to the manly ſenſe and benevolent ſpirit of this worthy man, though it do not inform us, what the cauſe of the diſeaſe was, will however have its uſe by informing us what it was not. For ſince it was not owing to any male-conformation, or morbid deſtruction of parts neceſſary to life,

we

we need not deſpair of finding a cure: and as there were no appearances of inflammation or ſcirrhus or abſceſs, which in the former volume I mention as poſſible cauſes; we muſt not ſeek the remedy in bleeding and purging, and lowering the ſtrength, but rather in the oppoſite claſs of medicines, which are uſually called nervous and cordial, ſuch as relieve and quiet convulſive motions, and invigorate the languiſhing principle of life.

THE ſenſation, deſcribed in the letter, of an apparent ſuſpenſion of life for a few ſeconds, is what I do not remember to have ever heard mentioned by any patient beſides this; and though I ſay in the former paper upon this diſorder, that I have ſeen it in twenty perſons, I may truly ſay, that I have ſeen it in fifty. In this particular caſe, that univerſal pauſe of the vital actions is ſaid to have been felt, when the patient was ſitting, ſtanding, and

at

at times in his bed. Now as he was ſeized while he was walking with thoſe ſymptoms which ended in his death (which I remember to have happened to others of his fellow ſufferers) it may ſeem probable, that he loſt his life rather by an extraordinary aggravation of the *angina pectoris*, than of this particular ſenſation: but this muſt be decided by future experience.

II. *A Let-*

II. *A Letter from Dr.* WALL *to Dr.* HEBERDEN, *on the ſame Subject.*

Read at the COLLEGE, Nov. 17, 1772.

Worceſter, May 30, 1772.

A FEW days ago, I was permitted to inſpect the body of a perſon who died of the diſorder, which you have deſcribed in N° VI. Vol. II. of the Medical Tranſactions, and named the *angina pectoris*. As this is the only opportunity I have ever had of enquiring into the cauſe of that complaint; and as you yourſelf acknowledge that you never ſaw any one opened, who had died of this diſeaſe, I hope the following account, imperfect as it is, will not be entirely unacceptable to you or the College.

To the deſcription you have given of the diſeaſe, I have nothing to add; and ſhall therefore only beg leave to obſerve,

obſerve, that in moſt, if not all, the perſons whom I have attended in it, the pain under the ſternum conſtantly extended itſelf on each ſide acroſs the breaſt in the direction of the pectoral muſcle, and affected one, or commonly both arms, exactly in the place where the muſcle is inſerted into the os humeri. You mention this ſymptom only curſorily; but I have found it to be ſo general, that I have been induced to place it amongſt the principal diagnoſtics.——I have ſeen 12 or 13 perſons afflicted in this manner, of which number one, who applied early in the diſeaſe, was relieved conſiderably by the uſe of antimonial medicines joined with the fœtid gums. He is ſtill living; and goes about with tolerable eaſe. Two were carried off by other diſorders; all the reſt died ſuddenly.

The perſon, who is the ſubject of this paper, was a ſhort, but well-made

man, inclined to be fat; a circumſtance which you have taken notice of. He was 66 years of age when he died, and had been afflicted with theſe complaints 6 or 7 years. In the former part of his life, he had had ſeveral very ſevere attacks of the rheumatiſm; and therefore, this pectoral muſcle appearing to be ſo particularly affected, this diſeaſe at its firſt ſeizure, and for a conſiderable time afterwards, paſſed under the ſame name; and therefore was not much attended to*. At firſt, for two or three years, he only felt a ſlight pain and tightneſs acroſs his breaſt and arms, upon walking a little faſter than ordinary. By ſlow and very imperceptible degrees,

* This circumſtance has uſually made both the patients themſelves, and thoſe who attended them, imagine the complaint to be merely muſcular; and accordingly it has been named, gouty, rheumatic, or ſcorbutic: but they could hardly have been ſo deceived, had they conſidered, that in the preſent caſe the pain is very deep ſeated below the ſternum.

