

A treatise on the glandular disease of Barbadoes: proving it to be seated in the lymphatic system / by James Hendy.

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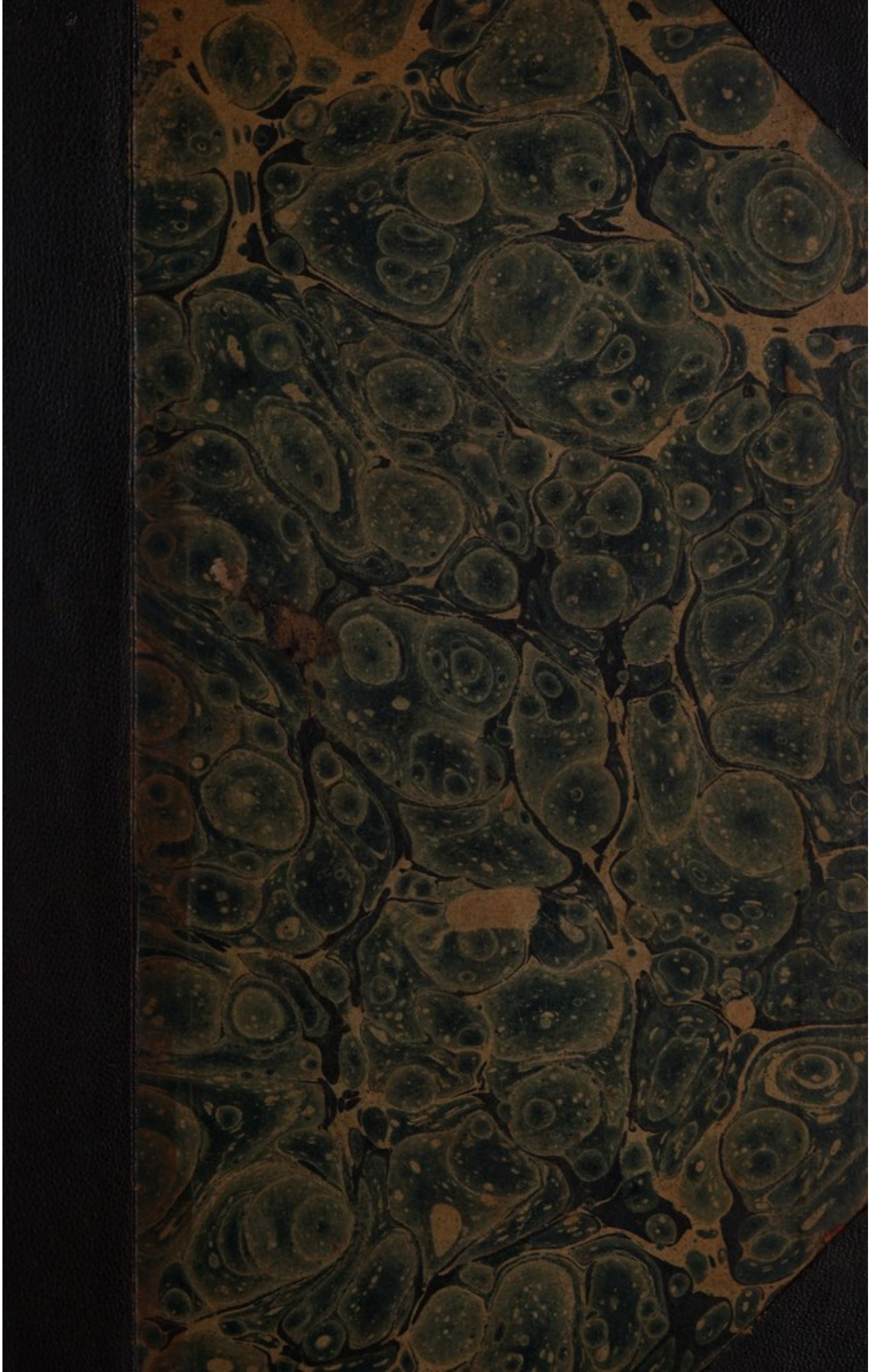
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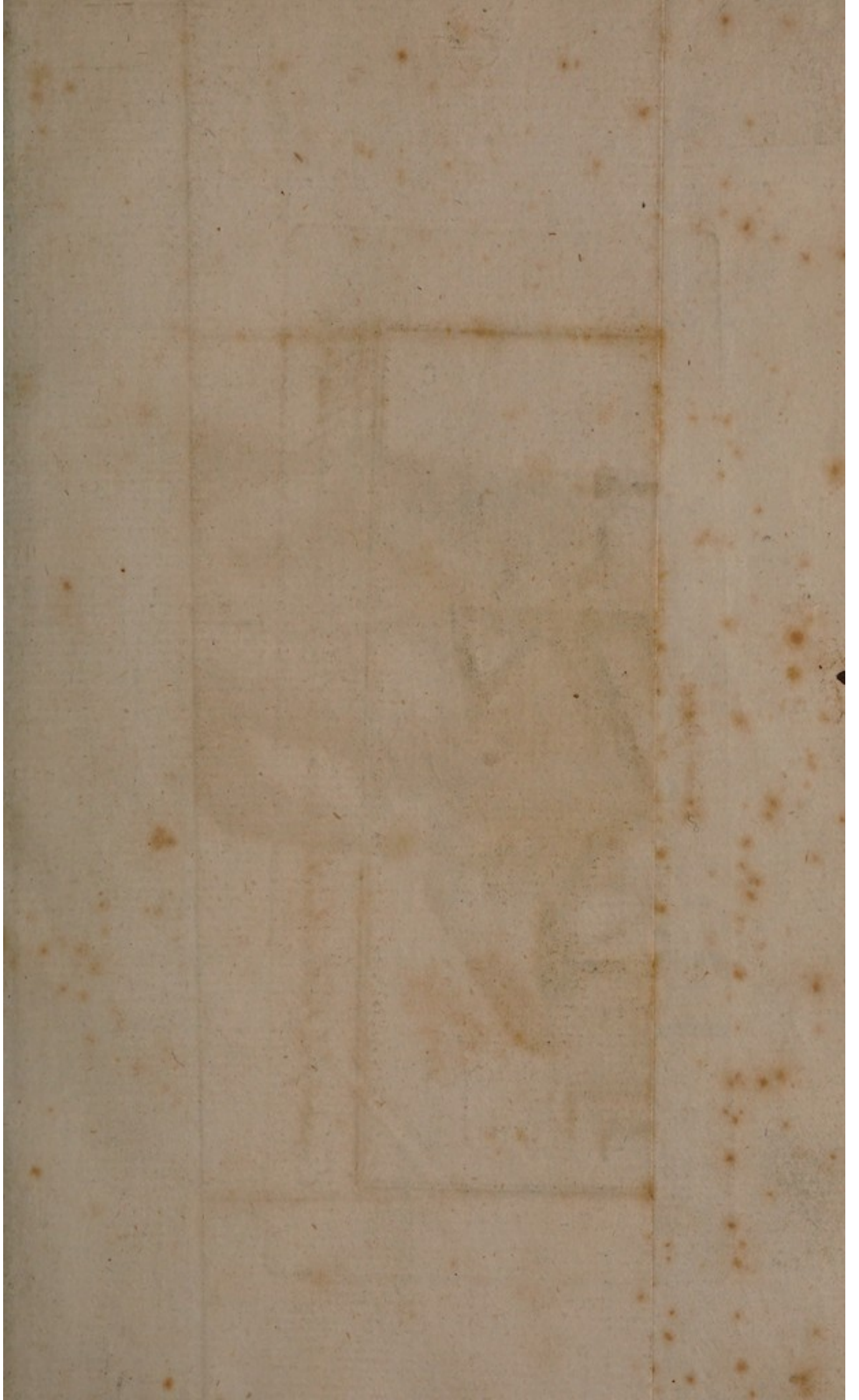
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DANIEL MASSIAH.



