

**A practical treatise on the remittent fever of infants, with remarks on hydrocephalus internus or water on the brain, and several other diseases: and cases and observations designed to illustrate the influence exerted by a certain disordered state of the chylopoietic viscera, upon local and constitutional diseases / [James Milman Coley].**

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A  
PRACTICAL TREATISE  
ON THE  
*Remittent Fever of Infants,*  
WITH  
REMARKS  
ON  
HYDROCEPHALUS INTERIUS  
OR WATER IN THE BRAIN,  
AND SEVERAL OTHER DISEASES:  
and  
CASES AND OBSERVATIONS,  
designed  
TO ILLUSTRATE THE INFLUENCE EXERTED  
by  
A CERTAIN DISORDERED STATE  
of the  
CHYLOPÖIETIC VISCERA,  
UPON LOCAL AND CONSTITUTIONAL DISEASES;  
AND TO PROVE THE  
UTILITY AND NECESSITY OF REMOVING IT,  
IN ORDER TO FACILITATE AND ESTABLISH  
THEIR CURE.

~~~~~  
IN TWO PARTS.  
~~~~~

“ANTIQUI, MEDICAMENTIS QUIBUSDAM DATIS, CONCOCTIONEM MOLIE-  
BANTUR; EO QUOD CRUDITATEM MAXIME HORREBANT: DEINDE EAM MA-  
TERIEM, QUÆ LÆDERE VIDEBATUR, DUCENDO SÆPIUS ALVUM SUBTRAHE-  
BANT.”  
A. C. CELSUS.

~~~~~  
BY

**JAMES MILLMAN COLEY,**

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON;  
MEMBER OF THE MEDICAL AND PHILOSOPHICAL SOCIETY OF  
SAINT BARTHOLOMEW'S HOSPITAL, &C.

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1813.



1  
RADIICAL TREATISE  
OF THE  
FUNDAMENTAL PRINCIPLES OF  
MEDICINE  
BY  
WILLIAM BAKER BRIDGES  
OF THE  
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IN TWO VOLUMES  
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TO  
JOHN ABERNETHY, ESQ.,  
F. R. S., &c.;

WHOSE ARDUOUS AND SUCCESSFUL EXERTIONS FOR THE PROMOTION OF SCIENCE AND THE IMPROVEMENT OF MEDICAL AND OPERATIVE SURGERY HAVE RAISED HIM IN THE ESTIMATION OF ALL HUMANE AND INTELLIGENT PRACTITIONERS TO THE MOST EXALTED AND HONOURABLE RANK IN HIS PROFESSION: THE FOLLOWING PAGES ARE RESPECTFULLY INSCRIBED AS A SINCERE BUT INADEQUATE TOKEN OF ESTEEM AND GRATITUDE BY HIS OBLIGED FRIEND

AND LATE PUPIL,

THE AUTHOR.

BRIDGNORTH,  
May 25, 1813.

TO  
JOHN ABERNETHY, ESQ.  
F.R.S. &c.

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FOR THE PROMOTION OF SCIENCE  
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QUATE TO THE MERITS OF HIS ART AND GREATLY  
TO BE HIS OBLIGED FRIEND

AND LATE PUPIL,  
SECTION VI  
THE AUTHOR  
RECORDED IN SECTION VII  
MAY 22 1822

78	Case 1	—
	2. Remittent Fever accompanied with Paralytic Symptoms,	77
	3. Remittent Fever accompanied with Paralysis in some of the Voluntary Muscles,	78
	4. Remittent Fever accompanied with Coma and Paralysis	—
	5. Remittent Fever with Paralysis	—
	Introductory Remarks,	PAGE. ix

**PART I.**

**REMITTENT FEVER OF INFANTS.**

	SECTION I.	
History of the Disease,	· · · · ·	2
	SECTION II.	
Diagnosis,	· · · · ·	15
	SECTION III.	
Prognosis,	· · · · ·	28
	SECTION IV.	
Remote Cause,	· · · · ·	30
	SECTION V.	
Proximate Cause,	· · · · ·	37
	SECTION VI.	
Treatment,	· · · · ·	47
	SECTION VII.	
Cases of Remittent Fever,	· · · · ·	72
I. Remittent Fever proceeding principally from disordered Action in the Liver,	· · · · ·	73

Case 1, . . . . .	73
— 2. Remittent Fever accompanied with Paralytic Symptoms, . . . . .	77
— 3. Remittent Fever accompanied with Paralysis in some of the Voluntary Muscles, . . . . .	78
— 4. Remittent Fever accompanied with Coma and Convulsions, . . . . .	79
— 5. Remittent Fever with Paralysis in some of the Voluntary Mus- cles, . . . . .	80
— 6. Remittent Fever which suc- ceeded Measles, . . . . .	81
— 7. Remittent Fever accompanied with Petechiæ and Separation and Discoloration of the Epi- dermis, and with Anasarca, . . . . .	88
— 8. . . . .	90
— 9. Remittent Fever attended with Paralysis in the Tongue, Larynx and lower Extremities, . . . . .	91
— 10. Remittent Fever, attended with Paralysis in the lower Ex- tremities, . . . . .	93
— 11. Remittent Fever, attended with Diarrhæa (Chylifera?) . . . . .	94
— 12. Remittent Fever, attended with Diarrhæa (Chylifera?) . . . . .	95

CONTENTS.

iii  
vii

II. Remittent Fever proceeding principally from disordered Action in *Stomach and Intestines*, . . . 96

Case 13. Remittent Fever resembling Hydrocephalus internus, . . . 96

— 14. Remittent Fever which terminated in Hydrocephalus internus, . . . 99

— 15. Remittent Fever with Hydrocephalus internus, . . . 101

— 16. Remittent Fever which succeeded Scarlatina, and was accompanied with Symptoms resembling Hydrocephalus internus, . . . 103

— 17. Remittent Fever, which succeeded Scarlatina, . . . 106

— 18. Remittent Fever which succeeded Measles. Remarks on Cow Pock, . . . 107

— 19. Remittent Fever mistaken for Pulmonary Consumption, . . . 109

— 20. Remittent Fever mistaken for Pulmonary Consumption, . . . 111

PART II.

CASES AND OBSERVATIONS.

Introductory Remarks, . . . 119

Case 1. Cataract, . . . 129



Case 2.	Disordered Respiration, Convulsions and Coma, . . . . .	131
— 3.	Pyrosis, . . . . .	134
— 4.	Angina Pectoris and Eruptions on the Skin, . . . . .	136
— 5.	Palpitation in the Heart, Hypochondriasis and Disordered Respiration, . . . . .	137
— 6.	Violent and Obstinate Spasmodic Pains, . . . . .	138
— 7.	Herpes exedens Faciei, mistaken for <i>Incurable Cancer</i> , . . . . .	140
— 8.	Epilepsy, . . . . .	144
— 9.	Epilepsy, . . . . .	147
— 10.	Epilepsy, . . . . .	149
— 11.	Organic Diseases in the Mediastinum, Liver and Mesentery, . . . . .	150
— 12.	<i>Secondary</i> Affection of the Stomach and Bowels from Contusion of the knee-joint, . . . . .	151
— 13.	Large Scrophulous Ulcer, . . . . .	152
— 14.	<i>Secondary</i> Affection of the Stomach and Bowels, which occasioned a Suspension of the Process of Ossification: with Remarks, . . . . .	153

**INTRODUCTORY REMARKS.**

In the hurry and bustle occasioned by the affectation of business, or the ostentatious parade of therapeutick importance, it is not uncommon to find the complaints of Children imperfectly understood, and treated with a negligence and confusion, that are discredit-able to the Profession. The Remittent Fever in particular seems to have experienced in this country astonishing neglect; and, when of long duration, has puzzled the understand- ing of the Faculty, who have suffered it to be- come the easy prey of dangerous empiricism and of every species of charlatanical imposi- tion. The patience, the diligence and the perseverance, that must unavoidably be en- countered by those, who are desirous of pe- netrating the Sanctuary of Science, deter them from advancing beyond the common vestibule of her abode; and for the purpose of imposing

upon minds as weak and uncultivated as their own, they are content to bring back with them the wondrous miracles, that have presented themselves on the road; and to imitate the appearance and manners of those, who have been more industrious, deserving and fortunate than themselves.

Medical practitioners are liable to be misled by erroneous statements, and their operations to be influenced by ignorant conceits; and while it is the custom to leave pathological phænomena to the almost exclusive observation of inexperienced attendants, we must not be surprised to meet with frequent misrepresentations; to find trifles rendered important; and to discover perhaps too late that dangerous symptoms have been overlooked. To a certain extent the progress of infantile diseases must unavoidably be left to the notice of this very useful class of persons, and some responsibility generally rests with them; but if the *medical* attendant be desirous of saving his little patients, of deserving the gratitude and esteem of their parents, and, above all, of conscientiously discharging his duty; he will find it necessary that he himself should

attend diligently, and watch carefully the symptoms as they present themselves. Before the organs of speech and the reasoning faculties have been sufficiently evolved to render any account of symptoms uttered by the patients intelligible, their tender age demands our particular regard: we should survey their sufferings with all the solicitude of parents without their fears; and in order to administer relief, should not only direct the most efficient means, but should, if necessary, with prompt humanity put them into execution: laying aside all useless dignity and parade, and all affected delicacy.

An injudicious compassion for the piercing distresses of children will sometimes induce their parents to interdict all attempts to afford relief; but as this will be found to proceed from an ignorance of the disorder, it will be proper to remonstrate with them, to point out the cruelty of their conduct, and rescue the innocent sufferers by a steady pursuance of the most vigorous measures. On these distracting and melancholy occasions the practitioner is expected not only to direct the medical treatment, but is imperiously called upon

to administer consolation to those, who surround the bed of sickness; both with the view of dispelling any premature despair, and of exciting them to the performance of their duties towards the sick with becoming alacrity, and in some instances with almost mechanical exactness. He who is led astray from his duty by the capricious suggestions, the follies, or the wavering dictates of parental fondness, is no longer deserving of confidence or esteem. During the arduous struggles of those contending emotions, which are apt to agitate the troubled breasts of disconsolate parents, he may escape the imputation of negligence; but when cool reason begins to exhibit the fatal error of his improper acquiescence with their ignorant opinions, and obedience to their wild and disordered wishes, he must expect to meet with merited contempt.

The health of infants is of the greatest importance, not only by rendering their individual lives more happy, but also by promoting the welfare of the community; and the practitioner performs an act of the most exalted benevolence, when he generously notices and averts with promptitude and disinterested con-

cern the insidious approach of diseases; which having escaped common observation, might eventually terminate existence, or render it miserable with loathsome or crippling infirmities. Both in the splendid apartments of the wealthy and in the humbler habitations of the poor, he will seldom be in want of opportunities for the exercise of this kind of philanthropy; and whether it might happen in the one situation or the other, no interested consideration should regulate the discharge of so important a duty.

To all, who have acquired a competent knowledge of the Remittent Fever of Infants; who have been in the habit of visiting the apartments of the sick; who have beheld, with real sympathy, the afflicting struggles of the withered and exhausted, little beings; and who have anxiously surveyed the distress and despair of their unhappy friends; this picture of a scene, which must often have been brought to their view, will not, I trust, appear to have been preternaturally delineated. Being a disease of frequent occurrence, it has attracted the attention of physicians from the earliest ages; and must still be acknowledged to be the

source of great confusion and of dangerous errors. To endeavour therefore to elucidate it's nature and cause, improve it's diagnosis, and discover the most speedy and effectual cure will not, I flatter myself, be considered to have been improper motives for the employment of my humble efforts. The successful manner of conducting the treatment of it adopted by me, having been the means of introducing me to a knowledge of a majority of the most alarming and extraordinary cases that have occurred in this neighbourhood, where it's prevalence for several years has been very extensive; I have enjoyed abundant opportunities of acquiring an intimate knowledge of it's various symptoms and imposing appearances. Hence I presume it will be admitted that my opinions have been founded on facts and experience; and trust that a mutual connexion will be found to exist between the theory and the practice contained in the following sheets.

The records of antiquity present us with this complaint under various denominations: as Consumption; Worm Fever; Bilious Fever; Typhus, &c.; according to the predominance of certain symptoms. Those, who may

wish to become acquainted with some of these Synonymes, may be gratified by a perusal of an excellent account of the disease by the late Dr. Butter.\* As I hope it's nature will be readily understood by the description of it contained in the following pages, I have chosen to omit the learned names that have been applied to those various appearances, which ought to be described and considered as symptomatical only of one complaint. The appellation of "Remittent Fever of Infants" has been adopted in the present Treatise, because at it's commencement it is a fever of a remittent kind, and has of late been generally understood by that name. In it's progress however, according to the constitution of the patient, or other accidental circumstances, it will be found to change it's type: if it be not removed before digestion is entirely suspended, it may degenerate into Synocha; and when much nervous debility prevails in consequence of previous, undue excitement, it will pass into Synochus, or what is frequently called nervous Fever or

\* Treatise on the Infantile Remittent Fever. London, 1782.



Typhus. In the course of the following work it will be found that there is great reason to believe it is frequently contagious, and communicated not only by those labouring under it, but also by those, who have Synochus, Typhus, Scarlet Fever, or Measles. Whatever might be the kind of contagion and consequent fever, I have generally remarked, especially in young subjects, that the Stomach and Bowels, and often the Liver, have speedily experienced a derangement in their functions, which has protracted the disease, and changed it's nature. Hence it appears to be highly requisite that the Remittent Fever of Infants in every stage, whether there be regular remissions or not, and whether originally *idiopathic* and contagious or not, should be considered as being intimately connected with the condition of the above-mentioned viscera; and to be speedily and permanently removed by a treatment adapted almost exclusively to restore those parts to health.

Since the Treatise of the late Dr. Butter, no distinct publication on this disease has, I believe, appeared. It has been noticed by several authors, particularly of late by Dr.

C. R. Pemberton,\* and under the title of *Marasmus* by Dr. James Hamilton;† whose remarks, as far as they extend, appear to be very judicious. There are certain symptoms sometimes accompanying it, which seem to have escaped their observation. Of these a description will be found in the course of this work.

For the purpose of assisting the medical attendant in the performance of a part of his duty, which is productive both of advantage to the patient, and of practical use to himself; I have bestowed considerable pains in endeavouring to render the *Diagnosis* as perfect and comprehensive as possible. By the more experienced I may be thought to have been unnecessarily minute; but when it is considered that some of the most skilful have committed errors in consequence of the difficulty that presents itself in distinguishing this from some other diseases, particularly from Hydrocephala-

\* "A Practical Treatise on various Diseases of the Abdominal Viscera." G. and W. Nicol, London, 1806.

† "Observations on the Utility and Administration of Purgative Medicines in Several Diseases." John Murray, London.

lus internus or *water in the Brain*; I trust they will excuse the prolixity, and recollect that there may be many, who not having made sufficient observations on the subject, might be materially assisted by such directions. It constitutes one of the most essential points relating to the disease; is often imperfectly understood; and, what is rather astonishing, was entirely omitted by Dr. Butter. It has been very slightly observed by Dr. Hamilton; and the remarks of Dr. Pemberton, though excellent, as far as they go, are, I apprehend, too much confined to admit of extensive utility in practice.

With respect to the Treatment of Remittent Fever, which is a principal object in this publication, my practice will be found to differ considerably from that of others; and perhaps the best argument that I can here adduce in recommendation of it, is that I have found it *uniformly successful*. Purgatives have of late been much in use; and when there has existed considerable inactivity in the bowels, a dose of *Hydrargyri Submuriatis* has been advised to be given in the beginning, and to be once or twice repeated. The only motive apparently,

with which this remedy has been administered, is that of exciting a strong, peristaltic action in the intestinal canal; but for the cure of *certain cases*, it will be found requisite to have other indications in view; which are particularly explained in the following Treatise. The practitioner must however be reminded, that if he does not fully understand the precise nature of the disease, the most infallible remedy will neither benefit his patient, nor promote his own reputation. That therapeutick Science is frequently retarded in the performance of her good offices by the interference or authority of ignorance and prejudice, must be acknowledged by all, who are in the habit of directing medical treatment; but when patients are found in dangerous situations, it is the duty of the professional attendant to communicate a candid opinion; and if he understands the nature of the disease, he should speak with confidence, and conduct the cure with diligence and becoming firmness. There is nothing more common than to hear of children, sick with Remittent Fever, being pronounced past recovery; while, if the treatment be judiciously pursued, there may in

reality be no danger; and after health has returned, it is said that they have been rescued from complaints, which, it might be proved, they had never had. To the parents and friends lamenting the state of these little sufferers, and expecting them to expire, it must be great consolation to be informed by a medical person, possessing judgement and experience in this disease, that their apprehensions are without foundation. If what is advanced in the following sheets should be found to have this effect, or to promote the recovery of a single patient; by tending to convey to the mind of the practitioner a just conception of the nature of the disease, or by improving and facilitating the method of cure, I shall be highly gratified: the consciousness of having conferred the smallest benefit on my fellow-creatures will be considered by me an ample recompence for the time and attention I have bestowed on the investigation of the disease.

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**PART I.**

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A

**PRACTICAL TREATISE**

ON THE

**REMITTENT FEVER**

OF

**INFANTS**

THE

ON THE

PART I.

PRACTICAL TREATISE

ON THE

REMITTENT FEVER

OF

INFANTS



THE  
**REMITTENT FEVER**  
OF  
**INFANTS.**

SECTION I.

HISTORY OF THE DISEASE.

**T**his disease appears in children from the age of six months to that of ten or twelve years. It is first observable by a gradual loss of appetite and of strength, by an inaptitude for exertion, an irregularity in the bowels, and a wasting of the whole body. After these symptoms have continued for some time the patient has several accessions of slight fever, more particularly towards evening; dur-



ing which he evinces a strong propensity to sleep, seeks a recumbent posture, and is exceedingly peevish. The Tongue at this period, has seldom an unhealthy appearance, because digestion is not yet completely suspended. The Pulse is an hundred or more in a minute.