this

this increaſed; till at laſt it affected him ſo much, that he could not walk but in a very ſlow pace, and with great difficulty; he could not go up ſtairs, nor lie down, nor get up out of his bed, without bringing on a violent dyſpnœa, or rather a ſenſe of ſuffocation; and if he ſtrained for a ſtool, the capacity of the thorax being then ſtraitened by the compreſſion of the abdominal muſcles, and retention of the breath, he was almoſt ready to expire: ſo that the medicines which relieved him moſt, were ſuch as kept his body very open; and theſe gave him eaſe, not ſo much by the evacuation, as making the fæces come away with more facility. He was always better for a day or two after bleeding. He was always free from any cough till towards the latter end of his illneſs; and then a very troubleſome one came on, attended with a hoarſeneſs; and he then expectorated a thin frothy

frothy phlegm, ſometimes a little tinged with blood, and towards the end mixt with ſome matter of a purulent appearance. His pulſe was never irregular, but always ſmall; and during the paroxyſms, it ſunk ſo much under the finger, that it could hardly be felt. He died after having ſtruggled in the fit about two hours.

Upon attempting to open the thorax, the cartilages of the ribs were found ſo much indurated, that it was exceedingly difficult to divide them by the knife. This oſſification was moſt remarkable in the ſixth rib on each ſide, but was much the ſtrongeſt on the left; being there full as hard as the bone itſelf.—Upon raiſing the ſternum, the ſurface of the pericardium for a large extent was covered with fat, nearly an inch in thickneſs. The lungs were greatly diſtended with very black blood, they were full and hard; and in the cavity of the thorax was a

very

very conſiderable quantity of an aqueous fluid.

Upon cutting into the lungs, a frothy mucus, mixt with ſomething purulent and of a fœtid ſmell, iſſued from every part, but principally from the divided bronchia: this matter was more in quantity from the left lobe; but no cavity, ulcer, or abſceſs, were obſerved any where.—Upon opening the pericardium, the heart appeared of an uncommon ſize, and was covered with a great quantity of fat; the pericardium contained not leſs than a pint of fluid.—Upon examining the heart, no part appeared diſeaſed, till we opened the left ventricle; and there, the ſemilunar valves, placed at the origin of the aorta, were found to be perfectly oſſified. They did not, as uſual, lie flat upon the divided orifice of the veſſel; but ſtood erect, and appeared to be immoveable. They were entirely oſſeous through their

whole ſubſtance; but the oſſification was formed unevenly, and as it were in ſpines, ſome parts being near a line in thickneſs, and others thin like a connecting membrane, but perfectly boney.—The aorta was at its curvature conſiderably enlarged; and for near an inch from the heart, was in part oſſified; there being ſeveral bony ſcales or laminæ in it, but not connected with one another.

In conſidering the morbid appearances diſcovered by diſſections, it is neceſſary to diſtinguiſh accurately the cauſe from the effects; otherwiſe we ſhall form a wrong idea of the diſeaſe, and reaſon injudiciouſly. Thus in the preſent caſe, though the preſſure on the heart and lungs, from an extraordinary quantity of fat, a large effuſion of liquids into the cavity of the thorax, and within the pericardium, and a vaſt accumulation of blood in the ſubſtance of the lungs themſelves, muſt

neceſſarily have much impeded the tranſmiſſion of blood through thoſe parts, and thereby have occaſioned dyſpnœa, &c.; yet theſe, though they greatly aggravated the ſymptoms, were by no means the cauſe of the diſeaſe. The origin of this diſorder is here evidently to be traced from the induration of the ſemilunar valves; which exiſted, probably, in a leſs degree for ſeveral years, and increaſed gradually till it came to a boney hardneſs and immobility. From the inſtant this rigidity in the valves firſt began, the circulation through the heart, and conſequently through the lungs, was in ſome degree impeded: but when at laſt they became ſo much indurated as to be hardly moveable, the blood muſt have been propelled into the aorta with great difficulty; and probably part of it regurgitated again into the ventricle during the ſyſtole of the artery. By this obſtacle to the circu-

lation, the heart and lungs were loaded and diſtended to the utmoſt ſtretch; and by this diſtenſion, when it arrived at a certain point, the ſerous parts of the blood were ſqueezed out through the coats of the veſſels, and a hydrops pectoris et pericardii was brought on. Though this effuſion of fluids muſt have very much ſtraitened the capacity of the thorax, and cauſed an additional preſſure on the heart, yet cannot the ſymptoms of the diſeaſe, with propriety, be deduced from hence; ſince the ſenſe of ſuffocation on motion, &c. probably exiſted long before any ſuch effuſion came on; nor would the patient have been much relieved, or for any length of time, could that extravaſated ſerum have been let out by any operation.