Engraved for D^r Hensdy's Treatise in the Glandular Disease of Barbadoes.
Jas. Newton sculpsit

A
T R E A T I S E
ON THE
GLANDULAR DISEASE
OF
B A R B A D O E S :



PROVING IT TO BE SEATED IN THE
LYMPHATIC SYSTEM.

By JAMES HENDY, M.D.

MEMBER OF THE EDINBURGH ROYAL MEDICAL SOCIETY,
PHYSICIAN TO HIS MAJESTY'S NAVAL HOSPITAL AT
BARBADOES, AND
PHYSICIAN GENERAL TO THE MILITIA OF THE ISLAND.

L O N D O N :
PRINTED FOR C. DILLY, IN THE POULTRY.

M.DCC.LXXXIV.

TREATISE

ON THE

GLANDULAR DISEASE

OF

MARRADON

BY JAMES HENDY, M.D.

PHYSICIAN TO THE MILITARY HOSPITAL AT

MARRADON

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PHYSICIAN TO THE MILITARY HOSPITAL AT

LONDON:

PRINTED FOR C. DILLY, IN THE POULTRY.

M.DCC.LXXIV.

ADVERTISEMENT.

THE Author's chief intention, in writing the following pages, was to satisfy, as far as he was able, the enquiries of strangers concerning a disorder which never fails to attract the notice of the curious.

This Essay is now published in the expectation that it may possibly be of some benefit to such of his unfortunate countrymen as are afflicted with the Glandular disease.

ADVERTISEMENT

THE Author's chief intention in writing
the following pages, was to supply
for as far as able, the wants of Physicians
concerning a disorder which never fails to
attend the course of the venereal.

THE Book is now published in the English
and French Languages, and may possibly be of some
use to the Surgeons, who are employed in the
treatment of the Venereal.

TO THE WORTHY AND RESPECTABLE
INHABITANTS

OF HIS MAJESTY'S

ANTIENIENT AND LOYAL COLONY OF

B A R B A D O E S,

TO WHOM I AM GREATLY INDEBTED
FOR EVERY COMFORT OF LIFE,

AND FOR WHOM I SHALL EVER RETAIN
SENTIMENTS OF GRATITUDE,

THE FOLLOWING ESSAY

IS MOST HUMBLY ADDRESSED.

I Flatter myself this attempt to
lessen or eradicate a malady too
common among them, will be con-
sidered as a sincere mark of the
friendly and brotherly sollicitude
which I feel for the unfortunate
Barbadians, who suffer by this dif-

temper. The humane design of this Publication cannot indeed fail of meeting with the approbation of the generous *West-Indians*, so peculiarly characterized by warmth and liberality of sentiment.

In the earnest hope that my endeavours may be successful in promoting the happiness of my countrymen, I remain; with the most profound respect and sincere attachment,

Their very obedient,

humble Servant,

JAMES HENDY.

P R E F A C E.

TH E complaint, which is the subject of the following *Treatise*, is distinguished by several different appellations. The *learned* have termed it *Elephantiasis*; and it is also frequently called the *Glandular disease*. The most general name, however, by which it hath been marked, is that of *F E V E R and A G U E*. By *Fever and Ague* we usually understand the *intermittent fever*; and there certainly is a manifest impropriety in calling a disease *F E V E R and A G U E*, when, in many instances, it is not accompanied with either of the symptoms which characterize intermittents.

It is a generally received opinion, that the physicians *Town* and *Hillary* applied the name of *elephantiasis* to this distemper. With respect to the latter, this point is indisputable; but whether the former adopted this application of the term, is a matter which may be contested. The impropriety of doing it will be clearly evinced from the *history* of the disease; for we shall find, that although the *lower extremities* are most frequently the seat of these morbid *enlargements*, yet the disorder is specifically the same, when the *scrotum*, the *upper extremities*, the breasts, or any other parts of the body, are affected.

Admitting that by *elephantiasis* the *Antients* meant a disease similar to that which is here treated of, as Doctor *Hillary* advances; it is still very certain that the
 same

same denomination was applied, by the earlier *physicians*, to disorders of another kind; particularly when the *Lepra Arabum*, or even in some instances when the *lues venerea*, affected the *legs* and *feet*, so as to produce such preternatural *enlargements* as exhibited some resemblance to the *feet* of an *elephant*.

My reason for rejecting this appellation is, that it appears to me too vague; and I have substituted one which, in my opinion, is most applicable both to the nature and seat of the disorder; for I shall endeavour to prove beyond a doubt, that it is a disease affecting the *glands* of the *lymphatic system*.

N. B. *The Figures refer to the corresponding Numbers in Part II. and the Letters to the Plates.*

P R E F A C E vii
same denomination was applied, by the
earlier Writers, to disorders of another
kind; particularly when the Larynx was
swollen, or even in some instances when the
Larynx was affected, the Larynx and Trachea, so as
to produce such practical enlargements
as exhibited some resemblance to the Larynx
of an elephant.

My reason for rejecting this appella-
tion, that it appears to me too vague;
and I have substituted one, which, in my
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nature and seat of the disorder; for I
shall endeavour to prove, beyond a doubt,
that it is a disease affecting the glands of
the Larynx.

THE
FIRST PART OF THE
DISEASE

THE
GLANDULAR DISEASE
OF
BARBADOES.

PART I.

SECT. I.