In this situation the patient will sometimes continue during several weeks, and at others will be suddenly attacked towards evening with a more violent paroxysm of Fever; which is frequently considered by the parents to be the commencement of his disease. It is generally preceded by a shivering fit and vomiting, but seldom terminates with perspiration: the skin being remarkably dry through nearly the whole course of the complaint. The Pulse during the paroxysm beats from an hundred and thirty to an hundred and sixty in a minute; and the respiration is performed with corresponding velocity. The cheeks are flushed, and the sleepiness is increased to an extreme degree, but is frequently interrupted with starts, expressions of pain about the belly, slight delirium, and sometimes with convulsions. A cough is noticed at this time, which generally continues through the whole of the

illness, together with an almost constant picking of the skin about the eyes, nose, lips and fingers.

The duration of the fibrile paroxysm is usually one or two hours, but in some instances will extend through the whole night; after which a remission takes place, and the patient becomes more wakeful and inclined for amusement; or it will sometimes terminate in sleep of a refreshing nature. The Pulse now beats from an hundred and twenty to an hundred and thirty.

The return of these exacerbations is uncertain; most commonly there is one in the forenoon, one in the afternoon and one in the night. The last is usually the longest and most violent. When the fever runs very high we have much difficulty in observing any distinct remissions.

There is much variation in the temperature of the body: the head, belly, and palms of the hands being more hot than any other parts on the surface.

In some instances, the "Head is more affected even to a degree of raving, and one or other of the excretions is always remarkably

increased. After this the patient becomes quieter than usual, says little, complains of nothing, and is not disposed to answer questions. He seldom asks for any thing ; but in general takes his food or drink when it is offered him. The trunk of his body keeps to one posture ; and he rarely moves his lower limbs ; but his arms or hands are almost constantly in motion when he is awake. Sometimes he is flinging about his arms ; sometimes he lies with his hands stretched down on the lower part of his belly, and his knees drawn up. At other times he is much employed in picking, not only his nose and lips, but even his tongue, eyes and other parts of his face, till they become sore and chapped. And he gapes that he may reach his tongue, for he has not the power of putting it out of his mouth. At last his indifference as to answering questions ends in an impossibility of giving answers, for he is deprived both of speech and voice. And his jaws, in some cases, are so locked that nothing but liquids can be got into his mouth, and these with a good deal of difficulty. At this period which seems to be the height of the disease, he slumbers, and is

FEVER OF INFANTS.

most composed, as usual, during the exacerbations; and in the remissions he performs the same gesticulations. From the time that there are settled symptoms of lowness, his eyes are reddish, dull and inattentive: his countenance is marked with distress; his tongue, gums, teeth, and lips are covered with a blackish fur; he is particularly uneasy before stools, or great explosions of wind; his urine and stools are involuntary, and yet he is quite sensible."

"The state of the belly is uncertain: but the stools are always unnatural, either as to their colour, consistence, contents or smell. Most commonly they are morbid in all these respects; for they are either whiter or darker than natural; they are always more offensive; are seldom without a great deal of slime; and sometimes consist of nothing but slime."\*

"Digestion seems perfectly at a stand, for the food, which is taken into the stomach, will often be brought up unaltered, though it shall have remained down a considerable time. The intestines also seem to be in a manner

\* "Treatise on the Infantile Remittent Fever, by W. Butter, M. D." Callow, London.

paralyzed: they exert no action on the food; for it passes off like a mass of putrid vegetable and animal matter, which has been some time subjected to heat and moisture, without its having the smallest resemblance, either in appearance or smell, to those fæces, where the powers of digestion have been exerted.

When the disease has continued some time, the appetite is so totally destroyed, that for six or eight days together I have known the whole nourishment consist of about half a pint of toast and water in the twenty-four hours.\*

I have frequently known that the patient has taken nothing but water, excepting his medicines, for four or five weeks together, and yet has ultimately recovered.

In the above account are comprised the symptoms usually met with in this complaint; but I have remarked others, which I believe have not been noticed by preceding writers. These are the appearance of petechiæ in an advanced period of the disease; and a discol-

\* "A Practical Treatise on Various Diseases of the Abdominal Viscera, by C. R. Pemberton, M.D." 1806, G. and W. Nicol, London.

uration and separation of the epidermis. Though dangerous, they are not considered by me as fatal symptoms.

In the course of my practice I recollect only two cases in which petechiæ were present. The Remittent Fever and derangement of the bowels in the one had continued six weeks, during which time scarcely any food had been taken and none digested. This case will be found in the sequel. The other had continued two months, after which petechiæ appeared with intestinal Tympanites and the most extreme emaciation and debility. Both patients recovered.

The other symptom I have observed in many instances to follow Remittent Fever or accompany it on it's decline, where the illness has been of long duration. I have seen the epidermis nearly black. It will more frequently be found of a dark brown colour, and separated in scales from the subjacent skin over the whole body, particularly about the breast, belly and extremities, attended with some degree of itching. From the same cause a partial depilation often occurs.

Dr. Pemberton has described a scaly sep-

aration of the cuticle peculiar to enlargement of the mesenteric glands. In the cases of Remittent Fever in which I have witnessed this appearance there has been either a total absence of disease in the glands of the mesentery; or when any has been present, it has also been accompanied with the former complaint, and with evident disorder in the secretions of the Liver and the intestinal canal; and the latter has always been the most conspicuous and urgent malady. This appearance on the skin has therefore in my practice not been confined to enlargement of the mesenteric glands, but been present in both diseases; and I think there is much reason to believe that it proceeds from the heat and dryness of the skin, which in both is intense, after the fever has been of long continuance and become violent. A desquamation of the epidermis of a similar nature, but without discolouration, manifests itself in Scarlatina when it is on the decline, and in Erysipelas; in which complaints the skin is intensely hot and dry. It is probably a death or destruction of the cuticle in consequence of too great heat and of a defective secretion of the unctuous fluid, which

in a state of health is found over the surface of the whole body, and designed to prevent undue evaporation. The functions of the sebaceous glands are thus impaired in many other cutaneous affections.

The Remittent Fever often, without having exhibited any previous symptoms of visceral derangement, immediately succeeds Scarlet Fever, Measles and other acute diseases. When it happens to accompany the Hooping Cough, the latter is always protracted by it, and increased in violence.

Worms are sometimes discovered in this disease, and are commonly considered by the friends of the patient as it's principal cause. I have uniformly remarked that in these cases the fever is of longer duration, and the emaciation and debility are greater, than in any other; which will be explained in another part of this treatise. See Section V.

“When the fever is on the decline, the exacerbations grow milder and shorter, and at last disappear one after another; the appetite returns by degrees, and in time becomes very craving; the patient has long and refreshing sleeps, attended with a general moisture of



the skin more or less copious; the skin continues soft and in general moist at other times; the pulse loses of it's frequency from day to day, till it becomes quite natural; the urine breaks and deposits a copious gross sediment, leaving the body of a straw colour; the sediment becomes afterwards more digested, being of a polished smoothness with a gross covering; at length the sediment gradually diminishes, till the urine is left absolutely colourless and without contents; and finally the stools approach more and more to a natural state, till they become as in health.

This is the order in which the several functions of the body return to a state of health. In some cases however the pulse continues quick\* after all other symptoms of disease are gone, and till the patient has perfectly acquired his usual strength.

The ordinary duration of the fever is from eight or ten days to a fortnight or three weeks. Some few cases last longer."—Butter.

I have known the fever continue two

\* An increased frequency of the Pulse is found to exist in people of all ages, who are recovering from Typhus and Synochus; and this will continue for several weeks or months, or until they have obtained their accustomed vigour.

months in several instances, and in most, if the derangement in the bowels has been very great, it will be found to last from a month to six weeks.

Dr. Butter has divided this disease into three varieties; but I think these may with more propriety be called three separate stages; because we commonly see them all progressively appearing in the same subject, where the visceral derangement has been extreme, and the illness of long continuance. For instance, while the action of the Liver alone is disordered, the state of the patient will correspond with what he calls the "Slow Infantile Remittent Fever;" when the Intestines also become diseased, the state will be such as he has described the "Acute Infantile Remittent Fever;" and when the Nervous system has become affected by sudden sympathy or by the debility consequent to long-continued vascular action, the "Low Infantile Remittent Fever," will be found to prevail, and the disease to have attained it's height of violence. In the first instance the accompanying fever will be found to resemble the *Hectic*; in the second it will be of the nature of *Syn-*

*ocha*; and in the third a true *Synochus*, or what many practitioners might perhaps distinguish by the name of *Typhus*. Hence according to the particular state of the patient, or the opinion of the physician, the disease has been variously denominated: being by one named "Hectica Infantilis;" by another "Febris ardens continua Infantum:" and by a third "Febris Synochus Puerorum." From the same source it has also derived various other appellations.

SECTION II.

DIAGNOSIS.

The primary object in the investigation of all diseases is that of endeavouring to obtain a correct knowledge of their nature; for by this will the mode of treatment and in general the recovery of the patient be regulated. A just discrimination and diligent observance of the phænomena of disordered action has been more conducive to the improvement and direction of medical practice, than all the crude theories and fallacious doctrines of successive generations. When a complaint is clearly understood, the method of treating it becomes obvious, and the physician performs his duty with alacrity and pleasure. On the other hand, when the diagnosis has been improperly made, he will be disappointed in the operation of his remedies, his ideas will be confused, his prognosis contradictory, and his patient will lose

31  
THE REMITTENT

all confidence and hope. In the complaint under consideration these remarks are particularly necessary ; because, after it's nature has been correctly ascertained, the practitioner will be able to prescribe and enforce the exhibition of remedies with that firmness and confidence, which will ever result from experience and observation.

There are I believe only three diseases, which are likely to be confounded with the Remittent Fever of Infants : *Enlargement of the Mesenteric glands; Inflammation of the Lungs; and Hydrocephalus internus*, or what is commonly called *Water in the Head*.

It may be distinguished from *enlargement of the Mesenteric glands*, by the accession of fever occurring in the latter generally in the evening only ; by the patient being more restless at that time, instead of being inclined to sleep as in Remittent Fever ; by the intestinal evacuations having but little alteration from their natural appearance, that is to say no more generally than what may be supposed to arise from a defective absorption of chyle ; by a peculiar mark of distress in the countenance ; by the sleep being for the most

part undisturbed; and by the length of time the complaint has existed. The fever accompanying enlargement of the absorbent glands in the Mesentery is of a hectic nature; generally terminates with profuse perspiration; and in every instance that I have seen, has been free from delirium.

Having been many times requested to visit patients ill with Remittent Fever, which had been mistaken by others for *Inflammation of the Lungs*,\* I consider it requisite to make some remarks on the subject; and it is the more necessary on account of the nature, termination and treatment of these complaints being obviously different. When this mistake unfortunately happens, the attention is directed to a part, where no disease exists; the remedies are improper; and that, which if judiciously treated would terminate in a recovery of the patient, is often found to have been neglected, till death unavoidably follows. In the sequel will be found several instances of this kind of error.

\* The disease more particularly alluded to is inflammation in the *pulmonary* or *costal Pleura*, or both.

In the history of this Fever it was observed that during a severe paroxysm the Respiration was always *accelerated*; and it is this circumstance which occasions medical men, as well as common observers, to commit many fatal blunders in their attempts to discriminate these diseases. Hence we frequently hear of children having recovered from Inflammation of the Lungs, as it has been erroneously denominated, after such an event had been declared impossible by the inattentive or ignorant practitioner. To endeavour to explain the cause of this alteration from the natural state of respiration will be my next object.

The usual number of inspirations of an adult in perfect health is about twenty-four in a minute; which is one third of the number of pulsations at the wrist during the same time. Suppose the left auricle of the Heart of an infant in perfect health may contract one hundred and eight times in a minute; the number of respirations performed in the same time will be one third, or about thirty seven. If this infant should labour under a paroxysm of Remittent Fever, I should expect the systolic action of the Heart, or the Pulse to

increase at least one third, or beat about one hundred and forty times in a minute; and as the number of inspirations of air into the Lungs will correspond with this increased, arterial action, the child will be found to breathe about forty-six or forty-seven times in that period. Hence it is evident that it is an increase in the *number* of respirations, and not any *difficulty* in the act of breathing which occasions the deviation in that process from ordinary health. A similar frequency in the number of inspirations happens in the Synochus of adults, particularly during the hot stage; and, if other circumstances are not observed, the medical attendant will sometimes imagine that his patient is labouring under Peripneumony.\*

\* When the fever accompanying Pleuritic inflammation degenerates into the sensitive, inirritated fever, as sometimes happens, great circumspection is necessary; for if venesection be incautiously repeated after this occurs, the patient will almost certainly die. I have known several instances of recovery from this fever, when the loss of blood had preceded the change in the type, that is while the symptoms were only such as denoted inflammation in the Pleura; but it would have been bad practice afterwards to have directed this remedy. When blood has been imprudently abstracted from children prostrate with Infantile Fever having symptoms of Synochus, which had been



Having explained the cause of quick Respiration during an increased action in the sanguiferous system,\* it will be necessary to point out other means, whereby Remittent Fever of Infants may be distinguished from an inflammatory affection of the Lungs. In the latter complaint, if we watch the patient with attention, we shall find him breathing with pain and difficulty : before proper dilatation of the Lungs can be effected, we shall perceive the abdominal muscles contracting suddenly, to prevent the inflamed and tender surfaces of the Pleuræ from pressing too firmly against each other, and from experiencing a state of distension. This constitutes what is called, in the language of the nursery, a

mistaken for Inflammation in the Lungs, death has soon and invariably followed. From these facts it is manifest that children do not sustain the loss of blood so well as adults, and that the greatest caution is requisite in the investigation and treatment of their diseases : for that, which is necessary to effect a cure in one, will in another, if had recourse to, be productive of certain death.

\* The *debility* which the muscles concerned in Respiration in common with the other muscles of the body experience, may also contribute to occasion this frequent Respiration, under these circumstances.

“catching at the breath.” When the process of respiration is thus attentively inspected, the belly and chest of the child being exposed to view, a measure that should always be adopted in cases of doubt, this sudden contraction of the abdominal muscles, whereby the air is expelled from the Lungs, will, during Inflammation, be so strongly marked by the ridges and inequalities on the surface of the belly, as hardly to escape the attention of the most common observer. On the contrary in Remittent Fever, while the patient is actually breathing with twice the rapidity of an adult in a state of health, we shall perceive the alternate contractions and relaxations of the abdominal muscles being performed with regularity; and the abdomen raised and depressed with ease and freedom.

The nature of the cough is different in the two diseases: in Remittent Fever it is short, frequent, without expectoration, and does not seem to disturb the patient; in inflammation of the Lungs it is preceded by extreme distress in the countenance, is of long duration accompanied with deeper inspirations, and terminates in the separation of a fluid, which

is sometimes expectorated with vomiting and severe pain. In the latter, while the disease is most violent, there is no sleep; the patient lies with his eyes open for days and nights together, directing all his attention to relieve the painful respiration in the manner above explained, and in his countenance expressing great misery. In the former, when the disease is most violent, the patient sleeps or is delirious, his eyes are closed either constantly or at intervals, and his capacity of attending to any sensations appears to be suspended; while in his face there is a settled colour, even greater than in health.\*

\* The skin on the Face is of a very thin and delicate texture; whence the scarlet colour, excited by certain passions of the mind and by disease, is made evident. This colour arises from an increased action of the capillary arteries in the skin, which have numerous anastomoses; and when it happens in fevers, accompanied with internal inflammation, is a good symptom: as it denotes that the vital functions are not in danger of being suspended; and the patient will generally recover. On the contrary a paleness of the countenance, under similar circumstances, is with other symptoms a mark of great danger; as it arises from the diseased action in the internal parts being so violent or injurious as to summon all the powers of the constitution to arrest it; and if re-action does not take place, the patient becomes delirious from the vast expenditure of nervous energy, which violent and long-continued pain and irritation always occasion; and the scene terminates in death. This is particularly evident in inflammation of the Lungs, Peritonæum,

The most difficult task of all is that of recognising Remittent Fever, when the symptoms have some resemblance to *Hydrocephalus internus*. As a knowledge of the difference between these diseases is of the highest importance, both with respect to the prognosis and the method of cure, I shall endeavour to lay down such minute distinctions as I trust may form an useful guide to those, who have not bestowed much attention on the subject.

The symptoms denoting *Hydrocephalus internus* cannot be confounded with the other disease, until effusion has taken place to such an extent, as to compress the brain and impair it's functions. In it's previous stage a manifest difference must have been observable, from the acuteness of the pain in the head, from the intollerance of light, from the agitation or tossing of the head, and from the absence of sleep; to which must be added the *healthy* state of the bowels. It might also be suspected that this disease is commencing,

Mesentery, and all important parts. By attending to the colour in the skin and general appearances in the faces of children I have often been able, intuitively, as it were, to pronounce the nature of the disease under which they laboured; and a farther investigation has generally confirmed the conjecture.

when the above symptoms have been observed to succeed much irritation about the gums during the formation and evolution of the deciduous teeth; as it is not uncommon for it to arise from the inflammation of the membrane lining the alveolar processes, or of the capsules of the teeth, being translated by the operation of sympathy, or some other cause, to the membranes of the brain.

When effusion has commenced, the symptoms are such as proceed from compression on the brain from other causes: as squinting, interrupted or stertorous breathing,\* paralysis

\* The patient in this state generally performs about three respirations, and then ceases to breathe for some time; after which respiration commences again for three or four times, and so on. This interruption arises from the comparative insensibility of the Lungs, in consequence of a fluid effused on the Brain, compressing the origin of the nerves. The circulation of venous blood, which takes place after the oxygen has been all absorbed from the pulmonary air-cells, produces a disagreeable or painful sensation, called Suffocation; which rouses the diaphragm and the other inspiratory muscles into action, and a deep inspiration comes on, followed generally by two or three smaller inspirations; by which means the painful sensation is removed. When the pressure on the brain is very great the heart neglects its duty, which occasions an intermitting pulse. This arises from the sensibility or irritability of that viscus being so much impaired, as to suffer the venous blood to ac-

generally on one side of the body, insensibility to external stimuli. At length the pupils are dilated and insensible, the pulse intermits, the eye-lids are half closed, the evacuations are involuntary, and in this stage of the disease those from the bowels are often of a greenish or other unhealthy appearance.\* The countenance is pale, the muscles of the face are generally distorted, and convulsions often arise, and continue from the time the apoplectic symptoms commence, till death closes the scene.