It is poſſible, that this induration of the ſemilunar valves may not be always the cauſe of this diſeaſe; though it ſeems not improbable, that ſome

mal-formation in the heart or veſſels immediately proceding from it may be ſo. Indeed, when we conſider how frequently ſuch indurations in the valves of the heart have been found *; that the diſeaſe in queſtion does not come on till a perſon is advanced in years, and conſequently till a rigidity in every part naturally comes on; we ſhall I think be inclined to imagine, that a præternatural induration of the parts neceſſary to the circulation through the heart, may be the prediſponent, if not the efficient cauſe, of this diſorder.

In moſt of Morgagni's obſervations, when he found the valves of the heart indurated or oſſified, there is no ſatisfactory account of the ſymptoms which the patient had laboured under; on which account, the obſervations are

* Vid. Morgagni de Cauſis & Sed. Morbor. Epiſt. 9. Art. 19. Epiſt. 23. Art. 8. Epiſt. 37. Art. 30. Ep. 48. Art. 38. and in many other places.

not of the uſe they otherwiſe would have been. However, I have met with one caſe, which is ſo much to our purpoſe, that I cannot help making ſome extracts from it. It is in his 23 Epiſt. Art. 8, 9.

" Femina (inquit) paulo minoris " ætatis ac quæ noviſſime deſcripta eſt " [erat autem illa annorum 64] de " cordis palpitione interdum, de ſpi- " ritus difficultate ſemper querebatur, " *multo autem magis de tanta ad cor* " *anguſtia atque anxietate, ut ſæpius* " *quamprimum moritura videretur.* " Erant qui pericardio hydropicam " crederent. *Huic pulſus nunquam in-* " *termittentes.* Hydrops pericardii non " inventus eſt; *arteriæ magnæ val-* " *vulæ erant induratæ imo una oſſea.* " Ipſe autem arteriæ truncus, inte- " riore facie, paſſim oſtendebat aliquid " oſſei aut ad oſſeam naturam ver- " gentis * * * & in propoſita a nobis " muliere, præter oſſeam paſſim, aut

" ad

" ad osseam vergentem aortam, hujus " quoque valvulæ attendendæ sunt. " Quarum ut una erat ossea, reliquæ " induratæ, ita minus sanguini ob- " sequentes, augere obstacula huic " exitum potuerunt, et contra, non " satis reditum intercludere eidem, " mox repulso a contrahente se magna " arteria; ut portio illius aliqua in " siniſtrum cordis ventriculum tunc re- " diret, quando hic alium venientem " a pulmonibus sanguinem debebat " excipere. * * Quæ res denique et " pulmonis et cor non prægravare non " poterat."

It may be difficult to account satisfactorily for the symptom above taken notice of, where the pectoral muscle is so particularly affected: but this appears to be merely spasmodic, and to arise from an irritation on the nerves of the thorax and heart *. Perhaps it

* Morgagni observes, Epist. 4. Art. 22. that in a certain divine, who used to point to his sternum as

it may throw ſome light on this affair, to conſider that the nervi intercoſtales, or ſympathetici, diſtribute many branches to the heart, arteria pulmonalis, and aorta; the other branches of the ſame nerves ſurround the ſubclavian arteries and veins, and communicate with the cervicales, which latter terminate at the inſertion of the deltoid muſcle into the os humeri, which is preciſely the place affected by the ſpaſm already mentioned *.

I am, Sir, &c.

J. WALL.

the ſeat of his pain, this ſymptom proceeded from a diſeaſe in the great aorta, which lies deep in the breaſt under the bone.

* Vid. Winſlow's Anatomy.

III. *Caſes and Remarks relative to Diſeaſes of the Bones, by Mr.* WALKER, *Surgeon in* Virginia; *ſent to Mr.* ELSE, *Surgeon to* St. Thomas's Hoſpital; *and communicated by* HENRY HINCKLEY, *M. D. Fellow of the College of Phyſicians, and Phyſician to* Guy's Hoſpital.