*Origin of the Disease. Opinion of the Authors
who have written upon it.*

THE *Authors* who have treated of
the *Glandular* disease are *Town* *
and *Hillary* †: they have called it *Ele-*

* A *Treatise* of the *Diseases* most frequent in the
West-Indies, and herein more particularly of those which
occur in *Barbadoes*: By *Richard Town*.

† *Observations* on the *Changes* of the *Air*, and the
concomitant *Diseases* in the *Island* of *Barbadoes*, &c.
By *William Hillary*, M. D.

phantiasis *, because, perhaps, at the time of their writing, the *legs* and *feet* were the only, or the principal parts, in which they had seen the complaint.

The account of the former writer is extremely superficial and erroneous; the latter seems to have taken much pains, and has been in many respects accurate in his description or history of the disease, as far as it was known to him. Since the time of his *publication*, however, this *malady* has become very general, affecting various parts of the body †, and being more frequently attended with fatal consequences. Many useful discoveries have also been made in the *medical* art, particularly in *anatomy*; *physiology* hath likewise been cultivated with advantage, and the nature and action of *medicines* have been better ascertained. These

* This term can only be considered as generic, including every species of large or deformed *legs* and *feet*. Now in the *Glandular* disease, the *lower extremities* are not always affected, so that this characteristic not being constant, cannot enter into the definition of the complaint, which is therefore very improperly termed *Elephantiasis*.

† See Cases N^o 1, 2, 3, 10, 15, 21, and 23.

various improvements have undoubtedly supplied further illustrations, and afforded a more ample scope for investigation; so that a nearer approach to perfection might reasonably be expected from succeeding inquiries.

Doctor *Town*, if he means the *Glandular* complaint, confounds this disorder with the *Lepra Arabum*. “*This disease, says he, which is no rare thing to be met with among the Negroes, bears a great affinity to the best accounts we have of the Lepra of the Arabians.*” By his conclusion he seems to be convinced that it is the same species of *leprosy* as that produced by the overflowing of the *Nile*. “*Sometimes white people, whose unhappy circumstances have reduced them to hardships but little inferior to what the blacks are obliged to undergo, have given us proofs that this disease is not limited to one colour, any more than to the bounds in which Lucretius has confined it.*”

“*Est Elephas morbus, qui propter flumina Nili*

“*Gignitur, Ægypto in Media, neque præterea usquam.*”

Doctor *Town* is exceedingly indefinite in his description of the disease; and the only

information we can derive from his account, is, that the *white* inhabitants, as well as the *negroes*, were subject to *enlarged legs*: but it does not appear from him that they were the consequence of this disease of the lymphatics. He says nothing of the *Fever* which is frequently produced, or of the method of *cure*. He affirms, contrary to what we now generally observe, that those persons are chiefly liable to the disease, who have previously experienced some other tedious illness; for although convalescents are not exempt from this disorder, yet it most commonly attacks those who are otherwise in apparent health, and have not been affected with any other disease from which we might have any reason to conclude, that these enlargements were induced by a deposition of vitiated humours. “*In the beginning, says the Doctor, a person is weak, cachectical, and emaciated, till the glut of vitiated humours subside into the legs and feet, which at this time begin to appear oedematous, &c.*” The error of this assertion will appear hereafter.

Doctor *Hillary* has contended for the antiquity of this distemper *, and quotes some *authors* to prove that it existed in *Persia* and

* It is not possible to ascertain that Abubeker Mohamed Rhazis by the Elephantiasis could have meant this disorder, even from the circumstances that are adduced by Doctor Hillary himself, in support of this opinion. Let me be allowed to quote his own words upon this occasion :

“ This disease was well described by Abubeker Mohamed Rhazis, who lived in Persia about 850 years since ; and he does not speak of it as a distemper that was new in his time ; therefore we may conclude, that it was well known in Persia, Arabia, Egypt, and the other parts of Africa also, as Lucretius mentioned it, many ages before that time, as a disease of that quarter of the world.

“ But I cannot think with Doctor Town, that this disease has any affinity to the *Lepra Arabum*, though several of the Arabian physicians, or rather their translators, have called the true *Lepra Arabum* by the name of *Elephantia* ; but *Rhazis distinguishes them clearly* ; and how the other Arabians since him, and the European physicians since them again, have confounded their names, is difficult to determine.

“ However it is much to be wished, that the Arabians, who are the first physicians that have mentioned *this disease*, had more fully described its *first symptoms and appearance*, and the manner of its *coming*

and *Arabia*. I cannot search into this matter, from my inability of obtaining the *books* he refers to; but it is obvious, by his adopting of the same indefinite term, that he confounds this disease with other disorders which the ancients called *Elephantiasis*, as I have already said in the *preface*.

The *Glandular* disorder was unnoticed in this *Island* till about *eighty* years ago. The first *white* person in whom it was *very* conspicuous, as I have been informed by credible persons of advanced age,

“ *on*, and increasing to its *full state*, more accurately
“ and clearly than they or any since them have.”

But since they have not done this either clearly or accurately, every thing deduced from such authorities must be merely conjectural.

“ I think none of the Greek physicians have given
“ us any description of this disease; neither have any of
“ the Arabians, except Mahomed Ebn Zacharia Rhazis,
“ who has described its last or full-grown state very
“ well, but not the preceding fever which produces it.”

This Mahomed Ebn Zacharia Rhazis seems only to have described the appearances of an enlarged and deformed leg; we cannot therefore think that Dr. Hillary had any reason to say, that the disease he treated of was the same as that which Rhazis called *Elephantiasis*.

was

was named *Francis Briggs* *, though better known by the nick-name of *Christopher Columbus*. It was indeed with difficulty I could find out his real name. It was so uncommon a thing, at that time, to see a person with these large *legs*, that this poor man's name was used as a bug-bear to frighten children with. It is not however improbable that the negroes might have been affected with this disease, and their complaints not sufficiently attended to.

I would scarce venture to advance that the *Glandular* disease is confined to *Barbadoes*, because, having as yet been but very imperfectly described, it cannot have been

* *Francis Briggs* was a native of *Ireland*, a tall, strong man, had coarse black hair, and was much addicted to the use of *spirituous liquors*. His employment was that of carrying the dead, and he assisted the *sexton* of *Saint Michael's* parish in digging graves. He was afflicted with the *Glandular* disease upwards of *twenty* years previous to his death, and both his *legs* were exceedingly enlarged. It is remarked that he was an extraordinary good *swimmer*. His indigent circumstances reduced him to the necessity of residing in the *Alms-house* of this parish, where he died, and was buried about the year 1760. He had neither wife nor children.

properly compared with the disorders of other countries. I have made very strict inquiry, and have not been able to discover, with any degree of certainty, that it ever did appear in the neighbouring *Islands*, except only in one instance, which I shall mention. Notwithstanding this, perhaps the disease may have been overlooked; time however, and more accurate observation, will shortly determine this matter.