accumulate in the right auricle, till the pressure of it produces a stimulus that excites it into action, and the circulation goes on again.

\* It may seem extraordinary that in the early part of this disease no affection of the bowels should exist, and that it should make its appearance as the original disorder advances. The cause of it is a torpor of the Liver and of the Stomach and Bowels, produced by the pressure of the fluid effused on the Brain, and particularly on that portion of the great sympathetic Nerve, which proceeds from it, and extends to those important viscera. In consequence of this the healthy secretions of those organs are suspended or obliterated, and the fæces are of nearly the same disordered appearance as in Remittent Fever. When this occurs exclusively from pressure on the brain, and is unaccompanied with Remittent Fever, I have always considered it a dangerous, and have generally found it a fatal symptom.

In this complaint the muttering expressions are incoherent, the screamings are acute and loud; and, as was before observed, the patient, cannot be roused to attend to any thing, being like one in a profound sleep. While the sense of pain continues, the hands are constantly carried towards the head.

In the delirium or stupor of Remittent Fever the attention of the patient may be excited for a few moments by strong, external impressions, as by talking loudly to him, or by sudden agitations of his body; and there is never any tossing of his head from one side to the other; but on the contrary the child is disposed to be still, and to remain in one posture, unless roused by the officiousness and anxiety of his friends or attendants. The face is flushed, and the eye-lids are closed; or if wide open, they have a foolish, disagreeable kind of stare; which is particularly conspicuous in those cases, where the patients possess a perfect knowledge of every thing that is going forward, but are unable to articulate. The respiration is quick, but *not interrupted*, and the Pulse *never intermits* excepting in cases of extreme debility. There is no squinting,

the pupils are sometimes contracted, and sometimes dilated, according to the degree of stupor; and when temporary paralysis happens, it is in those parts which are *subservient to the power of volition*. The hands are seldom carried up towards the head, and when they are we may perceive that the intention is that of picking the skin about the face, and not that of expressing pain in the head. When convulsions happen it is impossible during their continuance to distinguish the two diseases; but after they have ceased, if they may have proceeded from Remittent Fever, the faculties of the patient will be restored.

The tongue in both diseases is furred, when the bowels are affected.

In addition to what has been stated it may be remarked that in every case of Hydrocephalus internus, that has come under my care, I have observed, before any attack of the disease, a peculiar dulness about the eyes, with some dilatation of the pupils; which have appeared to dispose the children to keep the head in a prone position, or to incline it to one side.



## SECTION III.

## PROGNOSIS.

When this disease is perfectly understood by the practitioner, and the remedies are prescribed with judgment and administered with diligence, the recovery of the patient is almost certain. On the contrary, if it should be mistaken for another complaint, or the means of cure be improper, or the attendants negligent in performing their duties, it will in many instances have a fatal termination.

Since I have pursued the mode of treatment recommended in the following sheets, I have not lost a single patient with Remittent Fever; excepting in one instance, where the death was occasioned by Hydrocephalus internus.

The most favourable symptoms are a healthy appearance in the stools, a return of appetite, the intervals between the febrile paroxysms becoming longer, a subsidence of the abdomen, and the temper becoming more

tranquil. The most unfavourable are the accessions of fever being incessant, the abdomen becoming greatly enlarged, the appearance of petechiæ and the stools being of a dark green colour, mixed with blood; which indicate that the blood has experienced such extreme tenuity, and undergone such chemical changes, as to be no longer proper for the purposes of the circulation.

The state of the Pulse will often be a guide in the formation of our prognosis. When it is irregular, intermitting, as it sometimes does, at every sixth or seventh stroke, great danger is at hand. If this should proceed from pressure on the brain, which must be suspected, when the disease is connected with or followed by Hydrocephalus internus, death will almost uniformly terminate the scene. If it should be the consequence of debility alone, considerable hopes may be entertained of recovery, by the employment of proper remedies. When the Pulse is slower than the natural standard, according to the age of the patient, the danger will be greater than if it should be much accelerated.

## SECTION IV.

## REMOTE CAUSE.

It would be of the utmost value to society, if we could satisfactorily account for the appearance of this disease in every instance; as then we should be enabled to recommend preventive measures to our patients, and thus avert much anxiety and distress. It does not seem to be peculiarly present at any one season of the year, nor is it confined to the children of any particular class of people; but perhaps I may not speak incorrectly, if I say that it is more general among the poor than the more wealthy. This circumstance may be owing to the great quantity of unfermented, vegetable food, consumed by the children of the poorer people; which, I have much reason to suspect, lays the foundation of the subsequent fever by undergoing fermentation, and disturbing the bowels; where-

by they are rendered progressively more and more inactive, till the degestive process is suspended. There is another reason for believing that the disease is more frequently met with among this description of children; which is that it has in many instances appeared to have been communicated from one to another, in the same manner as a contagious distemper.\* If it really be contagious, which there is every reason to believe where the fever becomes of the nature of Synochus, we must naturally expect that the children of this class of people will be more susceptible of it; because they are more crowded together, are exposed to a more noxious atmosphere, and are fed upon a more unwholesome diet than the offspring of the more opulent. Should farther proof be wanting to confirm our belief on this subject, I might observe that I have often known the parents affected with Synochus or Typhus, just as their children have been recovering from the worst stage of Remittent Fever, which had appeared in them also in the regular succession of a contagion.

\*Dr. Butter considered that two varieties of this Fever were epidemical and a third endemial.

This disease sometimes advances rapidly, while the patient is recovering from Measles or Scarlet Fever. In this instance the remote cause is probably a debility in the circulating system, in consequence of the previous, undue excitement; which produces apparently a sudden torpor of the Liver, and disposes the rest of the chylopöietic viscera to suspend their healthy action, where there is a predisposition to disease existing in those parts; and which I have been led to suspect from the speedy and unexpected appearance of dark-coloured, offensive stools after administering a purgative. Mr. Fergusson, Inspector General of Hospitals to the Army in Portugal, has observed a similar occurrence in the Remittent Fevers and Dysentery arising from marsh miasmata. In the cases that fell within his notice, when the symptoms were urgent, the remedy principally relied on for a cure was Mercury, which was employed both externally and internally. When death happened, and opportunities occurred for opening the dead bodies, the liver and intestines were invariably found to be more or less diseased, in general bearing the marks of inflammation and ulceration

to a great extent; and the gall-bladder was found flaccid and about half full of unhealthy, dark-coloured bile. The Remittent Fever of Walcheren, which proved so fatal to our Army, has been discovered to be connected with and kept up by a disordered state of the Liver, and has been of late successfully treated with Mercurials alone. On inspecting the dead bodies the bile was always found as thick as tar, black and exceedingly tenacious. As mercury is now extensively employed in the cure of most febrile complaints in hot climates, there is much reason to believe that they are all connected with disordered Liver; although as Mr. F. remarks, the manner in which this medicine operates is not generally understood by those who prescribe it.\*

In most instances, when the Remittent Fever of Infants has appeared to commence suddenly, during the progress, or on the decline of the eruptive Fevers mentioned above, I have much suspected that there has been a disposition to disease *previously existing* in the Liver; and that the febrile complaint has only

\* Medico-Chirurgical Transactions, Vol. 2.

tended by deranging the constitution to hasten it's appearance.

Children are often exposed to the operation of a moist atmosphere, or placed imprudently in cold situations, while the surface of the body is in a state of perspiration; in consequence of which a fever arises, and at the end of a few days is succeeded by a torpid condition of the Liver and Intestines; whereby the fever is renewed and protracted until the organic derangement is removed. In this respect there is much resemblance between the fevers arising from obstructed perspiration in this climate, and in those where a higher degree of temperature prevails. There is a difference however in the nature of the diseases of the Liver and Intestines: in the Remittent Fever of Infants in this country the derangement affects only the *action* of these organs; in the Fevers arising from the same source in hot climates, the *structure* of the Liver and Intestines is materially altered.

As many cases of the Fever under consideration cannot be satisfactorily accounted for by the influence of any of the remote causes enumerated; we should endeavour to learn

what it is that may in these particular instances dispose to the production of visceral derangement. While so much obscurity prevails on this subject, and while we are able to form correct ideas respecting the actions of the living frame only from the phænomena which they present to our senses; it may be allowed, and perhaps with some utility to admit of probable conjecture. In the instances alluded to I am of opinion that the remote cause consists of an *hereditary predisposition* to morbid action in the Chylopoietic system, and particularly in the Liver; because the disease is most prevalent in those who are descended from scrophulous parents, and have themselves a scrophulous diathesis; and because the patients experience frequent relapses, which, if disregarded, generally terminate in disorders of the absorbent glands in the Mesentery or other parts, or of the bones. When obstruction in the capillary vessels on the skin, or other general disturbance in the frame is speedily followed by the above-mentioned derangement in the digestive organs, it is in some measure a proof of a predisposition to, or peculiar susceptibility of diseased action in



those viscera; which in common language would be said to denote that they were weak parts.

It has been long observed that diseases in the lymphatic system very commonly follow Small Pox and other eruptive fevers. This I imagine is owing to a morbid state of the chylopöietic viscera induced or rendered apparent by these complaints, and at first existing under the obscure form of slight Remittent Fever. The practice of administering Mercurial purgatives on these occasions is very proper; but they should be continued as long as any visceral disorder remains. If this precaution were uniformly observed, I think we should seldom find scrophulous complaints} following these Fevers.

SECTION V.

PROXIMATE CAUSE.

The proximate cause of this disease is a torpor or defective action of some part or of the whole of the chylopöietic system. When this has taken place, digestion is at a stand, and the food instead of being converted into chyle for the nourishment of the body, undergoes a kind of putrefactive fermentation; which is considerably promoted by the heat of the body and accidental constipation. This mass of highly disordered contents occasions considerable irritation in the bowels, which is evinced by the occasional pains, by the itching of the skin on the face and various other parts, and by the general restlessness of the patient; and if it be not removed the fever soon commences.

It has been hinted that one probable cause of this fever was an absorption of the putrid contents of the intestines. Although I acknowledge that great deference is due to the high authority suggesting this hypothesis;\* yet if this process had ever happened, we should have reason to expect some symptoms of putridity in the complaint; as erysipelatous eruptions, vesications or malignant abscesses on some parts of the body; and the fever would always have assumed a different type. Petechiæ, as I before remarked, do sometimes appear; but these are probably owing to a poverty or to a chemical change in the blood from extreme debility, and a deficient supply of chyle; and as a proof that they are not occasioned by putridity in the system, they are often found in young people without any fever.

The late Dr. Butter considered spasm in the intestinal canal to be the proximate cause; while others have attributed the complaint entirely to Worms. I much doubt whether spasm exist in the stomach and bowels in this disease to any considerable extent, as there is

\* Dr. C. R. Pemberton,

*What is the ~~putrid~~ chemical change*

frequently but little pain expressed by the patient; and from the distention these viscera undergo, there is reason to conclude that the muscular fibres are relaxed rather than in a state of contraction. Besides, in cases of spasm there is an absence of fever; and an opposite state prevails.

Worms\* are rather the consequence than the cause of this disease; for they are never discovered, till after other symptoms have manifested themselves. I have always considered them to be the product of putrefactive fermentation or a decomposition of the contents of the bowels; because they have never been produced under any other circumstances, as far as my observations have extended; and they always disappear as soon as the chylöpoietic system has been brought into a state of health. Whenever I observe them therefore, I conclude that the bowels are in a torpid state, which state being removed and health restored, the worms have uniformly disappeared. The cases in which they are present, as was remarked in another place, are always

\* The Worms I am speaking of are the Lumbrici, or long, round Worms.

the most difficult to cure; the reason of which is that the intestines have longer lost their natural action, than when they are not present; and I suspect that the mesenteric glands are frequently affected also; which circumstances render a long course of medicine necessary, and occasion a tedious recovery.

It has been before stated that the cause of this fever is a torpor or inactivity in some part of the chylopöietic system; and I think generally in the Liver, Stomach and Intestines. This torpor\* allows the contents of the two latter to undergo such chemical changes in their nature and composition, as to become the source of extreme irritation to the nervous fibrils that surround them. By the great sympathetic nerve the irritation is communicated to the Brain; when febrile action and all the phænomena of nervous and vascular excitement commence. This peculiar susceptibility in the nervous system, or the disposition in the brain and nerves to sympa-

\* The torpor I mean consists of a suspension or derangement of the natural peristaltic motion of the Intestines, and of the secretion of the gastric and intestinal fluids and of the bile, when the Liver is also affected.

thize with local irritation, which prevails during the state of infancy and childhood, is abundantly evinced by the process of dentition; during which some general disturbance results from the formation and evolution of the primary teeth in most children. Hence appear fever, eruption, coughs, diarrhæa, convulsions, hydrocephalus internus and death. That this susceptibility is comparatively greater during infancy, than at a more mature age, is evident by the absence of every kind of constitutional or general disorder during the formation and appearance of the last molar teeth, which are seen about the period of puberty. At the same time that the general nervous system is thus exempt from disordered sympathies and associations during this process at the latter period; it is surprising that the sensation of pain, or the local irritation in the gums and alveolar processes, is infinitely greater than during a state of childhood. By means of this nervous susceptibility, I imagine, we may also account for the presence of more general affections of the brain or of some particular nerves during infancy, from disorder in any part of the digestive organs.

In the course of my practice I have found affections of the nervous system more frequent and evident, when the Liver has been principally disordered, than when the intestines alone have experienced a morbid alteration. This condition of the Liver may be ascertained by an examination of the fæces, to which recourse should be had in every doubtful or important case. They will be found to be either of a gray or dark, clay colour, or nearly white; from which we may infer that no healthy bile has been mixed with them, or that none has been secreted. This state of the evacuations almost always prevails, where there is a temporary paralysis of the voluntary muscles; as of the organs of speech, those concerned in locomotion, &c. In this situation the patient is sensible and has only a moderate degree of fever of the hectic nature. This torpid state of the Liver does not continue a great length of time without communicating a corresponding alteration to the Stomach and Bowels, which according to circumstances is followed by Synocha or Synochus, and an alteration in the evacuations differing from that, which happens when the

functions of the Liver alone are disturbed. The whole tract of the intestinal canal is diseased: the evacuations from it are black or green; have no resemblance even in consistence to healthy fæces; contain neither bile nor chyle; and have not undergone that change, which during their progress through the larger intestines ought in a state of health always to occur.

In this manner the Infantile Remittent Fever generally proceeds, beginning in some part of the chylopöietic system. On some occasions, particularly when it is of a contagious nature, this system becomes affected in a *secondary* way; but whether the derangement of it be primary or secondary, it will be found to constitute a constant and important feature in the character of the complaint.

This reciprocal association of morbid action existing between the viscera employed in digestion and other parts of the system, is not peculiar to this fever; but is also conspicuous in other diseases. From concussion of the Brain the healthy secretions of the Liver are suspended, and sometimes inflammation follows, and terminates in abscess; and this



secondary disease will be found to be the source of a protracted disorder in the head, long after the original cause may have ceased to exist. In Typhus, *Scartalina* and various other febrile complaints the same kind of connexion is often found to exist to a great extent; and in these instances the recovery of the patient will materially depend upon the degree of attention paid to the state of the stomach and bowels.\*

As Remittent Fever advances it has been before remarked that extreme emaciation and debility appear. When we reflect upon the highly disordered state of the bile, if any be secreted, and upon the suspension of the digestive process, we cannot rationally expect that any chyle can be formed, or if that could happen,

\* For farther proofs of this astonishing sympathy the Reader is referred to Mr. Abernethy's "Surgical Observations," Part 2d; and "Surgical Observations on the Constitutional Origin and Treatment of Local Diseases." By the same, 1809, Longman and Co., London. The intimate connexion subsisting between the *Primæ Viæ* and various constitutional complaints is extensively shewn by Dr. Hamilton, in his "Observations on the Utility and Administration of Purgative Medicines in several Diseases." John Murray, London.—See also the Second Part of this work.

that it would be in a proper state for the lacteal absorbents to imbibe. As this is the principal source, whence the body can derive it's nourishment and strength, it must follow of course, when this fails, that emaciation and weakness will present themselves. The only supply, during the long abstinence that obtains in the disease, proceeds from the absorption of fat, that may have been accidentally deposited in the cellular substance. After this state has continued many weeks without a return of the healthy functions of the digestive organs, the blood becomes attenuated or in part depraved for want of a supply of chyle; and is effused on various parts of the body: whence in the skin we observe Petechiæ and from the Stomach and Bowels bloody evacuations.

## SECTION VI.

## TREATMENT.

It was remarked by the late Dr. Butter that "there is probably in nature (left for future industry to investigate) a medicine, which will in not many hours remove the febrile spasm. Till this discovery is made, physicians must be content with such round-about means as their art supplies them with." Had he been acquainted with the mode of treatment recommended in the following pages, or with the full indications of cure, his remark would, I think, in many instances have been nearly superfluous.