Read at the COLLEGE, Nov. 17, 1772.

IN the year 1757, I was ſent for by Mr. Deſhazer in the county of King William to a Negro boy; whoſe arm was much enlarged from the ſhoulder to ſome diſtance below the elbow; the part being hard and rigid. He was incapable of raiſing it in the leaſt from the body without aſſiſtance, ſo that it hung a dead weight by his ſide. I was informed by the family, that he had a few months before received a fall from ſome height, and had

had hurt his arm conſiderably; from which time he had not been able to uſe it. They ſuſpected no fracture, and had treated it their own way.

THERE was a ſmall ulcer a little below the head of the os humeri, which conſtantly diſcharged; but I could not increaſe that diſcharge by any preſſure I could make. I endeavoured ſeveral times in vain to trace with a probe the ſource of the matter. At laſt I found the probe ſlip down within the cavity of the os humeri; and, by paſſing it as far as it would reach, I plainly perceived, that the ſides of the bone were carious, and very ragged. I now was convinced, that the whole of the os humeri was a mere ſhell, or tube filled with matter; which could not diſcharge itſelf freely, as the orifice was at the upper part of the bone, and concluded that there had been originally a fracture, and that the parts continued ſeparated.

As the only means I could think of for relieving the boy was to make an aperture for a diſcharge of the matter, and the carious bone, I laid open the part from the humerus almoſt to the elbow; and then applied the trephine ſucceſſively the whole length of the wound, taking care to unite the ſeveral perforations, as they followed each other, and with a ſmall joiners gouge took off the angles between the perforations; which when I had done, the bone reſembled ſomewhat an os humeri, ſawed through longitudinally. I found their exfoliations within the bone, which I extracted; and I dreſſed the wound lightly with dry lint. From this time every thing went on ſucceſsfully: the remains of the carious bone ſeparated, the os humeri filled up with granulations, and the muſcles recovered their proper uſe. In ſhort the boy very ſoon got well, and has continued a healthy

a healthy Negro ever ſince, with the almoſt perfect uſe of his arm.

WITHIN theſe 20 years I have had ſeveral ſuch caſes under my care as Mr. Inett's, communicated by Dr. Hunter in the Medical Obſervations, vol. II. page 303, where the patient was cured by amputation*; and I can with truth aſſert that I never in one inſtance failed ſaving the limb. The caſes I mean are thoſe, in which a part of a diſeaſed tibia is intirely ſeparated, and covered over with a bony callous, which encompaſſes it in the form of a tube. My treatment has been, to lay open the tubular part, till I had room enough to extract the old bone: I then dreſſed with lint and digeſtive, and applied a bandage with ſome degree of preſſure.

IN the year 1760 Mr. Joſeph Eggleſton of Amelia county brought

* The common reſource in theſe caſes,

to

to me a Negro ſlave, the whole of whoſe under jaw was carious. After a tedious courſe of dreſſing and medicines, all the lower maxilla, excepting a ſmall part of it at the chin, by degrees came away at the mouth in ſeparate portions. What is very remarkable, though he loſt all his teeth, and the two condyls came entirely away, together with a conſiderable part of the bone in large pieces, yet he recovered the perfect uſe of his jaw, and can with tolerable eaſe chew his victuals.

IV. *The*

IV. *The Conſequences of a Crown-piece ſwallowed by an Epileptic Man. Communicated to the College, by Dr.* COYTE, *of* Yarmouth, Norfolk.

Read at the COLLEGE, Nov. 11, 1773.

MR ——, aged about 46, has been from his infancy ſubject to Epileptic Fits.

ON the 12th of March 1771, he was attacked with a very ſtrong fit; and the people, who happened to be preſent, recollecting the cuſtom of his introducing a crown-piece between his teeth, which he conſtantly carried about him, to prevent the tongue from being bit, as formerly had been the caſe whenever he had a return of theſe fits; with eagerneſs to ſerve him, let it ſlip down his throat. The Surgeon (Mr. Arnold of Loweſtoff) was from home at the time this accident happened, but at his return found Mr. ——

in

in violent agony, complaining of being choaked, and of the impoſſibility of paſſing any thing into his ſtomach; whenever he endeavoured to ſwallow, he was greatly convulſed, and complained much of a pain in both his ears, at which time the crown-piece was ſo low in the œſophagus that it was impoſſible to get it back again: it remained only to paſs it into the ſtomach, which with the concurrent advice of another ſurgeon (Mr. Turner of Yarmouth) was accompliſhed: his throat was inflamed and very painful for a long time, attended with the utmoſt difficulty in ſwallowing; his health after this was much as uſual, tho' his fits were obſerved to be not ſo violent or frequent as before.