There is a *malady*, which though not perfectly described, seems, by the brief account given of it by Mr. *Clarke*, to be somewhat similar in its appearances to the *Glandular* disorder, when it affects the *feet* and the *legs*.

“ *The first settlement on the Malabar coast, of*
 “ *any note, belonging to the English, is Anjon-*
 “ *ga*.* *Near the shore, the land is low and*
 “ *woody, and the water bad. Cocheen, belong-*
 “ *ing to the Dutch settlers, is situated on the*
 “ *banks of a river. In the wet season, as tor-*
 “ *rents of rain descend from the mountains, all*
 “ *the water is thick and muddy. It is supposed,*
 “ *that the monstrous swelled legs to which the*

* This should be *Anjengo*.

“ *natives*

“ natives are subject, so well known all over
“ India by the name of Cocheen-legs, are
“ occasioned by the impurity of these waters ;
“ however this may be, from the longest resi-
“ dence, no European becomes liable to the
“ same disease ; it cannot indeed be properly
“ termed a disease, for the natives of Cocheen
“ are extremely healthy ; neither is the bulk
“ of their legs the least inconvenience to them.
“ No præternatural weight is to be observed.
“ They are strong-bodied, and enjoy as much
“ agility as if they were totally exempt from
“ this unseemly deformity.”

From this brief account no certain conclusion can be drawn. Europeans are however subject to the Glandular disease of Barbadoes.

The following cases were noticed in London by Mr. Hewson, who remarks “ that
“ the cellular membrane is sometimes filled
“ with a gelatinous fluid, which does not ooze
“ out, when the integuments are scarified,
“ nor does it retain the impression, by being
“ pressed by the finger, as in a common case
“ of an anasarca. This was remarkable in a
“ woman who was in St. George’s Hospital
“ a few

“ a few years ago, and who at the same time
 “ had an obstruction of her menses, but no
 “ other symptom of ill health: the legs of
 “ this woman were swollen to twice their or-
 “ dinary size, but did not pit on being pressed
 “ with the finger. A case of the same sort
 “ may now be seen in one of the nurses of St.
 “ Bartholomew’s Hospital.” These instan-
 “ ces seem, I think, to have some evident
 “ resemblance to the effect produced by the
 disorder of this *Island*. How far the simi-
 larity goes, will appear when we have
 finished our account of the disease.

The *fever* which most commonly, though
 by no means constantly, accompanies the
Glandular complaint, is a regular and truly
 characterized paroxysm of *fever*: in its
 returns, however, it is evidently and to-
 tally dissimilar from any *intermittent fever*
 that has hitherto been described. The
 frequency of the attacks of the *Glandular*
 disease during life is various; some persons
 have it but once; others are affected with
 it at distant intervals, and others again more
 frequently. Neither have those who are
 habituated to this *malady*, or even the

most attentive and accurate observers, been able to ascertain any degree of regularity in the return of the feverish paroxysm. It may attack the patient several times in the week, at other times it will not appear for months, or even years; for the return of the disease depends on the patient's exposing himself to those occasional causes which produce it, and, if sufficient care were taken to avoid them, might be prevented. When a person has been once seized with the complaint, a slight cause will subject him to a fresh attack.

Men and women are equally liable to the *Glandular* disease: even children are not exempt from it. It is my opinion, that among those of different sex and age, the necessitous and the most imprudent are most obnoxious to the *malady*.

S E C T. II.

Symptoms, Appearances, and Seat of the Disease.

THE *disorder* is sudden in its attack, though I believe there are few persons, if any, who cannot trace the origin of it from some evident inattention on their part, which may be very sufficient to produce the complaint *, admitting the existence of the predisponent cause, whatever that may be.

There are no material differences between the *symptoms* of the *fever* which sometimes attends the *Glandular* complaint, and the regular paroxysm † of an *intermittent fever*, except that the *hot fit* is often considerably protracted, that the *nausea* and *head-ach* are more violent, and frequently accompanied with delirium. The *disease* is truly characterized by the appearances it produces in the *lymphatic system*. These are

* See Cases N^o 1, 2, 6, 15, and 23.

† See Cases N^o 3, 4, 9, 10, 11, 13, 14, 15, and 18.

almost



J. Newton fecit



almost universally a certain cord, which is hard or red, (often both*) extending in the ordinary direction of the *lymphatic* vessels, towards the *lymphatic gland*. The part affected with the *disease* swells, and puts on a *shining* and an *oedematous* appearance. It does not however often pit to the touch, though strongly pressed with the finger, except only when the *disease* is recent; the effect of pressure is then the same as in cases of an *anasarca*. The joint nearest to the affection becomes stiff and contracted †, in consequence of the neighbouring *inflammation* and *swelling*.

When the concomitant *fever* abates, after a duration which varies in different patients, it leaves the *local swelling* and *inflammation*, which continue for a few days afterwards. The *swelling* indeed seldom entirely subsides, particularly when it happens that the *lower extremities* are affected. There are some instances however in which these *enlargements* have totally disappeared.

The *lymphatic gland* has in several cases been left *enlarged* and *indurated*. Some-

* See most of the Cases.

† See Cases 13 and 16.
times

times the *inflammation* in the *lymphatic gland* proceeds to *suppuration*. The *inflammation* that takes place in the *lymphatic vessels* is of the *erysipelalous* kind *, and sometimes terminates in *mortification*. At other times, however, it emulates the *rheumatism* †, and in several instances, *abscesses* have been formed in the *cellular substance*. *Ulcers*, which are difficult of cure, are in some cases the consequence of these *abscesses* ‡.

When the *disease* fixes itself in the *scrotum*, the *inflammation* spreads to the *testicle* §. In such cases the pain is excruciating, and if not properly treated, the *inflammation* terminates in *schirrhus*, or in an *effusion* between the coats of the *testicle*, and produces *hydrocele*; hence also that unfightly disorder has become common in our *Island*. Sometimes very painful *suppurations* take place in the body of the *testicle*, which are dangerous. I have seen an instance not unlike the case of *W. C.* of this *Island*, as described by Mr. *Dale Ingram*, in his prac-

* See Case 8.

† See Cases N^o 1 and 4.

‡ See Case 13.

§ See Case 10.

tical *Cases* and *Observations* in *Surgery*. When the *breasts* are the parts affected by this disorder, it leaves *schirrhous indurations*, which are very often troublesome, and sometimes break out into *ulcers* of a *cancerous* nature, which are very difficult of healing, and sometimes incurable.