The proximate cause of this Fever having been represented to consist of a disordered action in some part of the Digestive Organs; the indications of cure must be to expel from the intestinal canal any irritating materials that may have accumulated, and to excite the dis-

ordered parts into a vigorous and healthy action. These purposes may be answered in some measure by the exhibition of Purgatives; but more completely and expeditiously by some preparation of Mercury, which, when properly administered, is capable of promoting, in a peculiar degree, a healthy state of the viscera, concerned in the formation and absorption of the chyle. As the grand objects to be had in view are the encouraging a secretion of bile, when that is defective, and of the *sucus gastricus* and *intestinalis*; so we must continue the employment of the mercury, until these salutary changes occur. The manner in which I have given this medicine and the extent to which I have carried it, may to those, who are unacquainted with it's utility, appear very unusual. I was first led to the more general use of it by observing the rapid recovery consequent to the administration of a few doses of the oxyde or submuriate in small quantities in several cases of this disease, after a long continuance of Purgatives had been productive of no benefit. These first cases were such as arose more particularly from a deficient action of the Liver only; but I soon

found that the same salutary consequence resulted from the employment of this medicine in those depending on disordered action in the bowels. I was the more pleased on observing the beneficial effects of the practice on account of the frequent failures I met with by pursuing the usual mode of treating the disease only with aperient medicines. By that plan I lost many patients; but since I have adopted the other mode of practice, although I have had hundreds of cases under my care, the complaint has not terminated fatally, excepting in one instance, where effusion took place in the brain, constituting Hydrocephalus internus, in consequence of extreme debility from a previous disease.

The intention with which most practitioners exhibit mercury in this disorder is that of exciting a strong, peristaltic action in the intestines;\* but it will be found to exercise a still more speedy and beneficial influence, when given with the view of it's being absorbed into the system: when it rouses the Liver to secrete it's bile, the Stomach to prepare the gas-

\* Hamilton. Pemberton. Butter.

tric juice for the purpose of digesting the food, and the Intestines to convert that digested food into chyle, for the nourishment and repair of the enfeebled and emaciated frame. With this design I have in general continued it nearly through the whole of the illness; and have frequently, when it was requisite to produce a purgative operation, given four or five grains of the submuriate every other day or oftener for several weeks in succession; not only without any inconvenience, but with the most manifest advantage. Although my practice has been so bold and decisive, I have not met with a single instance of ptyalism nor of mercurial erythema, and the debility consequent on the evacuations has been incomparably less, than would have resulted from the natural progress of the disease or the common mode of treating it. That a return of the healthy action of the Digestive Organs, a circumstance most desirable in this complaint, may with justice be attributed to the agency of this medicine, I think this fact will testify: namely that in some very obstinate cases, in which, either from defective absorption, or from it's passing off too rapidly from the bow-

els, it has not produced any salutary change after a long period of time; I have been induced to give half a grain or a grain of the submuriate or a smaller dose of the oxyde twice daily; which at the end of three or four days has generally effected a secretion of bile, removed the unnatural appearance of the fæces, and been speedily followed by a re-establishment of health.

In simple cases of this disease I know that the employment of Purgatives alone will succeed; but in most of the cases requiring my assistance there has been such an extreme torpidity of the chylopöietic viscera, as to render the use of mercurials necessary. In these instances nothing, with which our art can furnish us, could have saved the patients from destruction, had not the most vigorous measures and firm conduct been pursued.

As soon as I have visited a patient ill with this Fever, I direct a dose of Hydrargyri submurias to be given, containing from one to five grains, according to the age and constitution of the patient, the severity of the attack, or the state of the bowels. Two or three hours having elapsed, a draught com-

posed of Sulphate of Magnesia, Tincture of Jalap, and Infusion of Senna, is administered, and repeated every two hours, until a copious evacuation takes place from the bowels; which I always carefully inspect. After this the same dose of the submuriate is repeated every second night and the draught the following morning, so as to produce several evacuations; until it be ascertained that the digestive organs have regained their natural energy. This effect will sometimes happen in a few days, at others several weeks will elapse before any favourable change will occur. If the constipation be very great, the aperient draught should be repeated every morning, or a dose or two of sulphate of Magnesia, or of any other neutral, aperient salt; so as to occasion one or two evacuations daily from the bowels. When the fæces have become healthy, they are found to be of moderate consistence, having some impressions of the larger intestines upon them; to be of a yellow colour resembling powder of Rhubarb; and free from mucus and all other matter that is unnatural to them. As long as they seem to have undergone no change in



their passage through the Cæcum, Colon, and Rectum, which is known by their fluidity and heterogeneous consistence, I direct the mercury to be given in a *large* dose in conjunction with or followed by a purgative in the manner above described ; but after the bowels have resumed their functions, and the only alteration in their contents is found to consist of a præternatural appearance as to colour, I order the former medicine to be repeated once in twelve hours or oftener, according to the urgency of the case, in small doses ; by which means at the end of a few days or a week a secretion of bile takes place, and the disease is entirely removed.

From the above account of my method of prescribing mercury for the cure of Remittent Fever it is obvious, that the practice recommended, and the manner in which the operation of the medicine is explained, differ materially from those of others ; whose sole view in the administration of it is that of stimulating the bowels to the performance of their peristaltic motion, for the purpose of expelling their stagnant contents. If any one, possessing a knowledge of physiology, will be at the

trouble of investigating the early progress of the disease, he will be satisfied that a defective secretion in the chylopöietic system is generally the cause of all the subsequent symptoms ; and from much experience I am convinced, that unless that diseased state of the internal parts be removed, Purgatives may be repeated till the patients will die of Tympanites, before any salutary changes can happen. And an inattention to, or ignorance of this fact has probably rendered the miserable sufferers an easy prey to the latter complaint, in the practice of others.

Of the treatment of particular symptoms I have at present taken no notice, wishing to direct the attention of the practitioner to the grand object in the cure of the disease. In some instances great pain in the bowels is complained of, for the relief of which Opium has been recommended ;\* but being apprehensive that it's tendency to diminish secretion and to promote absorption, may retard the salutary actions, which it is desirable to encourage, I have been averse to the employment of it, and have never found it needful ;

\* Pemberton.

since relief has always been obtained by a proper discharge from the bowels. In adult subjects, affected with hepatic disorders, I have frequently noticed that Opium has for a considerable time suspended the secretion of bile.\*

When the Fever is considerable, particularly when the accessions observe some degree of regularity, Bark and Sulphuric or Nitric acid are very serviceable; and when the debility is extreme, or petechiæ or the general symptoms of Synochus appear, should on no account be omitted.

The patient should be kept as quiet as possible, and the light should be much excluded from his apartment, in order that he might have an opportunity of dosing or sleeping, which is the most desirable state he can be in, until his bowels have been relieved. While he is in this situation however a most unpleas-

\* Mr. Fergusson (Medico-Chirurgical Transactions, Vol. 2.) has remarked that in bilious diseases Opium has been found injurious; but he attributes this to the astringent effects, which it exerts upon the intestines. My opinion however is that it has also an evident tendency to suppress for a time the secretion of bile, and that it should therefore in all cases of defective action in the Liver, if possible be avoided.

ant suspicion and alarm are apt to arise in the minds of his relatives and friends, ignorant of the nature of this complaint ; which it will be the duty of the practitioner to dispel by explaining in as intelligible a manner as he can the real nature of the imposing appearances ; by enforcing with firmness the exhibition of the remedies ; and by assuring them that recovery will take place, if the disease be skilfully treated, and no other complaint arise. By our exertions to rouse the attention of our patients we increase the fever and debility. The sleepy state that occurs is a wise provision of nature for the purpose of giving the general system an opportunity of recovering in some measure from the effects of it's morbid commotion. It is only the extreme torpor, pervading the brain and nerves in the progress of the complaint, that saves the patient ; for if that state were not to prevail, it would be difficult for him to live so long as sometimes happens, if a rapid expenditure of the powers of the frame were to go on, while the means of supply are withheld. The appetite is in general so completely annihilated, that it would be improper and cruel

to distress the patient with much importunity to take food. It should be considered that until the bowels have been relieved, and the fever be on the decline, no digestion or chylification can go forward; and consequently that all food must become the source of uneasiness, and by undergoing the putrefactive fermentation that obtains in this disease, must be the means of increasing the general irritation. It has been before observed that patients will continue five or six weeks in succession without taking any food; and that the only liquid they would drink was cold water. From great experience I am convinced that this is the most proper liquor that can be given. I generally direct a little toasted bread to be immersed in it; but that is immaterial. The antiseptic property of carbonic acid renders water impregnated with it advantageous in the complaint; or common soda-water may be used, or spruce-beer, if either of them be preferred. In all fevers connected with derangement in the bowels, carbonic acid proves both grateful and serviceable; imparting to the patient an agreeable sense of coolness, while it has an evident tendency to allay febrile action.

After an amendment has appeared in the nature of the evacuations, and the practitioner has just reason to believe that digestion is returning, it will be proper to encourage the patient to take beef-tea, or broth, or animal or vegetable jellies, and afterwards more solid food; but if under these circumstances he cannot be prevailed on, or is unable to swallow food, it should be conveyed into the intestines in form of an enema. There is some care requisite in performing this domestic operation: namely that of using gentle and gradual efforts, until from the quantity injected we may be led to suppose that it has extended at least as far as the valve of the colon. In many instances it may be propelled into the ileum and jejunum; and I have known it carried in this manner through the duodenum into the stomach. As soon as the apparatus has been withdrawn, a cloth moistened with warm water should be applied for ten or fifteen minutes, to increase the power of the sphincter ani and to relieve the irritation in the rectum; without which caution the whole would be liable to be returned. In this way broth, beef-tea, or milk may be con-

veyed into the intestines, where a considerable absorption will follow, and the emaciation of the body be suspended, until the appetite may return and digestion be regularly performed.

At this time a little wine may be given with propriety, and the patient should be carried about in the open air several times daily, till he may have acquired strength sufficient to enable him to support his own weight, and to run about, when he may be suffered to amuse himself in his customary way.

While recovery is slowly proceeding, and the child is still unable to sustain any other than a recumbent posture, which has produced sores on the back or hips; it commonly happens that the attendants apprehend daily or hourly that death will take place from this extreme debility. Their fears are groundless: for no one, while under this disease or recovering from it, will ever die from *debility alone*. The skin will be wrinkled and scaly, the fat all absorbed, the muscles soft, useless and wasted to mere strings, and the powers of speech and deglutition suspended; and yet recovery will follow, if the directions are faith-

fully executed and no other disease supervene. We should consider that this state is similar to what follows the first effects of concussion of the brain, that is after the inflammatory symptoms have subsided: it is a state of nervous debility, requiring the use of tonics and stimulants; and hence Guaiacum in such doses as not to affect the bowels too much, Capsicum, Sulphuric Æther properly diluted, and Bark, will be found serviceable. In this state Wine will be requisite, particularly during the torpor accompanying the cold stage of the Fever. This stage of the evening paroxysm is sometimes so violent as to occasion rigors and syncope alternately; the pulse will not be perceptible at the wrist, and respiration will be imperfectly performed. The best practice on these occasions is to remove the cold stage as soon as we can by wine and a small dose of Sulphuric Æther internally, and by the external application of warmth; for the violence and duration of the succeeding hot stage will be materially regulated by the continuance of the other. During the hot stage, when excessive, the face, hands, arms and breast may be safely and ad-



vantageously bathed with cold water. Great care however is required to ascertain the exact condition of the skin at the time. It should be hot and dry; if cold or bedewed with the perspiration which sometimes follows, particularly when the symptoms of Synochus are evident, there will be danger of pleuritic or other inflammatory affections arising from obstructed perspiration, which in this state would be almost certainly fatal. The application, when judiciously advised, is grateful and refreshing to the feelings of the patient, tends to diminish the hot stage, to remove the general irritation, and to promote sleep.

When the head is much affected this disease is often disposed to terminate in Hydrocephalus internus; the manner of distinguishing which has been minutely stated. While the symptoms are only such as denote Remittent Fever, there will be no necessity to deviate from the directions laid down for its treatment; but when acute pain in the head, intolerance of light, tossing of the head from side to side upon the pillow, present themselves to our notice, and the patient carries the hands during every pain to the sides of the head;

we may suspect that the incipient stage of Hydrocephalus internus has commenced. In this case five or six Leeches should be applied to each temple, or the temporal artery should be opened, and from two to six ounces of blood withdrawn, at least once in twelve hours, till the symptoms abate; when a large blister may be applied over the head in the direction of the longitudinal sinus with great advantage. While we are thus prompt in our exertions to counteract the progress of real or apprehended inflammation in the membranes of the brain, we should pay a minute attention to the state of the bowels; and if we are certain that deficient or unhealthy secretion is still existing, particularly in the Liver, we must immediately direct a scruple of Unguentum Hydragyri to be applied to the absorbent vessels on the arms, by means of friction, once in six or eight hours, until an amendment in the alvine evacuations, or a swelling of the gums commence. In those cases, where the disorder in the bowels has been removed, if the patient be cutting any of the primary teeth, which may be ascertained by inspection into the mouth and by the previous uneasiness

complained of, or expressed in any other way; we may suspect that the inflammation in the brain has been translated by some morbid association from the membranes investing the teeth, and lining the alveolar processes. The frictions and internal exhibition of mercury become in these instances as proper and necessary as in the other, and should therefore never be omitted; as I conceive that their salutary operation depends upon the inflammation excited in the alveolar membranes, which removes that in the brain.\*

\* In addition to what has already been said respecting the sympathy of the general system with local irritation during infancy, it may not be uninteresting to remark, that from this source is produced a very troublesome and unsightly Eruption on the face, head, arms and legs of some children. This disease corresponds with Dr. Willan's description of *Strophulus confertus*, and in every case that I have witnessed, it has originated from the process of Dentition. Many people attribute it to vaccine inoculation; but I can prove, by living instances, that an equal proportion of children, who have had this Eruption, had not previously undergone any inoculation, as of those who had been inoculated.

After having applied a great variety of external remedies and exhibited many medicines with different intentions, these Eruptions have sometimes continued in spite of our endeavours; and when the irritation from the formation of the deciduous teeth has ceased to exist, or to influence the capillary vessels on the skin, the disease has spontaneously disappeared. When this

The symptoms denoting effusion in the brain have been described in the Diagnosis; but we are not to be intimidated by the appearance of these, because mere debility in the nervous system will put on very imposing phænomena. As long as there is any pros-

natural cure has happened, the parents have attributed the event to the operation of the particular remedies, which they were by chance employing at the time.

The disease I believe never continues after the evolution of the primary teeth; but as this process in some children occupies a considerable time, it becomes requisite to attempt some rational means of cure. I have thought that the diseased action in the skin may be suspended or removed by raising another action in the capsules which secrete the growing teeth, or in the membranes lining the alveolar processes of those already formed. With this view I gave half a grain of Hydrargyri submuriatis twice daily to an infant six months old, who had this Eruption. After it had been continued for ten days in succession, the gums became a little swollen, and the disease disappeared. The practice having in this instance been successful, I intend, when I have leisure and opportunity, to make further trials of it; and in the mean time recommend it to the attention of other medical men. With respect to the length of time requisite to ascertain it's full effects, the best guide would be the disappearance of the Eruption, or some perceptible change in the gums or in the quantity of salivary secretion. From the experience I have had with it in other complaints, I should be under no apprehension of inconvenience arising from it's exhibition to infants in the manner directed, if properly attended to, for two or three weeks.

pect of advantage to be derived from attention to the state of the digestive organs, or from the employment of any external means, it is our duty to persevere; for I am convinced that many children are lost through the ignorant apprehensions and despair of the attendants, and the irresolution of the medical practitioner. By unremitting attention and perseverance, and with the risk of my reputation, I have rescued many infants, who by others had been pronounced past recovery, and by the natural and unrestricted progress of the disease must certainly have perished.

The manner in which I have represented mercury to operate in removing Hydrocephalus internus may appear singular or improbable to those who are in the habit of ascribing it's cure to the power of absorption, which it may be supposed to have promoted. I entertain much doubt whether an effusion in the brain can possibly be removed so rapidly, *if it ever be removed* by this process, as sometimes *appears* to have happened; because we have not yet any satisfactory evidence of the existence of absorbent vessels in this organ. And further, it is not improbable that the ef-

fects of compression on the brain are removed by the property the latter possesses of gradually and spontaneously accommodating itself to accidental inconveniences of this nature. I think this subject deserving of farther investigation.\*

The cough attending this Fever is always sympathetic, unless Peripneumony be co-existent. It is occasioned by irritation in the bronchiæ and air-cells of the Lungs, and as no inflammation is ever present from this cause alone, it requires no particular remedy, and subsides with the other symptoms.

\* Paralysis of particular nerves arising immediately from the brain, as of the Trigemini, Optic, or Auditory nerves, is frequently supposed to proceed from the pressure of some extraneous substance within that organ; while the true cause may be of a different nature, and exist in a remote part of the body.

A gentleman, subject to bilious attacks, was seized with a fit of Epilepsy. This was succeeded by Amaurosis or paralysis of the Optic nerve, producing loss of sight, which remained three days, and was occasioned by disordered action in the Liver. I have seen several cases of Amaurosis in adults, which have existed for the space of an hour or two, and I was satisfied arose from disorder in the stomach and bowels. When this has happened to children in the course of my practice there has been considerable evidence to prove that no effusion could have been present in the brain; for the sight has been suddenly restored after the digestive organs have been relieved by suitable medicines.

Sometimes the only evidence of this disease observed in very young children is a Diarrhœa attended with severe pain and emaciation. This may be distinguished from the diarrhœa accompanying dentition by the pain and emaciation ; and from inflammation in the bowels or peritoneum, with which it is often confounded, by the body and lower extremities of the child being kept in an extended position. The reason that this position is preferred by the patient appears to be the relief it occasions to the intestines, which, particularly the colon, being torpid are distended with air resulting from the chemical decomposition that is proceeding within them. During inflammation, on the contrary the belly and lower extremities are bent inwards, till the knees approach the navel, whereby the inflamed parts suffer the least possible distention. The most effectual remedy for this symptom is Hydrargyri oxymurias, given in a dose of one fortieth of a grain or more, according to the age of the patient, twice daily. The speedy amendment and final cure, resulting from this mode of treatment, are additional proofs of it's beneficial and peculiar property

in removing complaints of the nature, which I have so often explained.

For the relief of this diarrhœa the late Dr. Butter employed extract of Hemlock; but there has neither appeared to be any indication for the use of vegetable narcotics, as I have observed before respecting Opium; nor have they been had recourse to by me in the treatment of this disease for several years. This was however a favourite medicine with the Doctor; and probably others have followed his practice from the belief or apprehension of disease existing in the lungs, which it might be supposed likely to relieve; while the true means of effecting a cure have been neglected and the patient has been lost.