Previous to an illneſs which he had lately, and on which account I was conſulted, he had occaſion to be employed in fixing wine in deep vaults, and ſometimes ſtood, as it were, upon his

his head, and complained ſoon after of a weight at his ſtomach, attended with a ſickneſs, and a bitter taſte in his mouth: thus he had continued for ſome days with a fever; and I found him on the 19th of Sept. 1772, feveriſh, languid and very ſick at times, with a diſagreeable bitter taſte in his mouth; no emetick having been ventured on to remove the cauſe of his preſent diſorders, which appeared to me to be chiefly owing to foulneſs in the ſtomach and primæ viæ; I ordered pulv. rad. ipecac. gr. ij. and waited the operation;—it puked him preſently, and brought away a large quantity of viſcid bilious matter, and, without giving him the leaſt uneaſineſs, relieved him greatly: I left him, with directions to Mr. Arnold, to repeat the Ipecac. gr. ij. pro re natâ: it was repeated three times that day, and ſeveral times the day or two following; and his fever went off, and his health

was

was returning; when, on the 26th of November, 1772, in the morning, he was very ſick, and vomited ſeveral times, and in vomiting brought up the crown-piece without any pain, after it had lain in the ſtomach from the 12th of March, 1771, to the 26th of November 1772. Mr. —— now enjoys a perfect ſtate of health, and has had no return of the Epileptic Fits ſince that time.

Yarmouth (Norfolk),
July 6, 1773.

P.S. The crown-piece appeared black, and ſomewhat corroded round one part of the edge and ſurface.

V. *The Method of preparing the Ginſeng Root in* China. *Communicated by Dr.* HEBERDEN.

Read at the COLLEGE, Nov. 11, 1773.

THE following account was communicated to John Burrow Eſq. by a Mandarin, who had preſided by the Emperor of China's order in that part of Tartary where the Ginſeng is gathered and cured. He allowed ours to be the ſame with theirs, and that they differed only in the curing, which, in the opinion of the Chineſe, makes a very great difference in the virtue of this root. They ſuppoſe it to be a ſovereign analeptic, and uſeful in almoſt all diſorders. Their manner of infuſing it is, to ſlice it into a veſſel of cold water, which veſſel is covered, and put into boiling water, where it ſoon becomes fit for uſe.

To cure the Ginseng Root.

GATHER the root sound and good (not in the season when the plant is in flower), and gently wash it from the earth, being careful not to break the skin. Then take an iron torch (that is, a very flat kind of stewpan, used in China over a charcoal fire); boil therein water; put in the root, and let it lie three or four minutes, but not so long as to injure, or break off the skin, when on cutting the root the inside will appear of a light straw colour. Then take a clean linen cloth, and, having wiped the Ginseng clean and dry, place the torch over the gentlest fire, and lay in it a row of Ginseng. Here let it dry gradually, turning it leisurely till it is something elastic, but not too dry. Afterwards take a damp, clean cloth, in which roll up the longest pieces in parallel lines, and wrap them up very tight, binding them hard round with thread. After being

dried a day or two by a very ſlow fire, unpack the ſame, and repeat the package of the inſide and moiſt part, until it is all like the outſide, and the whole dry enough to ſound like a piece of wood when dropped upon a table. The heavieſt pieces of a ſtraw or light-brown colour are much the beſt.

To preſerve the ſame.

TAKE a box well lined with lead, and put it into a larger one with quick lime (to prevent vermin), and cloſe the whole againſt air and weather.

VI. *A Caſe*

VI. *A Case of the* Angina Pectoris, *with an Attempt to investigate the Cause of the Disease by Dissection, and a Hint suggested concerning the Method of Cure. By Dr.* HAYGARTH, *of* Chester.

Read at the COLLEGE, Nov. 11, 1773.