Each attack of the *Glandular* disease leaves the part affected larger and larger; and when it happens to be in the *leg*, Dr. *Hillary's* description of it is accurate. *We find the leg and foot swelled**; the skin, which in the early date of the complaint was smooth though swollen †, begins to be rough ‡, and at last seems scaly; or rather the part appears as if it were covered with a great number of warts §. There are many traces of former fissures and cracks ||, and in this manner the leg increases in size upon every attack of the disease, till at length it is enlarged to an enormous bulk, and deformities inconceivably varied are produced. It doth

* See Fig. C, G. † See Fig. B. in Frontispiece.

‡ See Fig. A in Frontispiece, and C in the Second Plate.

§ See Fig. G, C.

|| See Fig. E, D, G.

not however always occur in this violent degree. In many persons there is only a *simple oedematous enlargement* of the *leg*, and if the part be not very considerably augmented in size, neither the activity nor the apparent health of the person are evidently impaired.

The *topical affections* have fallen on various parts of the body; the *head*, the *stomach*, the *breasts*, the *bowels*, and the *upper extremities*; but most commonly the *scrotum* or the *lower extremities*; and it is to be noticed, that when the *lymphatic glands*, situated high in the *groin*, in the line between the *abdomen* and the *thigh*, are *inflamed*, then the *scrotum* is affected. If the *inflammation* should fix upon the *glands* on the *upper part* of the *thigh*, then the *thigh*, *leg*, or *foot* is diseased.

There are several cases in which both *legs* have been affected *: sometimes *one leg* and *one arm*. In one or two persons the *leg* has been so considerably *enlarged*, and indeed the *disorder* so little understood, that the affected *limb* has been *amputated*.

* See Fig. A, B. Cases N^o 18, 21.

The *disease* has afterwards invariably attacked some other parts of the body.

As in other cases of *præternatural tumors*, so in this, we find that the *blood-vessels* are distended; the *swelling* of the part is often so great as to produce a *rupture* of the *skin*, and from these *cracks* and *fissures* a *fluid* issues, which at first is as clear as water and as thin; it afterwards *gellies*, or as the *patients* express it, grows like *glue*.

The dissection* of dead bodies hath proved that these cases in general bear a great resemblance to each other. A gentleman, who dissected a *negro* having an *enlarged leg*, informed me that the appearances were much the same as related by Dr. Hillary. The *skin* was *thick* and *hard*, almost *horny*; and the *cellular* substance become of a *gristly* nature. The *blood-vessels* were distended; and an *ichorous fluid*, mixed with an *oily matter*, oozed out of the *diseased* parts in small quantity. The *periosteum* was much thickened. The *muscles*, *tendons*, *ligaments*, and *bones* were found in a *sound* state. The *disease* is sometimes fin-

*See Case 24.

gularly complicated with the *gout*; and I have seen it, in some few *negroes*, combined with the *leprosy*.

S E C T. III.

Fever not the Cause but a Symptom of the Glandular Disease.—Other Animals beside Man affected with it.—Rank of the Disease in methodical Nosology.

IN order to determine whether this *disease* of the *lymphatic system* was the cause or the consequence of the *fever*, I have inquired very assiduouſly of persons accustomed to the *disorder*, whether the *cold fit* of the *fever* preceded the local affection; and have been univerſally informed, that, where *fever* was attendant, all the first attacks of the *disorder*, before it became habitual, manifested themselves in the following manner.

The *patient* perceives a ſenſe of *pain* in the part, which in many caſes is very evident*, whiſt in others it is ſcarce per-

* See Caſes N^o 8, 9, 10, 13, 16, and 18.

ceptible *; then a *lump* or *kernel* arises, which is the lymphatic gland, and a hard *cord*, which is a cluster of lymphatic vessels passing into the gland. These appearances take place sometimes eight or ten hours before the cold fit and the subsequent febrile heat come on †.

The *inflammation* of the *lymphatic gland*, the *swelling* of the *part*, and all the local affections, make their appearance, in many instances, without the least degree of *fever* ‡; but when the *disease* hath existed for any length of time, as a local complaint, the regular *paroxysm* of *fever* § has supervened, in most of the cases that have fallen under my notice. Many cases, however, of the *Glandular* disorder are, even from the first attack of the *disease*, attended with the *febrile paroxysm* ||.

That the *fever*, when it appears, is a consequence of the *Glandular* affection, and

* See Cases N^o 11, 17, and 26.

† See all the Cases.

‡ See Cases N^o 1, 2, 5, 6, and 26.

§ See Cases N^o 3 and 4.

|| See Cases N^o 9, 10, 11, 13, 14, 15, 16, 18, 19, and 21.

is produced by it, seems to be proved from observation, and particularly from the following remarks, which I hope will justify me in my opinion that the fever is symptomatic.

The *Glandular* disease has been excited sometimes with, at other times without, this *symptomatic fever*, by means of a *topical* irritating cause applied to the *lymphatic gland*. In such cases it has frequently arisen from *ulcers* * produced by the insects called *chiegoes* †, or by other causes; as also after *wounds* or *inflammations*. In other cases the complaint has been produced from the absorption of some stimulating *matter* ‡; for the *matter* being thus

* See Cases N^o 8, 11, and 16.

† *Chiegoes* are small animals, which are extremely troublesome; they insinuate themselves into the *toes* and *feet*, where they lay their *eggs*, produce a most disagreeable *itching*, and often excite little *ulcers*.

‡ The cause which makes *ulcers* on the *legs* so difficult of healing, in this *Island*, has not yet been investigated. The reason of this seems to be, that the *ulcer*, in passing through the *lymphatic gland*, produces more or less of the *Glandular* disease. The *increased swelling* and *inflammation* that are excited, aggravate the *pain* of the *ulcer*, make it worse, and greatly retard the cure.

absorbed

absorbed by the *lymphatics*, and conducted to the *lymphatic glands*, the *inflammation* has been raised in them, with every other symptom distinguishing the *complaint*.

May it not from hence be inferred, that the disease is seated in the *lymphatic system*, and that the *fever*, which sometimes attends, is no more than the consequence of it? This conclusion, I presume, will be readily admitted, if the circumstances above-mentioned be sufficiently attended to, *viz.* *First*, That the disease may be produced by a *topical irritating* cause. *Secondly*, That when there is *fever*, it is constantly preceded by the *local symptoms*, unless the complaint, by frequent returns, shall have become habitual. *Thirdly*, That in many cases no *fever* is excited; for it will certainly be allowed that a consequence cannot precede its cause; nor can it be said that these *enlargements* are produced by *fever*, when in many cases, even of the worst nature, no *fever* exists*.

* This has frequently happened, particularly in the case of a late eminent physician.