At the commencement of the Fever vomiting is apparently the most urgent symptom. As this always disappears after the bowels have been well evacuated, I do not consider it to be deserving of any particular regard; and emetics being unnecessary are therefore improper. A single dose of Hydrargyri submuriæ will in most instances remove it; and Magnesiæ Sulphas, which in a state of health might occasion vomiting in children, will in



this state frequently have an opposite tendency.

The voice will be sometimes imperfect or completely lost for several successive weeks ; but no particular remedy will be requisite, for it will return as perfectly as ever, after the bodily strength has been replenished. The return is however very gradual, and serious apprehensions are often unnecessarily entertained respecting the ultimate power of articulation.

When the circulating system has been enfeebled by a long continuance of the disease, serum will be deposited within the cellular substance about the extremities and in the face. The indications of cure are first to increase the action of the lymphatic absorbents and afterwards to impart general vigour to the frame ; which are effectually performed by Digitalis and Subcarbonate of Potass followed by some mild preparation of Iron and nourishing diet.

The sebaceous glands on the skin will often inflame, suppurate and leave ulcerations, particularly about the face, hands, and feet. These evince the deranged state of the abdominal

viscera so frequently alluded to, and never require any other than the most simple applications to defend them from the air and the busy lacerations of the patient.

Those who have recovered from this Fever are found to enjoy better health than before the attack, and in general to experience more obesity; which curious facts may be explained in the following way. It frequently happens for a considerable time before the Fever becomes apparent, that those viscera, which prepare and convey the chyle to the heart for the purpose of nourishing the body, are in a state of disorder, which is so obscure as not to be suspected by an inexperienced person. The body is emaciated more or less, and the strength and activity of the system may be observed to be stationary or declining. This state is too often absurdly supposed to be owing to the weakness or imperfection of the original stamina; and the children are said to be weakly, of delicate habit, and the like: terms, in this instance, as uncharitable as they are unscientific. When this condition of the system is pronounced by high authority, and the parents can afford it, the poor victims are

sent to the sea-side; where without regard to temperature they are plunged into the cool wave, or exposed by their loitering and inexperienced attendants to the chilling impulse of a cold and perhaps a moist atmosphere; and at length from the slow, but certain effects of obstructed perspiration they terminate a wretched existence with Vomica, Empyema or Peritonitis. Some pass through all these dangers, till the Remittent Fever becomes obvious, when a judicious treatment is at last entered upon, and the real nature of the disease discovered. After health has been restored, it will not be surprising that the children are more vigorous and active than before, because at this time the digestive process will go on as perfectly as if no complaint had previously existed. The quantity of chyle now absorbed is greater than is required for the various purposes of life; whence part of it is daily converting into fat, and accumulating in the cellular membrane.

This effect almost invariably follows a continued use of mercury in small doses, and is produced in the manner already described, whether given for the cure of Remittent Fever or of any other Disease.

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A young gentleman who was tall and so thin as to excite alarm with his friends, was directed to take one grain of Hydrargyri submuriatis, every second night, for a month. At the end of this time it was discontinued, and he has been rapidly increasing in obesity ever since, and becoming healthy and vigorous.

## SECTION VII.

## CASES OF REMITTENT FEVER.

The following cases are adduced for the purpose of exhibiting, more minutely, the symptoms of this Fever and the manner of treating it. Facts like these frequently produce strong conviction, while the best arguments may be of no avail. They are only a few of the instances of this disease which have occurred in my practice, and perhaps not the most deserving of notice. It was not always in my power to spare time for the purpose of registering important cases, and therefore many have unavoidably been omitted. I have not inserted any facts from memory alone; and those cases that are brought forward have come under my own immediate inspection, and devolved to my immediate management and responsibility.

The precise situation of the internal disease

occasioning this Fever, it was before hinted, may be in great measure ascertained by the appearance of the alvine discharges; and with the view of facilitating this distinction, and of displaying it's utility in practice, I have arranged the cases under two heads: 1 those proceeding principally from disordered action in the Liver; and 2, those from disordered action in the Stomach and Intestines. In the former more of nervous, and in the latter more of vascular derangement will be found to prevail. I give small doses of a Mercurial preparation frequently repeated in the former; and in the latter large ones at longer intervals in conjunction with a purgative.

1. *Remittent Fever proceeding principally from disordered Action in the Liver.*

CASE I.

July 6, 1807. J. B. aged nine years, is attacked every evening with Fever accompanied with Cough, which continue with occasional remissions until morning. Alvine evacuations black and disposed to effervesce. During the paroxysm the head, belly, and

hands are intensely hot. Lassitude and extreme dulness.

Recipe Hydrargyri submuriatis grana tria.

Capiat tertia quaque nocte hora somni.

Recipe Extracti Conii grana decem,

Tincturæ Scillæ drachmam dimidiam,

Syrupi Althææ drachmas tres,

Liquoris Ammoniaë Acetatis unciam  
dimidiam,

Misturæ Camphoræ uncias tres, misce.

Sumat unciam dimidiam ter quoti-  
die.

July 14. Cough subsided, but the Fever more intense.

The return of the febrile paroxysm observing a regular, diurnal period, and the heat and irritation commencing in the belly, and afterwards spreading upwards towards the rest of the body, I suspected that the cause of the complaint consisted of disorder in the bowels; and at the earnest solicitation of the patient's friends Vermifuge medicines were directed.

July 23. No Worms having been seen, nor any benefit derived from the above remedies, I considered it proper to try the effect of strong purging.

Recipe Hydrargyri submuriatis grana quinque. Pulveris jalapæ radice grana quindecim.

Misce et fiant Pulvis alternis auroris sumendus.

July 31. No benefit having resulted from the above medicines, and extreme emaciation and debility having commenced; I conceived that the proximate cause consisted of a defective or unhealthy secretion of Bile, which was confirmed by the appearance of the fæces.

Recipe Hydrargyri oxydi cinerei granum, Confectionis Rosæ Gallicæ grana tria, Misce et fiant Pilula alternis noctibus sumenda.

Aug. 7. Stools now nearly in their natural state; Fever greatly subsided, and the appetite improved.

Repetatur Pilula alternis noctibus.

Aug. 12. At this time all complaints, excepting debility being removed, the Pill was discontinued, and the child soon afterwards perfectly recovered his usual health and vigour.

This case is related as it stands in my common place-book, for the purpose of exhibiting



the utility of giving small doses of Hydrargyri Oxydum cinereum in those cases of Fever, that are owing to a disordered state of the Liver; and the inutility or delay of trusting only to the purging plan. At the same time it will appear that the Conium exerted no influence on this Fever, and as the cough for which it was principally given, fluctuates very much, often subsiding spontaneously, while the other symptoms increase, there is reason to believe that it exerts no beneficial effect on the complaint.

The mercury effected a cure in this instance by it's specific power of improving the diseased action of the Liver, where it had been conveyed by means of the absorbent vessels, without increasing evidently the peristaltic motion of the intestines. It was the first case of Remittent Fever in which I had distinctly witnessed the good effects resulting from this plan of treatment; and I was led to the adoption of it from having repeatedly observed the beneficial influence of it over other diseases arising from a similar cause.

## CASE II.

Sep. 20, 1808. I was requested to see Master Eardley, who resides at a considerable distance from this place. He was seized rather suddenly with coma and frequent twitchings and agitations of the muscles. He appeared at times sensible, but was unable to speak in consequence of a paralysis of the muscles of the larynx. The muscles of the pharynx and of the extremities were in the same state. During these intervals his eyes had a disagreeable appearance, assuming a foolish, smiling kind of stare: the pupils were dilated and the muscles on the face distorted with convulsive twitchings. Pulse a hundred.

All I could learn respecting the state of the bowels was that they were constipated; but suspecting derangement in the Liver, I ordered one grain of *Hydrargyri Submurias* to be forced into his Stomach twice daily for four days, after which time his disease began to subside.

The evacuations at first were of proper consistence, but had nothing resembling bile in them; and as soon as a salutary change

happened from the absorption of the mercury, the symptoms began to yield. The medicine was continued, and the subsequent recovery, which occurred in about three weeks, kept pace with the progressive amendment in the appearance and quality of the intestinal discharges.

His appetite first returned, next the use of the muscles of deglutition, then of the muscles of the extremities; and last of all he recovered the power of exercising those of the larynx and tongue, and was able to articulate.

At this time the mercury was omitted; which, although it had been taken twice a day for three weeks, did not produce any apparent effect upon the salivary glands.

Before I was called in, the patient had been attended by another person. He had treated the complaint in a manner different to that which I pursued, and no benefit being derived, nor hopes of recovery given to his friends, it became requisite to procure more efficacious assistance.

#### CASE III.

July 6, 1807. Eliz. Brown, aged ten years, had complained of weakness and loss

of appetite for a considerable time. At length Remittent Fever supervened, attended with delirium, and an inability to articulate with correctness. Pulse a hundred and twenty. Fæces well formed but of a clay-colour.

She had been attended by a medical gentleman, who considered her fever to be idiopathic and unconnected with disorder in the Liver, which was accordingly overlooked. The symptoms becoming more alarming under his treatment, I was requested to visit the patient, when an alteration was immediately commenced.

I directed one grain of *Hydrargyri oxydum cinereum* to be given every morning and evening, and at the end of five days had the satisfaction of finding that my patient had recovered her faculties, and become free from fever.

## CASE IV.

June 11, 1811. Mr. S—'s child at W., six months old, was attacked with slight fever, which in one hour was succeeded by coma and convulsions. The bowels were constipated, and the pulse a hundred and sixty.

Three grains of *Hydrargyri Submurias* and

various *cathartics* were administered in the course of the day, and an *enema* and a *warm bath* employed.

No evacuation from the intestines happening in less than thirty-six hours, the mercury had an opportunity of being absorbed. The first discharge was unhealthy, having no appearance of bile; but those that followed in the course of the next day were tinged with a copious secretion of that fluid, and accompanied with a recovery of the patient.

#### CASE V.

July 5, 1811. Mary Dallow, aged nine years, had been unwell for a considerable time; but no particular attention was paid to her complaints, until she was attacked with loss of speech, distortion of the muscles on the face, and fever. Pulse a hundred and two. I observed also great langour, emaciation, and a very unpleasant dulness in the countenance, like that of an idiot. The parents could not inform me respecting the state of her bowels.

One grain of *Hydrargyri submuriatis* was directed to be given her twice daily for four

days; when all the symptoms disappeared: the countenance assumed it's former cheerful aspect, the eyes were lively, the voice returned and the fever subsided.

The first fæces I examined were of a clay-colour; those which were voided after three or four days were healthy and contained an abundance of bile. The medicine was continued a few days longer, when the cure was complete.

## CASE VI.

July 28, 1811. Master C. of London, aged two years, was seized during the decline of Measles with Remittent Fever. The most severe exacerbation was in the evening. The alvine evacuations were irregular, thin, of a dark, green colour, and contained much mucus and small portions of a substance resembling coagulable lymph. He had short, dry cough, extreme restlessness, was irritable in his temper, had considerable pain in the bowels, and was frequently picking his lips. Pulse a hundred and fifty.

As this Fever had commenced rather suddenly, at a time when the Measles were declin-

ing and recovery had been going on, a degree of importance was attached to it, which induced his parents to place him under my care. I had not attended him during the Measles, but learnt that previously to that time he had enjoyed perfect health.

Sumat statim Hydrargyri submuriatis  
grana duo.

Recipe Potassæ Nitratis,

Calcis Carbonatis friabilis, singulorum  
scrupulos duos,

Pulveris Scillæ granum unum cum  
semisse,

Sacchari puri drachmam dimidiam.

Misce et fiant Pulveres octo, quorum  
capiat unum quarta quaque horâ.

July 29. One evacuation from the bowels of the same nature as at first. Fever and other symptoms stationary.

Repetatur Hydrargyri submurias.

Continuetur Pulveres.

July 30. Cough nearly subsided, respiration free, but sometimes rapid, febrile paroxysms more frequent, and debility very great.

I considered him now in a proper state to take  
Bark and mineral acid.

Recipe Tincturæ Cinchonæ,  
Syrupi, Singulorum minima viginti,  
Acidi Nitrici diluti minima quinque,  
Decocti Cinchonæ fluid-unciam.

Misce et fiant Haustus ter quotidie  
sumendus.

Bibat aquam egelidam ad libitum.

July 31. Symptoms as before. Bowels  
costive.

Recipe Hydrargyri submuriatis grana duo cum  
semisse,

Pulveris Jalapæ radice grana octo.

Misce et fiant Pulvis quam primum  
adhibendus.

Continuetur Haustus.

Aug. 1. Fever more considerable, and the  
debility and emaciation extreme. The Pow-  
der brought away a large quantity of offensive  
fæces.

Repetantur Haustus et Pulvis.

Recipe Sennæ foliorum drachmam unam  
cum semisse.

Coque cum aquæ unciis duabus, donec



consumetur aqua ad unciam ; dein  
cola, et Decocto huic adde

Syrupi Sennæ,

Magnesiae Sulphatis, singulorum drach-  
mas duas.

Bibat drachmas duas secunda quaque  
horâ, donec alvus copiose sit soluta.

Aug. 2. A very free discharge from the  
bowels followed from the purgatives, and the  
symptoms of irritation, the Pain and Fever  
were somewhat abated.

Repetantur Pulvis et Mistura purgans.  
Continuetur Haustus e Cinchonâ et  
cæteris.

Aug. 3. Evacuations copious, offensive,  
and of dark colour, and still without any uni-  
formity in their consistence.

Continuetur Haustus.

Aug. 4. Fever and restlessness increased ;  
bowels not moved since yesterday morning.

Repetantur Pulvis et Mistura pur-  
gans.

Aug. 5. Plentiful evacuations of a disor-  
dered nature ; Fever nearly constant and other  
symptoms as before.

Continuetur Haustus.

Aug. 6. Symptoms as before.

Repetantur Mistura purgans and Pulvis.

Continuetur Haustus.

Aug. 7. Evacuations still highly disordered; other symptoms as before.

Continuetur Haustus.

Aug. 8. Repetantur Pulvis, Mistura purgans et Haustus.

Aug. 9. Continuetur Haustus.

Aug. 10. Repetantur Mistura purgans, Pulvis et Haustus.

Aug. 11. Alvine discharges still dark, but have some uniformity in their consistence; fever and pain in the bowels abated; temper still irritable. Pulse a hundred and fifty.

Repetatur Pulvis.

Aug. 12. Evacuations still improved in consistence; other symptoms as yesterday.

Continuetur Haustus.

Aug. 13. Alvine evacuations now of a natural consistence, very offensive and still of

a very dark colour with a mixture of gray.

Aug. 14. Appearance of fæces as yesterday ; fever not much abated ; tongue, lips and teeth covered with a dark substance adhering to them ; debility and emaciation so great as to alarm his friends, who entertain no hopes of his recovery.

The bowels having now been well emptied of their stagnant and putrid contents, and relieved from the irritation and pain in consequence, the principal object remaining to be effected for the purpose of obtaining a cure, which I still confidently pronounced would follow, was to direct our efforts more particularly towards the Liver, which being still torpid rendered the alvine discharges unhealthy in appearance, and kept up the disordered, vascular action.

Recipe Hydrargyri Submuriatis grana tria,  
Sacchari puri scrupulum.

Misce et divide in Pulveres sex. Ca-  
piat unum ter quotidie.

Aug. 18. Fæces perfectly healthy in every respect, in consequence of which the fever has subsided, the appetite returned, the tongue be-

come clean, the temper tranquil, and all other symptoms excepting debility disappeared. During the whole illness until this day he was unable to take any food, and lived entirely upon his medicines and water, and the absorption of superfluous fat. The Powders were continued a few days longer, and the patient at length recovered.

As there was in the beginning an evident affection of the respiratory organs, which is usually met with in Measles and apt to increase, and even terminate in pleuritic inflammation, effusion and death, if timely assistance be not afforded; I did not venture to administer the bark until these symptoms were removed. The intentions therefore at first were to relieve the bowels, promote expectoration and lessen febrile action.

This case has been represented with a tedious minuteness, and the remedies detailed with an accuracy that was perhaps needless; but it will prove how much confidence and patience are required in conducting the cure, and attention in watching the changes that present themselves.

## CASE VII.

July 27, 1811. Miss Broadfield, aged two years, while recovering from Measles, was taken ill with pain in the abdomen, drowsiness, frequent starts, extreme fretfulness, strong fever towards night and highly disordered bowels. Fæces very tenacious, slimy, offensive and of a dark colour; Pulse a hundred and fifty; tongue furred.

The fever was very intense during the first few days, and variable in it's periods of accession; afterwards it assumed a more regular type, occurring generally in the evening. The pain in the abdomen was not very acute, and frequently returned. After the disease had continued some time longer, a most alarming degree of emaciation occurred, which was accompanied with Petechiæ about the belly, breast, neck, and extremities. There was a separation of the cuticle all over the body, which was of a dark, brown colour, and in some places approaching to black. The face and extremities became edematous, and the cellular substance appeared filling with serum nearly

all over the body. After these symptoms were removed a perfect recovery followed.

From the commencement of the illness (July 27) to August 13, the purgative plan was pursued; and the evacuations having then only the appearance produced by derangement in the Liver, and the intestines being restored to a better state, I ordered the patient to take of *Hydrargyri submurias*, half a grain, three times daily. In four days a secretion of healthy bile commenced, and all the symptoms disappeared, excepting the Petechiæ and edema. These were however afterwards removed by *Digitalis*, *Nitric acid* and *Bark*.

During the continuance of the fever, which was between three and four weeks, no food was taken, nor any liquid, excepting the medicines and cold water.

The sudden occurrence of these two cases after Measles tends to corroborate my assertion, that the Remittent Fever of Infants appears sometimes to be occasioned by a peculiar disposition in the Liver or some other part of the chylopöietic viscera to assume unhealthy action from previous disturbance in the general, vascular system.