ON Feb. 25, 1773, I was desired to visit a gentleman 48 years of age, rather corpulent, short necked, of a sedentary life, and much employed in writing. He had a pain in the middle of his sternum, so violent, as to occasion constant and loud complaints, with perpetual jactation in hopes of gaining relief by a change of posture. The pain was neither increased by inspiration, deglutition, the action of the pectoral muscles, nor external pressure on the part; he had no cough. He informed me that for three weeks he had felt a pain in this

part of the breaſt-bone, which he attributed to cold, or to more exerciſe of walking than he had been accuſtomed to. He obſerved that the pain ceaſed and returned ſuddenly, and that walking would always occaſion a return of the pain. I could not learn that he had felt any ſymptom of fever, till the day before I ſaw him, when he had been ſeized with a ſevere ſhivering fit; his pulſe beat very regularly, and now 96 times in a minute; his ſkin was not unnaturally hot: as the pain ſeemed ſo little connected with fever, its entire ceſſation with ſudden returns induced me to think that the diſorder was ſpaſmodic. I ordered an anodyne draught, which was to be repeated every 2 hours, 2 or 3 times if the pain did not abate. A bliſter was alſo applied to the part. When I ſaw him early next morning, his pulſe beat 120 times in a minute, full and ſtrong. His pain continued

with

with unremitting violence, notwithſtanding the anodynes, and the bliſter. I was now fully convinced that the pain was occaſioned by, or accompanied with, an inflammation of the mediaſtinum, as the ſeat of the diſorder was evidently in the thorax, and as every ſymptom was abſent that could poſſibly prove either the lungs, trachea, œſophagus, pericardium, heart, or muſcles of the thorax to be affected. Twelve ounces of blood were drawn immediately, which were covered with a thick, denſe, and ſizy cruſt. A draught of Camph. gr. x. Nitr. gr. xv. &c. was given every 4 or 6 hours. And he was directed to drink very plentifully of acidulated, diluting liquids. After uſing theſe remedies, he found immediate relief; and by continuing this method with a doſe of Rochelle ſalts every ſecond or third morning, his pain and fever in a few days entirely ceaſed. He gradually

recovered, nearly, if not perfectly, his former health and chearfulneſs. No remains of pain were felt in his ſternum, for a ſhort time after his recovery; he returned to his former way of life, by which he was much engaged in writing. But the pain by intervals began to be obſcurely, and afterwards more ſeverely felt: however, it never became ſo violent as to induce him to take any remedies to remove it, or to interrupt his buſineſs.

On June the 4th, after ſupping moderately, and ſpending the evening with temperance, but with his uſual chearfulneſs, notwithſtanding the pain of his breaſt, of which he frequently complained, he went to bed between 10 and 11 o'clock, ſlept an hour, and awoke with a violent oppreſſion of his breaſt, and retchings to vomit, ſoon ſucceeded by ſuch a difficulty of breathing as made him apprehend an immediately fatal ſuffocation. He ſpat

up

up with coughing a white, and thick, but not tenacious fluid, that is, one of a purulent appearance. In leſs than half an hour after this attack, when I ſaw him, his reſpiration was very ſhort and quick, attended with a rattling noiſe in his throat; both theſe ſymptoms were relieved by coughing up, at intervals, this white thick liquor, which he ſaid had no peculiar taſte. His pulſe was ſcarce perceivable, his ſkin cold with a clammy ſweat. His ſtrength gradually ſinking, and breath becoming more laborious, in about three hours he died.

The notion that the former attack about three months before, had been attended with an inflammation of the mediaſtinum, inclined me to think that the cauſe of this ſuddenly fatal event had been the diſcharge of this fluid from the mediaſtinum into the trachea, which thus occaſioned ſuffocation.

On opening the thorax, the lungs, pericardium, and heart, appeared perfectly ſound. But on dividing the mediaſtinum at the upper and lower part, there oozed out of both inciſions a conſiderable quantity of thick white fluid of a purulent appearance, exactly ſimilar to what he had expectorated. No particular cyſt could be diſcovered; but the fluid ſeemed to be diffuſed through the cellular ſubſtance interpoſed between the membranes which form the mediaſtinum. I examined the trachea, in hopes of finding an aperture, through which the fluid had paſſed; but was doubtful whether an opening, which had ſome appearance of laceration, might not have been made by the diſſector's knife; however, on dividing the trachea, it manifeſtly contained a fluid of the like purulent appearance, as was found in the mediaſtinum, and had before been expectorated.