When the *disorder* is seated in the *head*, *stomach*, or *bowels*, which doth not often happen, the symptoms are not so distinct; for then it emulates *inflammations* of those parts. If, however, the patient seized with such symptoms be accustomed to the *Glandular* disease, we have reason to suspect it, and this should make us cautious in our practice. I have known a patient, liable to the *complaint*, to be seized with violent *pain* in the *stomach*, which has continued for many hours before the *febrile symptoms* made their appearance.

I believe the *internal* parts, when the *disorder* is there seated, are, for the most part, primarily affected with the *Glandular* disease. It may happen, however, that an imprudent and sudden repulsion of the *inflammation* from the *extremities*, may cause it, in a few instances, to fall on the *stomach* and *bowels*. I know but of one instance of this kind. See Case N° 7.

In observing attentively the whole progress of this *disease*, it is to be remarked, that very frequently, though by no means constantly, the *local symptoms* exist, even to an

an extreme degree of violence, without fever*.

After some attacks of this kind, more or less frequent, the *local affection* is then usually followed by the *febrile paroxysm* †.

‡ In process of time the *local symptoms* and the *fever* § seize upon the *patient* so nearly at the same time, that it becomes very difficult to say which precedes the other.

When the *disease* has existed for a very considerable time, it is not by any means so violently painful as in the incipient state: hence the *local affection* is not so much felt. Probably the increased bulk of the part, which depends, as I shall endeavour to prove, on the *lymph* of the *blood* being ef-

* See Cases N^o 1, 2, 5, and 6.

† See Cases N^o 3, 4, and 26.

‡ Dr. Hillary having given his history of the disease from the advanced stage, was therefore probably misled and deceived in concluding, that the *local affection* was the consequence of fever. He speaks of every symptom of the complaint; but was not sufficiently attentive in observing the progress of it from its first appearance.

§ See Cases N^o 14, 17, 19, and 21.

fused and coagulated, may render it considerably less susceptible of pain; for, at this late period, the *disease* bears a great resemblance to those tumors that are called *steatomatous*, the nature of which we know is not painful.

Persons who are habituated to this *malady*, have often a remarkable unpolished *whiteness* of the *teeth*, which in the *morning* are sometimes covered with a *brown, tenacious mucus*. The *gums* seem to have a slight *scorbutic* appearance.

Horses are equally liable to the *disorder* with the *human* species; which is evident from the great number of them that have *enlarged legs* in consequence of this *disease*.

A *horse* of mine was subject to the *disorder*; and I had opportunities to observe that it was attended with the same succession of *symptoms*.

The *animal* seemed lame; and, on examination, a *lymphatic gland* of that *extremity* was found *swelled and inflamed*. A *coldness* of the *ears*, with the *cold fit*, &c. took place.

The *leg*, during this time, became gradually swollen, was much inflamed, and seemed painful. The appearances of this *disease* are exactly the same, in these animals, as in the *human* species. The *occasional causes* we shall find, too, are nearly similar. After being heated by journies, the *horses* are exposed to streams of *air*; our *stables*, in general, not affording sufficient shelter from the *wind* and *weather*.

The means of relief are also the same. *Tartar emetic*, joined with *opium*, is a certain remedy. The consequences of the *disease* are exactly similar; we may therefore conclude that *horses* are as liable to this *disorder* of the *lymphatic system*, as the unfortunate inhabitants of this *country*.

I have been assured, from undoubted authority, that *dogs* have had the *Glandular* disease; and have been informed that *horned cattle*, and even *poultry*, have also been affected with it: but no instances of this kind have ever fallen under my own observation.

It is but of late years that any discoveries have been made respecting the *anatomy* and
physiology

physiology of the *lymphatic system*; it is not therefore a matter of surprize, that we are, as yet, but imperfectly acquainted with many diseases of this part of the *animal frame*.

After the preceding relation of facts, it may be highly proper to determine the class in which this malady is to be placed in methodical nosology; and for this purpose Dr. *Cullen's* system is preferred.

As the *Glandular* disease is not constantly accompanied with *pyrexia*, it cannot properly be ranged in the first class, *Pyrexia*; and although the fever, when it appears, very much resembles the paroxysm of an intermittent (by far more so than any symptomatic fever I have ever seen or read of) yet still it cannot be classed under the order *Febres*; for it is not "*Pyrexia sine morbo locali primario.*"

The definition of the third class, *cachexia*, viz. "*Totius vel magnæ partis corporis habitus depravatus, sine pyrexia primaria vel neurosi*"—and of order 3d, *Impetigines*, "*Cachexiæ, cutem et externum corpus præcipuè deformantes,*" correspond with

with the history of the disease; and in the genera under this order, other diseases of the lymphatic system are found, such as the *scrophula* and *sypbilis*. *Sauvages* describes a species of disease, somewhat similar to the *Glandular* complaint in a late period, when the *leg* is affected. I cannot however assert that it originated in the same manner. See Class X. *Cachexia*, Order 2.

Intumescentiæ, Genus 8. *Phlegmasiæ*, Species 7.

“ *Phlegmatia Malabarica*; *hypersarcosis ulce-*

“ *rosa pedum Kempfer. Obs. 8. Amæn.*; *Perical*

“ *Malabaris endemium, sive Pikal, seu pes fe-*

“ *bricitans*; *Pædarthrocaces Christianis Sancti*

“ *Thomæ familiaris*; *Peju de Sancto Thoma*

“ *Lusitanis Indis. Kojassi Japonensibus. C.*

“ *Viget hic affectus maximè in montibus*

“ *quos Christiani, Sancti Thomæ religionem*

“ *amplexi, et ideò ex provinciâ Coromandel à*

“ *Paganis ejecti, incolere coacti sunt*; *tribui-*

“ *turque malum aquis nitrosis acribus hujus*

“ *loci. Indigenæ narrant a diis gentilibus pæ-*

“ *nam illam inflictam esse*; *verùm similem mor-*

“ *bum in Ceilan et Omeræ in Japoniâ ob-*

“ *servavit Kempferus.*”

“ *Crus*

“ *Crus tantum alterutrum afficitur a surâ*
 “ *ad pedes, genu nunquam, digiti rariùs: hanc*
 “ *partem singulis mensibus, cum lunæ incre-*
 “ *mento, phlegmone corripit, quâ intra aliquot*
 “ *dies defervente, tumor tamen non remittit,*
 “ *sed in carnem vitiosam secedit; ut ambitus*
 “ *cruris, crescente ætate, duplò, triplòve major*
 “ *fit quam sanis; crassities est inæqualis, œde-*
 “ *matosa, duriuscula, aspectu scirrhosa, fun-*
 “ *gosa, ulcerosâque sanie scatens: qui hydroce-*
 “ *lem fovent, a malo illo sunt immunes: Kemp-*
 “ *ferus suspicatur ossis cariem.*

“ *Malum est insanabile; et licet fit nigri-*
 “ *cans et fædum, non facile in sphacelum de-*
 “ *generat; imò si ulcusculis scateat, non im-*
 “ *pedit bajulos ne gravia onera gestent, et*
 “ *palmas altas agiliter scandant.*

“ *Morbum illum sublevant Malabarici exci-*
 “ *tatis circa femora et genua multis fonticulis,*
 “ *quibus sunt toti veluti fasciati; ast ab ipso*
 “ *mali initio, post paucos tantum inflammationis*
 “ *recursus, sic avertitur seri acris influxus*
 “ *in tibias; seriùs instituti fonticuli non pro-*
 “ *sunt.*

“ *Japponenses verò tumorem scarificant, et*
 “ *pluries moxâ comburunt.”*

S E C T. IV.