## CASE VIII.

Jan. 20, 1812. Master Edwards, aged five years, had laboured under this disease in the concealed form of slight cough, emaciation and loss of appetite for more than three months; and was now seized with evident febrile exacerbations, and other symptoms of Remittent Fever. Pulse a hundred and forty.

He had been taking worm-medicines under the direction of another person to no purpose, wherefore I was requested to see him, his friends apprehending imminent danger.

Every second morning I directed him to take a purging dose of *Hydrargyri Submurias*, and three times every day a draught composed of *Nitric acid* and *Bark*. This plan having been continued for four weeks without any alleviation of the symptoms, and the fæces still proving by their appearance that the Liver was disordered; I recommended one grain of *Hydrargyri Submurias* to be administered twice a day, and in six days had the satisfaction of observing a secretion of healthy bile, which was soon followed by a restoration of the patient's health.

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CASE IX.

Mar. 14, 1810. Henry Brown, ten years of age, had slight indisposition during several weeks, accompanied with emaciation; for which he had been recommended to take various medicines by a medical practitioner without any benefit. On this day he was observed to have lost the use of the lower extremities, which circumstance alarming his parents, induced them to consult me. I found the boy exceedingly dull, yet sensible. He had paralysis of the muscles belonging to the tongue and larynx, as well as of various other voluntary muscles. The evacuations came away involuntarily. Pulse a hundred and twenty. The eyes were wide open, which generally happens when this Fever occurs with nervous debility, occasioning paralytic symptoms. They were rotated in their orbits after me, as I passed, in different directions; and the boy seemed to attend to every thing done by those who were present. He was considered by them all in a desperate state; but I foretold certain recovery, and was never better satisfied with the event of any case, than I was in this instance.



As I could not learn what was the state of the bowels, I first tried the *purgative plan*; but at the end of four days finding no advantage, and perceiving from the evacuations that there was more disorder in the Liver than intestines, I was apprehensive that a farther experiment with it might lead to a loss of all hopes with the attendants, and therefore gave up the prosecution of it. I then ordered him to take one grain of *Hydrargyri oxydum cinereum* three times a day, and in three days had the pleasure of discovering a good secretion of bile, and a recovery of the power of the muscles that had been paralytic, and of the senses that had been impaired.

## CASE X.

Oct. 14, 1811. Master Brown, aged eighteen months, had gradually lost the power of standing and of supporting the weight of his body. It was suspected by all those who had examined him, that he must have had some pressure on the spinal marrow; but as no curvature or other apparent distortion could be found, and much confusion and alarm had been created, which were increased by the child holding his

head towards the right side only, I was solicited to examine the patient and to give my opinion on his case.

I assured them that there was certainly no disease in the vertebræ of the back or loins, nor any mechanical compression on the spinal marrow inconsistent with health ; and that the disorder consisted of a paralysis of the nerves supplying the muscles of the lower extremities, in consequence of an unhealthy state of the Liver. This explanation of the complaint, though novel, appearing to all of them very rational, the patient was placed under my care, and I promised them a speedy cure.

The other symptoms were picking of the eye-lids, loss of appetite, thirst, dulness and inaptitude for enjoying amusements, softness, or laxity in the texture of the body, emaciation, furred tongue and Fever. Fæces dark coloured, but *well formed*. Pulse a hundred and twenty ; occasionally much more rapid.

One grain of *Hydrargyri oxydum cinereum* having been given twice daily during ten days, the paralysis was removed, and the child restored to health ; a secretion of healthy bile having taken place. The mercury did not once operate as a cathartic.

## CASE XI.

March 1812. John Burgess, aged nine years, had been subject for three months to a diarrhæa, a wasting of the body, weakness and fever. The diarrhæa was particularly troublesome in the night, both on account of his being unconscious of the occurrence, and from the degree of debility he experienced. He had that imbecility of mind, which is so remarkable in these cases. The secretions of the Intestines appeared to be healthy, and the appetite was not much suspended; but the Liver did not perform it's functions, as was evident from the evacuations.

The bile being, in my opinion, a necessary ingredient in the formation of healthy chyle, I suspect, when it is defective in quantity, and it's properties are altered, that the imperfectly formed chyle is not taken up by the lacteal absorbents, but propelled forward, constituting diarrhæa, and producing emaciation and debility. I therefore considered the most rational indication of cure in the present case would be to promote a secretion of bile; and for this purpose I advised one grain of *Hy-*

*drargyri Submurias* to be given twice daily. This medicine soon diminished the number of evacuations by accomplishing the object intended, and in the course of one week cured the patient.

Various means having been adopted ineffectually before he applied to me, I suppose his case had been considered proper for astringents.

## CASE XII.

Feb. 26, 1812. Mrs. B——'s Child, aged six months, had been afflicted with diarrhæa several weeks, with emaciation, loss of appetite and of strength, and with fever. The evacuations were white.

Another child belonging to the same family having died with this kind of complaint which, had been treated as Dysentery; I was requested to see the child, who was the subject of the present case, that something more effectual might be recommended, and his life, if possible, saved.

One grain of *Hydrargyri submurias* was ordered to be taken every morning, and a Mixture principally composed of *Cascarilla* as a Tonic,

three times in the course of the day. After six days had elapsed the bile was secreted in considerable quantity, the diarrhæa and other symptoms disappeared, and the child has remained well ever since that period.

2. *Remittent Fever proceeding principally from disordered Action in the Stomach and Intestines.*

The nature and treatment of this variety of the disease having been minutely explained both in the foregoing Treatise and in some of the cases already related; it might be considered unnecessary and tedious to introduce any particular instances of it here, excepting such as may be deemed worthy of notice from their connexion with, or resemblance to other complaints. Accordingly those which follow are only of this nature.

CASE XIII.

*Remittent Fever resembling Hydrocephalus internus.*

Sep. 14, 1810. Master Smith, aged two years, was attacked suddenly on this day with

convulsions, which terminated in sleep. When I arrived I found the pupils dilated, an appearance of distress in the countenance, the skin hot and dry, and the pulse a hundred and forty. The extremities were not moved in any direction, except by convulsive starts; and a general state of apparent insensibility prevailed. His attention might be slightly roused by violent agitations of his body. The respiration was frequent but *not interrupted*, and no food could be forced down without much difficulty. The bowels were costive, and he was in a state of emaciation; whence I suspected his disease to have originated in the intestines, and been insidiously approaching for a considerable time.

Sumat Hydrargyri submuriatis grana duo cum semisse statim, et horis sex elapsis repetatur eadem portio.

Capiat horis intermediis Haustum e Magnesiæ Sulphate et Infuso Sennæ preparatum.

Sep. 15. Some evacuations, which were offensive and much disordered. Stupor as yesterday with occasional convulsions. Urine and fæces involuntary. Pupils dilated.

Recipe Tincturæ Cascariillæ minima viginti,  
 Tincturæ Capsici minima duo,  
 Syrupi drachmam,  
 Aquæ drachmas duas,  
 Misce et fiant Haustus ter quotidie  
 sumendus.

Recipe Pulveris Jalapæ radicis grana sex,  
 Hydrargyri submuriatis grana duo.  
 Misce et fiant Pulvis illico sumendus.

Sep. 18. The affection of the brain and nerves remained until this morning. The alvine evacuations having now approached towards a healthy appearance, the patient began to notice his parents and the surrounding objects; the paralysis of the bladder and rectum were nearly removed; and the fever observed some regular remissions. He could not articulate. The powder and draught had been repeated every day.

Repetetur Pulvis secundis vel tertiis diebus, pro ratione effectus; et continuetur Haustus ter quotidie.

Sep. 26. On this day the bowels assumed their healthy action, and the patient began to utter a few words, and to enjoy the taste of food. In the course of ten days more he could

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speak distinctly, and began to support the weight of his body. After this time he gradually recovered his health and strength.

The Tinctura Capsici and Tinctura Cascarillæ were employed in this case as a stimulant and tonic to the frame, and appeared to be serviceable; but the principal dependance must in every case be placed upon a judicious use of the other remedies.

## CASE XIV.

*Remittent Fever which terminated in Hydrocephalus internus.*

Mar. 8, 1811. Miss M. M., while recovering from long protracted Hooping Cough, which had brought on extreme debility, was seized with Remittent Fever, accompanied with a slight affection of the lungs. The cough I thought had in this instance shewn itself earlier than generally happens, in consequence of the great susceptibility of the lungs from recent disease. After a few days this affection of the lungs subsided; but the fever continued. During the paroxysms the patient was sleepy,



and was less irritable and peevish than usual in the intervals.

The symptoms now remained stationary until Mar. 22, when the pupil of one of the eyes was found more dilated than that of the other. She tossed her hands up towards the head, screaming slightly at intervals; and after a while the muscles on the face became paralytic on the same side with the eye that was insensible; which occasioned the corresponding muscles on the other side to draw upwards the corner of the mouth. From this time the sensation of pain left the patient, or was not observable to the attendants; the respiration was *irregular*, being suspended after every third expiration. At length the arm and leg on the same side became paralytic, and on Mar. 24, the third day from the attack of Hydrocephalus, death took place.

The cause of the paralytic affection, I supposed to be an effusion in the brain, in consequence probably of the extreme debility occasioned by the Hooping Cough. Previously to the attack of Remittent Fever there was a peculiar heaviness or dulness about the eyes; which, as I have before observed, has general-

ly in my practice appeared to have pre-existed in those who have afterwards become the victims of Hydrocephalus internus.

The alvine discharges through the whole of the disease were much disordered.

The treatment of this case was such as the symptoms demanded. A particular regard was paid to the diseased state of the bowels; and when the head became affected, that was also minutely attended to, both with respect to medical and other management. As the case is principally brought forward to exhibit the difference of the symptoms in Hydrocephalus and Remittent Fever, it would be needless to recount the minutiae of the treatment.

#### CASE XV.

##### *Remittent Fever with Hydrocephalus internus.*

Aug. 19, 1811. Eliz. Barker, aged three years, was attacked with Remittent Fever, attended with extreme drowsiness. On the 26th of this month an acute pain in the head, expressed by violent screaming at intervals, and by tossing of the hands towards the head commenced. The sleepiness had now subsided,

and the patient was continually rolling the head from side to side; the pupils were dilated; and the respiration was slightly *intermitting*. Pulse a hundred and forty; tongue furred. On the 28th these symptoms began to subside; and about the 20th of September, the Remittent Fever was also removed.

In the commencement *purgatives* were administered; and as soon as the symptoms of Hydrocephalus internus were perceived to be approaching, the *temporal artery* was opened on one side of the head, and *leeches* were applied in abundance to the other. After the evacuation of blood had been thus copiously effected, *mercurial frictions* were employed once in twelve hours, and a large *blister* was laid upon the head. The internal remedies consisted of half a grain of *Hydrargyri submuriatis* once in four hours, and occasional *purgatives*. As soon as a slight tenderness was observable in the gums, and the inflammatory symptoms had begun to recede, the mercury was discontinued. By an early recourse to these active measures, the disease in the brain was arrested in its progress, and the patient's life saved. As the symptoms afterwards only

denoted Remittent Fever, they were treated accordingly.

This patient from the beginning of the illness was unable to speak distinctly, and the voice was imperfect for many weeks, after health had been restored in other respects.

CASE XVI.

*Remittent Fever succeeding Scarlatina, accompanied with symptoms resembling Hydrocephalus internus.*

May 31, 1811. J. Littleford, four years of age, was taken ill yesterday with Scarlet Fever, which had pervaded the whole family, consisting of a woman and three children.

June 2. Respiration considerably affected; Fever high; Pulse a hundred and forty. There was no cough observable. The patient being drowsy and the respiration only accelerated during the paroxysms, which at this time began to have the appearance of Remittent Fever; I considered the lungs to be free from disease.

June 3. The eruption being now on the decline, the symptoms of Remittent Fever be-

came evident. The tongue was covered with a dark fur, the fæces were disordered in the manner peculiar to this complaint, the skin was hot and dry, and the patient so insensible and sleepy, that his friends suspected his head to be the only seat of disease. His attention might be roused by strong impressions, but he had much difficulty in speaking.

Sumat Hydrargyri Submuriatis grana quatuor, et postea Infusi Sennæ unciam secunda quaque horâ, donec alvus copiose sit soluta.

June 4. Fever as before. Evacuations plentiful, but much disordered. Comatose symptoms increased, and the power of speaking entirely suspended. An indistinct kind of muttering at times. Pupils dilated and insensible, and the hands are constantly being carried up to the face, for the purpose of picking the nose, lips, or eyes. Respiration perfectly *regular*, and now less hurried.

Recipe Hydrargyri submuriatis grana quinque,  
Radicis Jalapæ pulveris grana quindecim,

Misce. Capiat statim.

Imponatur Vesicatorium Nuchæ.

Sumat Haustum e Cinchona et Acido Nitrico compositum quarta quaque horâ.

June 5. Symptoms as yesterday, excepting that the patient is more tranquil. The Powder operated well. The evacuations indicate great disorder in the smaller intestines. Pulse a hundred and fifty.

Repetantur Pulvis et Mistura.

June 6. Bowels freely evacuated; affection of the head in some degree relieved; the eyes still in great measure insensible, and kept constantly closed; and the cheeks flushed. The pain which had apparently been in the head had now abated.

Considering the patient better I did not repeat the cathartic to-day.

Continuetur Mistura.

June 7. Fever still considerable, and the other symptoms as yesterday. No evacuation from the bowels.

Repetantur Mistura et Pulvis.

June 8. The Powder having produced a plentiful discharge of disordered fæces, the patient is in consequence greatly relieved. The eyes begin to appear more healthy, and he

has taken notice of his attendants at short intervals.

Continuetur Mistura.

June 9, State of the patient same as yesterday.

Repetatur Pulvis et continuetur Mistura.

June 10. He has now recovered his senses, but is unable to articulate.

From this time recovery went forward daily, and the appetite returned, which had been so entirely suspended, that nothing, except a little water and the medicines, were taken. It was with considerable difficulty that even these were swallowed, on account of the paralysis that existed in the muscles concerned in the act of deglutition. The appearance of the alvine evacuations continued to improve, and the cathartic being occasionally repeated, he became perfectly well at the end of a few weeks.

#### CASE XVII.

*Remittent Fever succeeding Scarlatina.*

This disease appeared to have been *communicated* to the patient by the subject of the

foregoing case. They cohabited in the same house. The symptoms were such as generally happen, and were unaccompanied with any particular affection of the head. The treatment was similar to what has been before recommended, and he recovered in ten days.

## CASE XVIII.

*Remittent Fever succeeding Measles.*

April 14, 1811. T. Head, aged three years, after an attack of Measles was seized with Remittent Fever, in which both the liver and intestines were disordered.

Three grains of *Hydrargyri submurias* were administered every second day, and a Mixture composed of *Bark* and *Nitric acid* three times daily; and in about four weeks the disorder was eradicated. No stronger purgative than the above was requisite.

There had been no symptom of derangement previously to the appearance of Measles, and therefore I attributed the subsequent Fever to the change in the abdominal viscera above mentioned, which had been induced by the exanthematous fever.



This case is very interesting on another account: it proves in some degree that an eruptive fever is capable of suspending the constitutional progress of *Cow-Pox*. This child was inoculated by me on April 1, and on April 8 the appearance on the arm was the same as is usually observable. On this day I inoculated two children from the patient, and they both received the *local*, vaccine infection. On the 9th of April the subject of the present case became feverish, and a cough with discharge of serum from the nose and eyes were evident. On the 10th the eruption of Measles commenced. From the 8th to the 13th of April, that is during the eruption of Measles, the *vaccine disease was suspended*; but on the latter day the vesicles on the arm began to increase in size, and on the following day the areola was coming on; and the arm afterwards exhibited the usual appearance.

As we have not yet discovered any correct criterion denoting the *constitutional* affection of Cow-Pock, perhaps this case may throw some light upon the subject. I should consider the presence of the areola, which is a secondary inflammation surrounding the original or local

one, as a proof of the constitution being influenced by the disease; and this hypothesis corresponds both with it's progress in the present instance, and with that law of the animal œconomy, which, as the late Mr. John Hunter, observed, will not admit of two general actions in the system at the same time. For as soon as the vascular derangement, excited by the eruption of Measles, was evident, the constitutional affection of Cow-Pox was suspended; and when the former subsided, the latter became manifest, and went through it's usual progress.

## CASE XIX.

*Remittent Fever mistaken for Pulmonary Consumption.*

Oct. 5, 1810. Master Baker, seven years of age, had been under the care of a medical person during several months, who considering his complaint to be pulmonary Consumption, had pronounced him to be past recovery. His parents, anxious, if possible, to preserve his life, applied to me, requesting that I would give them my opinion on the case, and undertake

the management of it. I assured them that the disease was Remittent Fever, and not Consumption of the Lungs, as they had been erroneously informed; and that if my directions were steadily pursued the patient would recover his health. Encouraged by these declarations they cheerfully engaged to execute my wishes, and the cure commenced.

The paroxysms of fever came on for the most part only once daily, at irregular periods, and terminated in profuse perspiration. This together with the cough and frequent respiration, which occurred at the same time, misled the medical practitioner; who believed that these symptoms arose from tubercles in the lungs in a state of suppuration. There was no expectoration of pus or other fluid. Tongue furred on the sides; alvine evacuations highly disordered, being of a dark, green colour, thin and interspersed with small, hard masses, resembling coagulable lymph, and containing much mucus. He picked the skin on the face, was constantly restless, and had little sleep. He was emaciated to an extreme degree, had lost all appetite, and was so much reduced in strength, that his friends sat up night and day expecting him to die every hour.

Recipe Hydrargyri submuriatis grana quatuor,  
 Pulveris Jalapæ grana duodecem,  
 Sacchari puri grana decem.

Misce et fiant Pulvis secundis vel ter-  
 tiis diebus pro ratione effectûs su-  
 mendus.