The

THE nature of this fluid ſeems extremely doubtful. Its conſiſtence and colour was that of pus, yet the ſymptoms which uſually attend its formation, and denote its preſence in the body, were never obſervable during the whole progreſs of the diſeaſe. He had ſuffered no hectic fever, no waſting of fleſh, no night-ſweats. No mark of inflammation had appeared during the whole diſeaſe, except that violent attack above deſcribed three weeks after his firſt complaints began, and three months before their fatal termination.

CAN pus be lodged in the body without producing hectic ſymptoms, when entirely ſecluded from the atmoſphere? Every practitioner muſt have obſerved, that when the ſource of a purulent diſcharge is expoſed to the air, hectic ſymptoms become more violent, as in the inſtance when a lumbal abſceſs is opened, or there is an open ulcer in the lungs: yet an occult ſuppuration

puration in any part of the body is ſo generally known to produce hectic ſymptoms, that I do not recollect any clear inſtance of the contrary. Had this fluid been collected in the mediaſtinum from the beginning of the diſeaſe, which was near four months, or from the violent attack of fever three months before his death, or from what other period of the diſeaſe? If future diſſections diſcover that ſimilar ſymptoms are *always* occaſioned by a fluid collected in the mediaſtinum, would not a perforation of the ſternum and a diſcharge of this fluid appear to be a very ſafe, and probably a very efficacious cure?

When we compare in this caſe the ſituation and violence of pain, its perfect intervals, and ſudden returns, the age and habit of the patient, with that deſcription of a diſorder of the breaſt called the *angina pectoris*, in the 2d Vol. of Medical Tranſactions, no one

one can reaſonably doubt the identity of the diſeaſe. Within the ſpace of two years I have ſeen two other caſes with ſimilar ſymptoms, both of which proved ſuddenly fatal. From theſe facts I am inclined to believe that this diſorder of the breaſt is not extremely rare, and of very great importance in regard to the danger with which it is attended, although it has paſſed unnoticed till lately by medical writers.

I AM inclined to ſuſpect, that the ſudden death occaſioned by the *angina pectoris*, has frequently been attributed by inaccurate obſervers to gout in the ſtomach; the age and habit of perſons liable to both diſeaſes are the ſame. As the mediaſtinum is a part of the body in no reſpect eſſential to life, it has probably been very ſeldom examined by diſſection for the cauſe of death. The ſymptoms in the caſe above related, diſtinctly pointed out this partition of the thorax as the ſeat

of

of the diſeaſe, and prompted me to examine it particularly by diſſection. No practical inference can reaſonably be deduced from a ſolitary example, but it will I truſt be ſufficient to excite thoſe who have future opportunities of inquiry, to confirm or confute what is here conjectured to be the cauſe, and ſuggeſted as the cure, of the *angina pectoris*.

VII. *Of the Uſe of fermenting Cataplaſms in Mortifications. Communicated to the College by* JOHN POWER, *Surgeon in* Poleſworth.

Read at the COLLEGE, Nov. 11, 1773.

GENTLEMEN,

ABOUT the beginning of July 1770, I was called to the aſſiſtance of a gentlewoman of this town, aged 67 years; ſhe was of a thin relaxed habit of body, and her natural ſtrength much decayed: at this time a mortification was beginning in the end of her great toe, which did not ſucceed any other diſorder or accident.—The bark, red wine, opiates, volatile and cordial medicines, were therefore freely adminiſtered. Cataplaſms, with the bark, opiates, and aromatics, were frequently applied externally;

ternally; vinous, and ſpirituous ſtupes were likewiſe uſed; but before the end of September all the toes on the affected foot were periſhed; and the mortification kept advancing ſlowly, with a livid appearance ſpreading as high as the ancle: which gave me very little hopes of her recovery, eſpecially as ſhe grew tired of all medicines.—But as I had ſucceſsfully preſerved dead fleſh for many months by keeping it in fixable, or new generated air, (according to the diſcovery of Dr. Macbride,) I determined to try the effect it would have by an external application in this caſe, expecting the putrid effluvia of the gangrened parts (on which there is great reaſon to believe the ſpreading of all gangrenes depend) might be corrected, or in ſome part deſtroyed, by the fixable air. A cataplaſm was therefore directed of ſuch ingredients as I thought beſt adapted to ferment by the