Distinction of this Disease from others.

THE *diagnostic symptoms* of the *Glandular* complaint* may be easily collected from the preceding account; for it appears, that the *inflammation* of the *lymphatic glands*, with the *cord* composed of *lymphatic vessels* †, and the particular *enlargements* may be reckoned *pathognomonic signs*. It is indeed a well-known fact, that the *Glandular* disorder most frequently attacks the *lower extremities*; and as the *legs* are liable to be affected with *swellings* in this, and in every country, from other causes, it may be necessary for the *pathologist* to attend to the whole series of the peculiar symptoms of this *disease*, in order to distinguish it from those *swellings* which

* See all the Cases.

† I have never met with more than two or three instances in which these symptoms did not appear, and in those the deep-seated *lymphatics* were affected.

frequently

frequently attend *patients* in a convalescent state, after long *fevers* or *dysenteries*, and from those which attack *consumptive* or *dropical* persons. It will be equally necessary to be able to discriminate this complaint from others, which often produce enlargements and morbid appearances of the *lower extremities*; such as the *leprosy*, *venereal disease*, *yaws*, *joint-evil*, &c. When the *Glandular* disorder affects the *scrotum* or *mammæ*, it is easy to distinguish it from any other disorder; but its characters are not quite so distinct, when the *internal* parts are affected.

That the *Glandular* disease differs from other maladies of the *lymphatic system*, will be evident from comparison. It will, I think, appear dissimilar from the *scrophula*, for that is a disorder peculiar to cold countries; while the *Glandular* disease is found in the torrid zone. The violence of the *scrophula* is much diminished in a hot climate, and the *Glandular* disease does not exist, to my knowledge, in a cold country*.

* See Case 26.

S E C T. V.

Cause of the Disease supposed to exist in the Climate.—Indigenous at Barbadoes, and not exported from Africa.—Not arising from bad Water.—Neither contagious nor hereditary.

THE best method of endeavouring to attain to the knowledge of the causes of disorders, seems to be, to observe the peculiar situation and mode of life of those who are particularly liable to be diseased.

It is obvious to every common observer, that the *negroes* have this *complaint* more frequently than the *white inhabitants*: these poor creatures are badly clothed; and their indiscretion exposes them to those circumstances, which, in my opinion, are the cause of the disease.

When *beated* by hard labour, or by the violent exercise of their amusements, or when they are intoxicated with *rum*, they frequently throw themselves on the *ground*, and sleep till they are sufficiently rested, or till they become sober; and it often happens that they remain exposed in this manner

manner for whole nights. After their *noon-day* labour, it is common for them to jump into *ponds*. *Negroes* too being without shoes, often get *chiegoes* and *sores* in their *feet* and *toes*: these, as I have said, are capable of bringing on the *disease*, when there is a disposition in the habit to allow of its being excited.

The *poor inhabitants* are in many respects in a less comfortable situation than the *negroes* who have humane masters.

But to say the truth, even the more *wealthy inhabitants* of both *sexes*, in this *country*, are not sufficiently attentive to avoid those indiscretions, which they well know are apt to produce the *disease*. They sit in *windows*, or in places where a current of *air* blows upon them, after they have been *beated* with *walking* or *dancing*. They expose themselves to *night-air* and *damps*; and they often carry their indiscretion so far, as to *sleep* with their *windows* open the whole night. These, and other more notorious instances of imprudence, cause the *opulent* to be affected no less than the poor and indigent. There are very few persons
who

who are sufficiently careful in avoiding the obvious *occasional causes* of the *Glandular* disease.

There must, however, be some cause, peculiar to this unfortunate *spot*, which renders the *disorder* so general here; and whatever that may be, it is probable it did not formerly exist; for the *disease* is not of equal standing with the discovery or settlement of the *colony*.

All the *Caribbee Islands* are nearly in the same *latitude*; some *local* difference therefore must certainly exist in the *air, water, or mode of living*, to which we may ascribe the remote *cause* of this *malady*. The obvious differences, on comparing this *Island* with others, are, *first*, that *Barbadoes* is not so high above the level of the *sea* as the rest; and, in the *next place*, it is almost entirely divested of *trees*.

The *diseases* of *Barbadoes* were formerly the same as those which are at this time met with in the other *islands*; but if *patients* at present come here with *intermittent* or *remittent fevers*, they experience the greatest relief.

I have known several cured without the assistance of medicine, merely by the benefit they have received from the change of air.

Tobago, which is a very uncultivated island when compared with this, abounds with fevers of the remittent and intermit- tent kinds. If patients afflicted with these disorders arrive at this place, while there is still any reasonable expectation of relief, they are sure to recover; and, on the other hand, I am very credibly informed that persons, however afflicted with the Glandular disease while at *Barbadoes*, when they go to reside at *Tobago*, are never attacked with it. “*Non solum in morbis curandis plurimum valet atmosphaerae consideratio, sed ad sanitatem etiam tuendam maximi est momenti. Contraria contrariis curantur, ut in adagio est.*” HUXHAM. The air of *Barbadoes* is hot and dry; that of the other islands abounds more or less with moisture.

The whole tract of the river *Demerary* in *South America*, from whence that colony takes its name, is a very extensive, flat, marshy country, almost covered with trees,
and

and during *flood-tides* and *heavy rains* it would be overflowed, were it not for *drains* and *dams*. The *diseases* of this *colony*, as may naturally be expected, are *intermittent fevers*, *remittent fevers*, *continued bilious fevers*, the *dry belly-ach*, *dysenteries*, and *drop-sies*, the consequence of distempered *viscera*. The *Glandular* complaint does not exist there, except only in one or two instances of persons who have conveyed it to that *colony* from this *Island*.