Recipe Decocti Cinchonæ fluidrachmas sex,  
 Acidi Sulphurici diluti minima quin-  
 que,

Syrupi drachmam.  
 Misce, fiant Haustus ter quotidie su-  
 mendus.

It will be observed that I paid no attention to the cough, considering it to be only symptomatic, or depending upon the irritation in the intestines; and by following the above plan of treatment until the 30th of Oct. I had the satisfaction of finding my patient perfectly well.

CASE XX.

*Remittent Fever mistaken for Pulmonary Consumption.*

October 15, 1810. Master E., aged eight years, had laboured under cough and fever

with disordered bowels during the last six weeks. The accessions of fever occurred two or three times daily, but the one which happened towards night was the most intense. During these febrile exacerbations the pulse was accelerated to a hundred and sixty, the respiration excessively frequent, the patient drowsy, frequently starting, and when awake unusually irascible.

The medical gentleman who had attended him all this time had disregarded the state of the bowels, and looking only at the frequent respiration, the cough and the fever, concluded that the disease was pulmonary Consumption. Accordingly, when the patient should have been kept quiet, he had been teased and tortured with blisters and other applications to parts, in which no disorder existed, requiring their use; and after diligently taking needless and improper medicines, was at length consigned to linger out his existence in the country with the forlorn hope of possible recovery from *change of air*. While in this situation his complaints increased so rapidly, that it was considered necessary to conduct him home; and the medical gentleman still persisting that

his disease was Consumption of the Lungs, and that no relief could be administered to him; I was requested to visit him in order that I might investigate his complaint more minutely, and endeavour to rescue him from his impending fate.

Finding the respiration during the febrile exacerbations only *accelerated* and not performed with pain or difficulty; that the patient was sleepy instead of looking with earnest solicitude, when he was supposed to be in greatest danger; that the cough was short and without expectoration, and that the bowels were amazingly disordered; I had no hesitation in declaring that he had Remittent Fever, and that he might recover if proper attention were bestowed upon him, and his medicines given with regularity and diligence.

In this instance, as in the last, Case 19, I paid no attention to the cough, nor the frequency of respiration. Well knowing that when the other complaints were removed, these would spontaneously vanish; I began the cure by administering the following remedies.

Recipe Pulveris Jalapæ grana quindecim,  
Hydrargyri submuriatis grana quinque,

Sacchari puri scrupulum dimidium.

Misce et fiant Pulvis alternis vel tertius diebus sumendus.

Recipe Pulveris Cinchonæ grana octo,

———— Guaiaci,

———— Acaciæ gummi, singulorum

grana tria,

Acidi Sulphurici diluti minima quinque,

Decocti Cinchonæ fluidunciam,

Sacchari puri drachmam.

Misce et fiant Haustus bis vel ter die sumendus.

In the course of fourteen days the disorder in the intestines was manifestly improved, and in a short time afterwards entirely subsided; but the liver remained torpid, and the fever and cough were not relieved in a degree corresponding with the alteration in other respects. The following change in the medicines therefore became requisite.

Omittantur medicamenta antea prescripta.

Recipe Hydrargyri Oxydi cinerei granum,

Sacchari puri grana quinque.

Misce et fiant Pulvis bis quotidie sumendus.

By adhering to this plan I had the pleasure of perceiving my patient progressively improve in health; and on November 26, he became free from disease.

In the course of this long illness he had experienced excessive emaciation, and the skin on various parts of the body had from constant decumbiture been abraded. Perhaps this frightful wasting of the body might have been an additional reason for inducing the medical gentlemen to form incorrect opinions respecting the nature of the disease in the two last cases. The term Consumption has I fear been too often applied to complaints very different in their nature; and hence within my own sphere of observation much mischief has ensued. The impropriety of considering every wasting of the body to be produced by pulmonary consumption is evident to any one, who will reflect a short time; for it must be clear that many curable diseases are attended with this symptom, which it would be very uncharitable to neglect as though they were hopeless, or to suffer to proceed without ap-



plying the assistance which art is capable of affording. I have known a medical practitioner mistake enlargement of the glands in the mesentery for pulmonary consumption, because it was accompanied with hectic fever, emaciation and debility; and, although no cough was present, he had absurdly administered the Tincture of *Foxglove*. I was called in too late to be of any service to the young man, who died in a few days after I had seen him. When we consider the numerous errors that have thus been committed, it would appear that some people think that it is impossible for a wasting of the body to occur, without some affection of the organs of respiration; or that the circumstance must happen exclusively for want of a free circulation through the lungs. But although an imperfect oxygenation of the blood, which would be the consequence of obstruction in the pulmonary circulation, will produce emaciation; any one, conversant with the phænomena of disorder in the chylopöietic system, must be aware that the same effect will result and even more rapidly in some instances, from an imperfect or suspended chylification.

PART II.



CASES AND OBSERVATIONS,

DESIGNED TO ILLUSTRATE

THE INFLUENCE EXERTED BY

A CERTAIN DISORDERED STATE

OF THE

CHYLOPÖIETIC VISCERA

Upon Local and Constitutional Diseases ;

AND TO PROVE THE

UTILITY AND NECESSITY OF REMOVING IT,

In Order to Facilitate and Establish

THEIR CURE.

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180

CASES AND OBSERVATIONS.

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INTRODUCTORY REMARKS.

The objects which I have in view in enlarging the present work by a more extended investigation of the advantages to be derived from an attention to, and removal of a disordered state of the Digestive Organs, in all complaints where it is present; is the desire of promoting the practice, and of contributing my efforts towards explaining a source of disease, which until lately has been neglected or overlooked. It was my intention to have published the following Cases and Observations with considerable additions at some future time, when I might have more leisure than at present; but as the consideration of this subject is so intimately connected with that of the preceding, I have thought it more proper to introduce them here. They are copied from my notes, and will, therefore, be found

in their rude state, and without the adventitious ornaments of rhetoric. Facts are always acceptable to those, who are in the pursuit of knowledge; and it is ever satisfactory to observe them accompanying ingenious speculations. "A single grain of practical knowledge is worth whole volumes of theory." But while I strongly insist upon a strict adherence to facts, I certainly do not intend to say that they alone will enable us to be extensively serviceable in the practice of medicine or of surgery. Unless we were to exercise our mental powers; to combine our scattered observations; to separate truth from error by reason and reflection; and to condense into one focus our talents and genius, so as to form a probable theory; it would be impossible to practice with satisfaction to ourselves, or with advantage to our patients; and we should soon see our noble art degenerating into empiricism. The Cases alluded to constitute only a small portion of those which have fallen within my observation since the commencement of my residence in this place. Many equally important have come to my knowledge both during my attendance at Saint Bartholomew's Hos-

pital, and the period just mentioned; but, as I had not time to register them with sufficient accuracy, they are omitted. I trust however, that abundant evidence will be found in those that are related to corroborate the opinions that have been advanced on this interesting subject.

There sometimes exists, during the continuance both of local and of constitutional diseases, such a derangement in the *action* of the Liver and of the other chylopoietic viscera, as will be found to influence materially those diseases. The attention of the medical world has been drawn to this subject by the accurate and penetrating Observations of Mr. Abernethy.\* Previously to his publishing these "Observations," I had frequent opportunities of witnessing their accuracy, by what I heard in his conversation and his lectures, being afterwards exemplified in the course of his practice; and I have since had daily occasion to testify the truth of his re-

\* "Surgical Observations, Part 2d, &c. By J. Abernethy, F. R. S. London, 1806, Longman and Co." and "Surgical Observations on the Constitutional Origin and Treatment of Local Diseases, &c." By the same Author, 1809, Longman and Co."

marks, and the correctness of his theory.

These facts and observations having been made public, I should imagine that a great proportion of the profession must have had frequent occasions in their own practice, of witnessing complaints, though distant, and apparently unconnected with, yet that were influenced considerably by a *disordered state of the Digestive Organs*. In all injuries of the head, in all important operations, and in most febrile complaints, such a derangement is evident; and it has long been a frequent practice of administering purgatives for the removal of these symptoms, without any correct knowledge of the causes, which produced them. Whether this complaint may have pre-existed, or been the consequence of some other preceding affection, it will be equally proper that it be removed, as an important and necessary step towards a cure. The symptoms denoting the presence of this disordered action in the chylopoietic system, having been minutely described by Mr. Abernethy in the publications referred to, it will be needless for me to enter into that part of the subject.

The mode of curing it is by giving aperients

and vegetable tonics, with small doses of oxide or submuriate of Mercury.

It may be proper to repeat that the disease I allude to consists of an unhealthy *action* in the vessels of the Liver and of the other Digestive Organs; and not of an alteration in their *organization*. When the structure of these parts has been considerably changed by disease, it is not always in our power to restore them to their former state; but that kind of disordered action, on the explanation of which I have before so much dwelt, is I believe always to be removed by the plan of treatment laid down. The symptoms are so distinct and evident, that I have never been deceived in detecting them; nor have I ever been disappointed by the means of cure. I have not on any occasion found it needful to continue the mercury for a great length of time; nor to produce ptyalism, excepting where delay would have been dangerous. In cases of enlarged liver it is worthy of remark that in my practice there has often existed a peculiar difficulty in producing any effect upon the salivary glands. The same has occurred in people who have been accustomed to handle much



iron, copper and brass. Are these metals absorbed, like Lead or Arsenic, into the system; and do they in consequence of this produce a chemical, but insensible action on, and thus prevent the absorption or activity of the mercury; or do they combine with it's oxygene, and render it inert? The subject is perhaps deserving of farther enquiry.

It is not a little surprising that for some time past a kind of disregard of the morbid state of the stomach and bowels, and a disbelief or ignorance of this being capable of extending it's influence to other diseases, has existed among medical men. The custom of giving aperient medicines in commencing the cure of nearly every disorder, was uniformly followed by most of the ancients; and in more modern times it would be no difficult task to prove that an observance of this has rendered some practitioners more eminently successful than their contemporaries, who adopted an opposite plan. This is particularly conspicuous in the management of lying in women: the surgeon who pays a proper attention to the state of the bowels will almost invariably succeed in restoring his patients to health;

while the one, who from ignorance or negligence omits this necessary part of his duty, will have the mortification of experiencing much trouble and disappointment, and his patients from peritoneal or uterine inflammation will frequently perish. On these occasions nothing more is effected by aperients than that of preserving unimpaired the process of digestion and chylification, or of removing any existing impediments to this healthy state. Whatever is qualified for the production of this effect must in practice be very desirable. The intestinal canal having been in this manner unloaded of its insalubrious contents, re-assumes its natural, peristaltic action, and secretes its healthy fluids. That aperients are capable of producing these wholesome changes cannot be doubted; and by these alone we shall find that many diseases apparently dangerous will be speedily removed. The practice of exhibiting them for the cure of various acute and chronic diseases has been lately pursued to great extent and with amazing success;\* in some of which it was formerly

\* "Observations on the Utility and Administration of Purgative Medicines, &c. By James Hamilton, M.D. Edinburgh, Simpson, 1806."

forbidden from absurd apprehensions about syncope, revulsion, debility and effusion. There is nothing that can invalidate these objections more fully than this fact: that the practice has been found by experience to succeed beyond all expectation.

The custom of giving Purgatives after febrile complaints has been long established; but it has only of late been discovered in what manner their salutary effects are produced.† During the continuance of these complaints this class of medicines has been much neglected, and the opportunity of saving the patient been often lost, or the means protracted, until he has struggled through his danger; and then employed in conformity to custom and without any rational intention.

When the chylopöietic viscera are impaired, the absorbent system will in some constitutions assume so irritable a state, as to be ready from the slightest causes to become inflamed; to occasion frightful abscesses, swellings, mortification and death. The follow-

† For further explanation the Reader is referred to the Treatise on Remittent Fever, particularly Section 4, Part 1, of this Publication.

ing melancholy instance is brought forward, as having probably arisen from this source.

A man, somewhat plethoric and addicted to drink much fermented liquor, was suddenly seized with excruciating pain at the extremity of the thumb; and in a short time after this a secretion of serum tinged with blood appeared on the part. The whole thumb soon became swollen, and in a day or two the absorbent vessels were inflamed up to the shoulder. The pain and inflammation continued, and in about four days vesications similar to the one on the thumb appeared on the hand and wrist; and vomiting and fever with a pulse about a hundred commenced. On the ninth day vesications of considerable magnitude had spread to the shoulder, and the hand and part of the wrist had become cold; and mortification followed. Then commenced hiccough and delirium, and on nearly every part of the body an erysipelatous inflammation in large patches. On the fifteenth day the patient died. The pulse until the day before his death did not exceed a hundred and eight. The various medicines, applications and other remedies employed, being such as the different stages of

the complaint required, it would be superfluous to detail. In a disease so unusually active and violent as this, it was not probable that art could afford much assistance. There was great reason to believe that the original or remote cause was a disordered state of the vascular system, and of the absorbents in particular; constituting what is called a bad habit of body. I strongly suspect that in these cases there is a material, though not discernible alteration in the quality of the circulating blood. If we admit that an unhealthy condition of those viscera, which prepare and convey the chyle to the right cavities of the heart, is capable of rendering that fluid unfit for the purposes of health; it is not unreasonable to conclude that the blood, which is materially composed of the chyle, should be also disordered. From this source the blood is in great measure repaired, after it's vital properties have been reduced by the performance of it's business in the course of circulation. During the process of respiration certain chemical operations and elementary changes are produced in these fluids, with which we are but imperfectly acquainted. We know

that the chyle in common with the dark, venous blood is propelled into the right auricle and ventricle of the heart, and thence through the lungs; when changes of the utmost necessity to life take place: when certain gaseous bodies are absorbed, and others disengaged. I greatly suspected that an organic disease existed within the abdomen, and was anxious to ascertain the fact; but the state of the body and it's removal twice before it was interred rendered such a measure impracticable.

## CASE I.

1807. Mrs. Jones, aged thirty five years and mother of three children, was attacked with Ophthalmy. This disease having subsided the capsule of the lens in the right eye became affected with inflammation and deep-seated pain. Soon afterwards pain and indistinct vision were discovered in the other eye.

During the period from the commencement of the disease to this time, which was about twelve months, she had been under the care of a medical person in this town and a physi-

cian in the neighbourhood; and therefore I am unable to give a minute account of its early progress. Having derived no benefit from their advice, she consulted me.

Finding a complete Cataract in the right eye, I told her that there was not any relief to be expected for it, except by removing the lens from the axis of vision, either by extraction or depression; which I proposed to do, if she should ever become blind with the other. The lens in the left eye was very cloudy, and the sight consequently imperfect, excepting in a strong light. The iris was irritable, though somewhat dilated. In this eye also there were considerable variations in the powers of vision; in consequence of which she was sometimes enabled to find her way in the house correctly, and at other times she was perfectly blind. As the opacity manifested itself in this eye by irregular paroxysms, I suspected that it might be occasioned by a constitutional disorder; and on enquiry found that for some time past she had experienced a derangement in the Digestive Organs. This might also have probably been the cause of the sudden transition of the inflammation

from the tuncia conjunctiva to the capsule of the crystalline lens in the right eye.

Two grains of *Hydrargyri oxydum cinereum* were directed to be taken every second night, and in the day a tonic and aperient medicine.

This plan having been pursued one month, the left eye lost its cloudiness, and vision was perfectly restored. The right lens remained in the same state. Its capsule had been so much indurated by continued inflammation, that relief by internal means could not reasonably be expected. The appetite, strength and natural vivacity returned, and she enjoyed more health and comfort than she had done for several years.

#### CASE II.

Jan. 13, 1808. E. Rogers, a female child, six months old, was this morning attacked with Convulsions preceded by long expirations, loud screaming, and dark colour in the face and extremities. The process of dentition had not commenced. Fæces green.

*Opium* was given in large doses, by which



the convulsive actions were quieted; and the bowels were kept open by *Sulphate of Magnesia*. During two weeks the attacks returned twice daily at irregular intervals, and were not relieved by *antacids* and various *antispasmodics*.

Being anxious to examine the disease more closely, I found that the paroxysms always came on during sleep, commencing with violent screams. The child seemed now to be afraid or unable to effect inspiration, and a considerable time elapsed before this action took place. To these symptoms coma and convulsions supervened; and at length a sudden recovery followed.

The dark colour on the surface of the body was owing to an imperfect oxygenation of the blood, in consequence of an interrupted circulation through the lungs. That the foramen ovale or ductus arteriosus had remained pervious was improbable; because the difficult respiration would have happened earlier in life. A derangement of the bowels being present from the beginning of the disease, I supposed this might be the cause of the attacks, by communicating a spasmodic action to the expira-

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tory muscles or to the air-cells of the lungs ; or that the heart might be spasmodically affected from the same cause. During that suspension of volition, which occurs in sleep all internal irritations are capable of operating more extensively, than when we are awake : hence the paroxysms of Asthma generally happen in the night, particularly where there exists a disordered association between the *Stomach* and the lungs. The same disposition in the system to sympathize with local irritation or disorder is more peculiar to infancy than any other period of life ; as has been observed in the fifth section of the *Treatise on Remittent Fever*. The opinion that the complaint was of a spasmodic nature was in some degree corroborated by the sudden approach and recession of the attacks. The coma was probably produced partly by the compression of the distended veins and sinuses in the brain, and partly by the circulation of unoxygenated blood.

I directed that one grain of *Hydrargyri Submurias* might be given the child every other night. At the end of a fortnight the Stomach and Bowels were restored to healthy

action, and the disordered respiration entirely subsided.

## CASE III.

April 9, 1808. R. Bill, ætat. 60, had during several years been afflicted with a violent pain in the Stomach, which generally terminated in the vomiting of an exceedingly acid fluid. Pulse natural. At the beginning of his illness he was under the care of several medical people, and was afterwards sent to an Infirmary in the neighbourhood. During this time various *antispasmodics* and strong *antacids* had been given without any benefit, and the patient was suffering the greatest misery. He was now recommended to consult me at the Dispensary in this town, before I had, in consequence of the pressure of my other professional engagements, relinquished my attendance to that institution.