the addition of ſome yeaſt, as wheat flower, honey, and water; theſe were mixed into a thin paſte; and ſet by the fire till they began to ferment, and were then applied, nearly cold, once a day for ten days, when to my great ſatisfaction the mortification was ſtopped, and the putrid ſtench abated; the cataplaſms were continued till the dead toes became looſe, and were removed, when common digeſtives and defenſative plaſters were ſubſtituted in their place; the ſore began to diſcharge good matter, put up new fleſh, and had a favourable appearance. But accidentally one night about the end of November ſhe got her dreſſings off, and lay with the ſtump expoſed to the cold air; in the morning I found the ſtump black and dry. I dreſſed it with warm ſoft digeſtives, and covered them with the *Theriaca Londinenſis*: but could not get any diſcharge from it, the mortification having again taken

place; and reached in a few days the thick part, or middle of the foot. The ſmell becoming again intolerable, the fermenting cataplaſms were applied as before; and all the livid appearance, which ſpread a hand's breadth above the ankle, was alſo covered with them; and in a few days, I was thoroughly ſatisfied the mortification was again ſtopped; though her appetite was greatly decayed, and her ſtrength much exhauſted. The cataplaſms were continued till the beginning of March 1771, when the dead parts ſeparated about the middle of the metatarſal bones, almoſt as even as if they had been taken off with a ſaw, and were removed with the dreſſings without the loſs of a tea-ſpoon-full of blood. From this time the ſore healed kindly, though remarkably ſlow; ſhe began to recover her appetite and health, which ſhe ſtill retains.

SINCE the above caſe, I have ſeen the good effects of fixed air, applied nearly in the ſame manner, (adding ſometimes a little *cort. Peruv.* or *tinct. Thebaic.* to the cataplaſms) in a beginning mortification on the leg of an old gentleman, attended with ſwelling and blackneſs about his foot and ankle; with a livid appearance running up the ſide of his leg, and many large veſications upon the foot, which never grew any larger, nor more in number, after the fermenting cataplaſms were applied; but healed, or dried up, ſoon; the ſwelling abated, and the blackneſs diſappeared in a few days; and in a fortnight he was able to walk about, and ſtill continues well.

I HAVE alſo uſed the fermentable cataplaſms, with ſome advantage, to fœtid foul ulcers, where I have ſuſpected the abſorption of the fœtid matter to be prejudicial to health.

QUERY, Is not fixed air a weak acid?—If ſo, it is not ſurprizing that it ſhould reſiſt putrefaction, as all other acids have been long known to do; but its greater fluidity enabling it to penetrate further into ſoft bodies, and its cauſticity being ſo ſmall, renders it both more efficacious, and more convenient for counteracting putrefaction in living bodies.

THE acid nature of this fluid appears from its uniting with *cauſtic calcareous earth*, and producing thoſe cryſtals called dogtooth ſpar.

WITH *cauſtic fixed alkalies*, it cryſtalizes, and produces *mild fixed alkalies*.

WITH *cauſtic volatile alkalies*, it cryſtalizes, and produces *mild volatile alkalis*: and from all theſe bodies it is diſpoſſeſſed by ſtronger acids.—It further appears to be an acid, from its diſſolving the iron in chalybeate waters.

I BEG leave to add that this fixed or fixable air (if a weak acid) is the moſt univerſal acid in nature, as not only all limeſtone, chalk, marble, and marles are replete with it; but it makes up a great part of the compoſition of all animal and vegetable bodies, and floats in great abundance in the atmoſphere: as appears from the experiments of procuring fixable air from all theſe bodies, by fermentation, or by the addition of ſtronger acids, by burning charcoal, and laſtly from the ſcum which is almoſt inſtantly produced on lime water expoſed to the air, which is a re-production of limeſtone. I am, Gentlemen, with great reſpect,

Your very humble ſervant,

JOHN POWER.