As he represented the pain to be periodical, and it did not appear that the *Arseniate of Potass* had been given him; I ordered him to take it during a proper length of time. No advantage having arisen from this it was neces-

sary that some other plan should be adopted. The tongue was furred, the bowels unusually costive, the fæces nearly black, and the epigastrium exceedingly tender, particularly while the pain continued.

Four grains of *Hydrargyri Oxydum cinereum* were by my desire given him every night for a week, and afterwards two grains; and a tonic and purgative medicine in the day. The larger dose of the former appeared to be requisite, with a view to assist more effectually in promoting a regular, peristaltic motion in the Bowels; as well as to occasion a secretion of healthy bile.

After three weeks had elapsed he was discharged perfectly cured. The complaint has twice returned, and been speedily removed by the same means.

#### CASE IV.

Mr. S. of London, aged thirty years, had fever and cough. He consulted a physician, who relieved these symptoms; but he afterwards laboured under Angina Pectoris, which was most troublesome in the night, after the

first sleep. For this complaint he could obtain no relief, and therefore came to Bridg-north. After I had received from him a correct description of the symptoms, which he considered to be of the greatest importance; I found that he had overlooked others, which though apparently trifling, had continued through the whole course of the disease, and perhaps preceded it. The latter symptoms consisted of a furred tongue, loss of appetite, tenderness in the epigastrium, irregularity of the bowels, and an unhealthy appearance in the intestinal evacuations.

Having observed the connexion, which existed, in the second Case, between the Digestive Organs and the viscera of the thorax; I had reason to conclude that a similar connexion was present in this case.

He took at my request two grains of *Hydrargyri Oxydum cinereum* every second night, and twice during the day *Rhubarb* and *Gentian*. In about ten days the Stomach and Bowels were put into a healthy condition, and the Angina Pectoris was removed; but he had now eruptions resembling syphitic ones, excepting that they were elevated above the

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adjacent skin, on the trunk and extremities. I directed him to continue the medicines, and at the end of another week the eruptions disappeared, and he returned to London perfectly well.

## CASE V.

January 1, 1809. Miss J., aged twenty-five years, complained of Remittent Fever with occasional Palpitation in the Heart and Hypochondriasis. The fever was soon removed, but the other symptoms remained. They returned nearly every night as she was beginning to sleep; and were accompanied with a sense of suffocation, difficult respiration, and a constant apprehension of approaching death. This paroxysm usually lasted about one or two hours, and prevented her from obtaining sleep, even with the assistance of *Opium* and *Hyoscyamus*; which were given both separately and in combination. The bowels were torpid, the fæces dark-coloured, the tongue furred and the epigastrium tender.

A great variety of remedies was tried both externally and internally with no advantage.

At length she was requested to take twelve grains of *Hydrargyri Oxydum cinereum* every second night, and a *Cathartic* on the succeeding morning. By this plan in three weeks she was perfectly cured. The disease returned afterwards, and was again removed by the same medicines.

## CASE VI.

December 30, 1809. Miss H., fourteen years of age, had violent spasmodic pain in the Stomach and Bowels, which came on once in fifteen or twenty minutes during the day, and continued about one minute. When these parts were free from pain, the arms, wrists and sometimes the head were attacked in a similar manner. She was free from these fits of pain during the night. Bowels costive, fæces dark, appetite not much impaired, sleep sound and pulse natural.

There was an evident resemblance in these pains to those preceding Epilepsy; as there was a strong, partial contraction in the muscles affected, which I had an opportunity of witnessing during one of her attacks. It lasted one minute, and she instinctively placed her

hand with firmness over the arm to relieve the pain.

By my direction she took *Cuprum Ammoniatum*, in the day, and every second night, to promote a secretion of Bile, a small dose of *Hydrargyri oxydum cinereum*. By these means the accessions of pain were so much protracted, that they did not recur more frequently than once in an hour. At the end of three weeks this young lady could not be prevailed upon to continue her medicines, and she soon became as unwell as at first. In a short time after the recurrence of the disease, she consented to take any thing that was recommended. Perceiving that she was relieved in proportion as the chylopöetic viscera began to resume their natural functions; I discontinued the Copper and gave her *Hydrargyri Submurias* joined with *Extractum Colocynthis compositum*, once in three or four days, in a dose sufficient to operate strongly on the Bowels, which, as was before stated, were very torpid. In ten days she was much better, and in a short time afterwards the bowels became regular, the evacuations acquired their natural appearance, and the paroxysms of pain entirely left her.



## CASE VII.

I was requested to visit a woman of the name of Griffiths, seventy years of age, at a village in this neighbourhood. She informed me that she had been a long time under the care of a medical Gentleman, as a patient in the Dispensary in this place; and that many applications had been used, and medicines exhibited for her complaint without relief. Being thus disappointed with his remedies, she said that the medical Gentleman despaired of affording any assistance, and discharged her, declaring at the same time that she had an *incurable Cancer*. This statement was confirmed by the Minister who resided in the village, and attended with me to hear my opinion. The last remedies which she had received from the Dispensary were preparations of *Iron*, which have lately been recommended by Mr. Carmichael for the cure of Cancer.

Instead of Cancer I found this *formidable* and *obstinate* complaint to be nothing more than *Herpes exedens Faciei*. It consisted of an eruption occupying the whole of one side of the face, and extending under the chin. It had be-

gun, she told me, about twenty years ago on the cheek near the nose ; whence it had spread it's ravages to the degree above described. The thin, acrid matter secreted by the diseased surface produced extreme pain and smarting, and in some places, where evaporation was suffered to proceed, large scabs had accumulated. From a successive formation and destruction of skin, the parts affected were variegated with alternate portions of red granulations and white cicatrices; and on the extreme parts the large scabs were observable. The poor woman suffered almost constant pain, and when I saw her was perpetually occupied in wiping the discharge, being unable to attend to any other pursuit. The smarting was so intollerable, that she could not without the greatest misery suffer the air to come in contact with the disease during a few minutes, while I was examining it.

To the clergyman, who was waiting with anxious and benevolent concern to know my sentiments, I affirmed that the complaint was not Cancer, and that it had not the slightest resemblance to it. The medical Gentleman must have been mistaken by the variegated

aspect of the ulcerated surface; which he might have believed to be those striæ or bands which we find passing in various directions through the substance of a carcinomatous structure; and the event of the case will prove how necessary it is for medical Gentlemen to examine diseases accurately, and to acquire a defined and correct knowledge of their characteristic distinctions.

At the minister's request I explained the nature and cause of the complaint, which gave him much satisfaction, and excited his wonder that it should have been denominated an incurable Cancer. I told him that it consisted of an unhealthy action in the vessels on the skin in consequence of a disordered state of the Liver. The capillary arteries on the face had first been inflamed, and instead of secreting a mild, unctuous fluid to prevent evaporation and an escape of heat from it's surface; they produced a thin, acrid matter, possessing very different qualities. The disease once formed was afterwards kept up and extended partly by the continuance or frequent repetition of the original cause, and partly by the diffusion of the acrid matter; and having re-

mained for the space of twenty years, it was not to be wondered at that the skin should become ulcerated by constant inflammation. This patient exhibited every symptom of disordered action in the Liver; and in every case of the disease that I have seen, this has been found to be the cause of it's continuance.

The patient could scarcely believe me when I told her that the ulceration on her face was not cancerous, and that I could cure it in a short time; but was exceedingly desirous to commence the plan of treatment, which was to be so speedily beneficial.

I gave her two grains of *Hydrargyri Oxydum cinereum* every other night, and directed her to apply a *simple ointment* to the face; by which means in less than a month I found her free from internal derangement, and the face was completely cured.

The joy manifested by the poor woman on this happy occasion cannot be described, and the gratitude expressed for the cure of a disease which had existed twenty years, had rendered her old age almost insupportable, and resisted every means of cure, was more sincere than any that I ever witnessed.

That there exists an intimate connexion between the Liver and the skin on the face is evident by the appearance of the inflammatory tumours, which are so conspicuous on the faces of hard drinkers. The following case is a striking instance of this sympathy. A woman was met one day by an empirical doctor, who observed on her face a red, inflammatory eruption. He told her that he could cure her face with one bottle of his Lotion. The poor woman consented to use it, and in a few days the eruption was removed. As soon as that happened, she was attacked with inflammation in the Liver, which increased until an adhesion took place between this viscus, the diaphragm and a lobe of the lungs; and a large abscess formed, which having burst occasioned instant death, by forcing its contents into the air-cells of the lungs.

#### CASE VIII.

October 29, 1810. A young gentleman, aged twenty-one years, had been troubled with Epileptic Fits during the last two years. He had been under the medical care of two prac-

tioners before I saw him, and had not derived any material benefit. On this day, being worse than usual, and exceedingly apprehensive that a fit was approaching, he sent for me, in order that his disease might be minutely examined.

The returns of the fits were irregular, but in general they happened once in two or three weeks; and I learnt that they were preceded by soreness about the epigastrium, constipation of the bowels and sickness. Head-ache followed with slight paralysis and convulsions in the muscles of the left thigh and leg; then the muscles on the trunk were affected; and in a short time afterwards the epileptic paroxysm was complete. After continuing from twenty minutes to half an hour, it terminated in profound sleep.

The symptoms which always appeared before the commencement of an attack, led me to believe that the Digestive Organs were in an unhealthy condition, and particularly the Liver. About that period the fæces were black, the appetite impaired, the tongue furred in a morning, and digestion imperfect. The pulse beat about eighty, and intermitted. The func-

tions only of the Liver, and not it's structure, were disordered.

Various *tonics* and *antispasmodics* had, I believe, been given; and the patient had afterwards been *bled*, and put upon a plan of *depletion*.

Being in a state of miserable anxiety on account of the symptoms that were present, when I saw him, he begged that I would endeavour to obviate the return of a disorder, which he had just cause to dread. In compliance with this earnest request, I did not wait for the protracted assistance which the *Hydrargyri Oxydum cinereum* might have afforded him in small doses repeated after long interavals; but ordered him to take two grains of it once in eight hours, and to rub at the same time half a drachm of *Unguentum Hydrargyri* over the lymphatic vessels in the thigh. After forty-eight hours had expired, a slight ptyalism commenced, which occasioned a secretion of bile and removed every symptom of approaching Epilepsy. The accession of the fit was thus prevented, and by an occasional exhibition of the above medicine the patient has not suffered a single return from that to the present time.

The extreme violence of the complaint was in my opinion a sufficient justification for the excitement of so strong an effect from the medicine; and it would have been impossible by any other plan to have produced a speedy relief. It was continued in small doses for the space of two or three weeks afterwards, when the healthy functions of the chylopoietic viscera were re-established.

## CASE IX.

January 10, 1811. Mr. Kent, aged forty years, afforded another instance of relief by a plan of treatment similar to the preceding. He had an Epileptic Fit twenty years ago, and since that time has been subject to sciatica. On this day he suffered a second attack of epilepsy. He had lived intemperately during this interval of twenty years, and being plethoric was bled and a *purgative* was administered. A short time afterwards another fit occurred, when he was put upon a *tonic* plan; the *Cuprum Ammoniatum* in particular being given to great extent.

During the former part of his illness he was under the care of a physician in the neigh-



bourhood in conjunction with myself; but at length the treatment of the case devolved exclusively on me. Being then at perfect liberty to adopt what measure I might think most expedient, I directed two grains of *Hydrargyri Oxydum cinereum* to be taken every night; conceiving that it was not improbable his habits of life had induced a disordered action in the Liver. The symptoms too, which he had, strongly indicated such a complaint: for he had furred tongue, pain and tenderness in the epigastrium and dark-coloured fæces.

After continuing this plan for three or four weeks, he was under the necessity of removing to a distance, which rendered it impossible for me any longer to attend him. At that time no secretion of healthy bile had taken place, but the attacks of the epilepsy were considerably altered; and perhaps if he had fortunately persisted in the use of the medicine, he might ultimately have recovered. The convulsive action of the voluntary muscles was now more frequent, but not followed by a *suspension of the senses*, which had always happened before this medicine was employed. No other sensible effect resulted from its use, while he was

under my care; and since that time I have not heard any particular account of him.

It is very probable that a chronic inflammation in the liver was going on, which the pain and tenderness in the epigastrium in great measure denoted; and I think that it might have occasioned a defective secretion of bile, injured the natural action of the stomach, and impeded the digestive process. There was no perceptible enlargement of the liver.

## CASE X.

Another instance of Epilepsy, occasioned by an unhealthy state of the viscera concerned in digestion, has lately fallen within my notice. It had been removed several years ago by *Hydrargyri Submurias* joined with *aperients*; and the patient is now recovering under a similar treatment.

When the cause of this dreadful complaint consists of tubercles or other organic disease in the brain, relief is seldom to be obtained by any medical treatment; but I have great reason to believe that nearly every case of curable epilepsy is influenced very much by the Di-

gestive Organs; since the returns of the fits are generally irregular, and depend upon certain changes in the general health. Since I have paid minute attention to the state of these viscera in the treatment of diseases, I must confess that I have not met with any case of epilepsy, in which an affection of these parts has not existed. The success of my practice with respect to this disease having been very considerable, I think the subject worthy of more general notice.

## CASE XI.

I have now under my care a patient who has had for a long period two large tumours in the Mesentery. A large abscess had formed within the anterior mediastinum and in a part of the Liver, which, having burst, discharged its contents through the intestines.

In this case I have uniformly observed that the Digestive Organs have performed their office better, and that the hypochondriac symptoms, which generally accompany these complaints, have been relieved by an occasional secretion of healthy bile. This seldom happens, but when it does, the improvement is

remarkable. The disease in the affected viscera has occasioned a material alteration in their structure, as was before stated; and therefore it has not been in my power to afford much benefit by medicine.

## CASE XII.

August 1, 1811. Mr. D. about ten days ago received a violent contusion of the knee-joint in consequence of a fall. A medical person was sent for, who recommended applications to the part. Mr. D. being a gentleman of active habits was unable to bear the confinement that had been prescribed to him, without sustaining great inconvenience. His medical attendant was repeatedly desired to afford him some relief with respect to his general health; but being of opinion that an injury of the knee could not derange the constitution, these complaints and solicitations of the patient were disregarded, and he became worse every day. Being requested to give my opinion on the case, I went over to see him. I found him in a state of emaciation and debility, and labouring under a defective secretion of bile, with symptoms of indigestion and a most

wretched set of hypochondriacal symptoms. The general irritability consequent to these complaints had increased the pain in the knee-joint to a distressing degree of severity. So evident was the cause of this derangement, that the patient had almost a correct idea of it himself.

The torpid state of the bowels being corrected, I directed him to take the *Hydrargyri Oxydum cinereum* with *vegetable tonics*; and in a short time his health was restored and the knee effectually cured.

#### CASE XIII.

May 22, 1811. Master T. eight years of age, had a large, scrophulous ulcer, extending from the axilla to the origin of the larger pectoral muscle on the ribs. It had proceeded from an abscess in one of the axillary glands about eight months ago, and since that time had given much pain and inconvenience to the patient, and anxiety to his parents. He had been attended by several medical practitioners in the town in which he resided, and been tortured with openings and probings to a cruel

extent. The parents being greatly alarmed at the situation of their child sent him to Bridg-north. I found him labouring under Remit-tent Fever arising from disordered intestines, which had not been discovered until he came under my direction. The ulcer was very un-healthy in it's appearance, and discharged a thin, acrid matter. It's edges, and the adja-cent skin and cellular substance were thick, inflamed and indurated. To these parts suit-able applications were used; and the Remit-tent Fever was treated with a dose of *Hydrar-gyri Submurias* in conjunction with a *purgative*, which was repeated every second or third day. By pursuing this plan he was able to return home at the end of fourteen days, and in about five or six weeks his health was re-established and the ulcer completely healed.

## CASE XIV.

*Secondary Disorder in the Stomach and Bow-els, which occasioned a Suspension of the Pro-cess of Ossification.*

This interesting case happened in January, 1812; when R. Brazier's Child, aged two

years, having fractured his Thigh, and been confined to his bed during one week, became affected with Diarrhæa, pain in the Belly, Emaciation, loss of Appetite, Fever and extreme Restlessness and Irritability. The child having been in *perfect health before the accident*, these symptoms were evidently owing to a torpor in the chylifactive system; which the confinement and cessation from bodily exercise had induced. When this unhealthy state of the patient was first observed, I examined the Thigh, and found only a tender, gelatinous union in the fractured part. At the end of a month from the time of the accident, the derangement of his health having continued, until that time, I examined the fractured limb again; and found it exactly in the same state as before, admitting of motion in every direction.

This was a convincing proof that the ossifying process had been completely suspended during the continuance of the general derangement; and being satisfied in my own mind respecting the cause, I directed the patient to sit up daily; to take nourishing food, after the appetite had returned by the exhibition of

suitable medicines; and to preserve the limb at rest, confined in splints; by which means at the end of three weeks more the cure was complete.

The above fact will enable us to explain the cause of curvature in broken limbs, which is frequently observed in children, who have experienced the usual confinement prescribed on those occasions, and have at first on returning to their amusements, and resuming their bodily exercise, appeared to have been as straight and perfect in their extremities as before the accident. If they have laboured under any considerable derangement in the Digestive Organs during this confinement, the deposition of Phosphate of Lime, which is essentially necessary to consolidate the tender union, is suspended. This being overlooked, or not understood by the practitioner at the time of its occurrence, the action of the locomotive muscles, and the weight of the body soon afterwards both render the curvature conspicuous, and expose the incompleteness of the cure. Patients in this state are ignorantly supposed to be rickety or scrophulous.

The best practice to be pursued in these



unfortunate cases need not be particularized: it must occur to any intelligent practitioner, as soon as the real nature of the disease is manifest.

The structure of the teeth is influenced by the same kind of constitutional disorder, when it happens during the period of their formation; which is beautifully exhibited in the enamel, and readily detected by an accurate and experienced observer.

**THE END.**