A very sensible and judicious *gentleman* of the *medical* profession left *Barbadoes*, about *eight years* ago, when he was violently affected with the *disorder*: he had *five* or *six* attacks of it during the first *two* or *three years* of his residence at *Demerary*, but has been totally free from it ever since. Another person, labouring under the *Glandular* disease, went from this *country* to manage an *estate* on the *banks* of that *river*: he had also several returns of this *complaint*, and in consequence of very injudicious treatment, lost his life by it.

There are not many *trees* in this *country*, and the few inconsiderable *marshes* to be

found in it, are on the *leeward shore*. Any noxious *miasmata* arising from these, are immediately carried off by the *trade-wind*, without passing over any large tract of land, and therefore cannot prove injurious to any considerable extent; but I shall hereafter consider more fully the most probable remote cause of the *Glandular disease*.

Let us now proceed to examine the several opinions which have been advanced concerning the *origin* of this *malady*. It has been said that the *complaint* may be produced by the bad *water* we drink. It may readily be admitted, that our *drinking-water*, in *town*, is very impure; but we have in general good *water* throughout the *Island*: a point which is proved by the experiments related by the Reverend Mr. *Hughs*, in his *Natural History* of Barbadoes. Besides, the *disease* is not confined to the people about the *town*; it is to be found in every part of the *country* nearly in proportion to the respective numbers of inhabitants; but if there be any one part of the country more exempt from it than another,

ther,

ther, the hills certainly enjoy this advantage over the low lands.

It seems to me, however, that those among our *inhabitants* who drink *strong liquors* to excess, and least *water*, are the most subject to the *disease*; for these are always the most imprudent persons. Admitting even the *water* to be extremely bad, reasons will be given in this *Treatise* to prove satisfactorily that it is not the cause of the *complaint*; for the drinking of *water* cannot sure be more noxious at present, than it was before the disease existed; nor has it yet been ascertained that the *water* of Barbadoes is more impure than that which is used at *St. Lucia, Antigua*, and the other *Islands*.

Dr. *Hillary* speaks so positively of the first rise of the *disorder*, as almost to preclude any further inquiry concerning the matter. “*We are certain* (affirms the “*Doctör*) *that the negroes first brought it from Africa to the West-Indies.*” I cannot however subscribe to this opinion; for if that were a fact, would it not have been conveyed to the other *Islands*, where

it is scarce known, as well as to this devoted *country*?

I have inquired of merchants at *Barbadoes* concerned in the *Guinea trade*, if they have ever seen the *disorder* in *negroes* on their landing; and have also asked the same question of elderly persons, without being able to learn that it was ever brought here. I have questioned many of the most intelligent *negroes* who came from *Africa*, and who afterwards have been affected with the *disease* in this place, whether the same *complaint* was ever known in their *country*; and have been constantly answered in the negative.

It is by no means however my intention to contend, that a similar *disorder* may not be found in *Africa*; the only thing I mean to assert is, that the *disease* is indigenous at *Barbadoes*. It may also exist in other *countries*, the air and temperature of which are exactly similar to those of this *Island*; which I would describe, in general terms, as being a hot *climate*, with a peculiar *dryness* of the *atmosphere* during the greatest part of
the

the year: my reasons for this will presently be shewn.

Admitting even that the *malady* was imported from the *coast* of *Guinea*, it certainly ought to have disappeared with the extinction of the *negro* or *negroes* who brought it; for I am convinced that it is not either an infectious or an hereditary distemper, as will appear indisputably from the following facts. The *husband* is often afflicted with the *complaint*, while the *wife* shall be free from it, and *vice versâ*. *Parents* have had it when it has not been transferred to their children; while the descendants, on the contrary, are sometimes subject to the *complaint*, when their *parents* have never experienced it. *Two* persons have slept in the same bed, the *one* labouring under the *disease*, while the *other* was entirely exempt from it.

As some persons conceive the *disorder* to be hereditary, I have thought it right to bestow some share of time and attention in endeavouring to determine this matter; and the investigation has already convinced me, that it is neither infectious nor heredi-

tary. My *readers* will probably be of the same opinion, when they are well acquainted with the nature of the *Glandular* disease. The former idea arose indeed from conceiving the *complaint* to be a kind of *leprosy*, or from attributing it to the vitiated humours in the *patient's* blood; but it is presumed that such opinions will no longer be entertained. In an inquiry of this sort, difficulties will daily increase, because the *disease* becomes every day more general; not indeed from the circumstances of the *disorder* being hereditary or infectious, but on account of the causes which give rise to the *complaint* being connected with the nature of our *climate*, and depending on the natural state of our *country*. The same occasional *cause* does not indeed always produce the *disease* in every individual exposed to it; but this takes place equally in other disorders, in which we have instances of persons resisting the effect of contagion, while the same cause acting shall produce diseases of different degrees of violence in others. The only way in which this peculiarity is accounted for, is by supposing that some
of

of these persons were much predisposed to the *malady*, others in a small degree, and others again not in the least susceptible of it. What then is the predisponent cause of the *Glandular* disease? Perhaps a general relaxation of habit, and a peculiar degree of irritability in the *lymphatic system*, which may be produced by our hot *climate* and other local circumstances. But can any reason be assigned why these predisponent causes shall have existed of late years more than formerly; or why they should be peculiar to Barbadoes, and not common to the neighbouring *islands*. The following observations may perhaps tend to elucidate this point, as well as several other circumstances respecting this *disorder*.

S E C T. VI.

Remote cause of the Glandular disease traced from considering the Changes produced by cultivation, in the Atmosphere of the Island.

WE will now proceed to inquire into *the remote cause of the Glandular disease.*

The circumstance of horses being commonly affected with this disease, and of other *animals* not being exempt from it, may perhaps lead us to a solution of this point, and enable us to determine what circumstance it is which principally gives rise to this *malady* in the *human* species.

The *complaint* must originate from the action of some common cause, capable of affecting equally *men* and *horses*. It seems to point out that the predisponent cause depends on the effect which *climate* induces on the body, and not on the mode of living; for the food of *horses* is confined chiefly to the several kinds of *gramina*, while the diet of the *people* is of a very different nature,

ture, and extremely various, since it consists of the indiscriminate mixture of *animal* and *vegetable* food, the properties of which are also much altered by the modes of *cookery*.

The *disease* cannot be said to arise from the nature of the diet, for that is in no respect peculiar to those who are afflicted with this *disorder*. The people at *Barbadoes* do not differ essentially in their mode of living from the inhabitants of the neighbouring *Isles*; and they live at this time much in the same manner as they have ever done; at least no difference has taken place that could possibly occasion the *disorder* *.

It

* The inquiry how far diseases depend on the quality of the food, has led me to observe, that *two* dreadful disorders, the *leprosy* and *putrid dysentery*, which have chiefly afflicted the *negroes*, are much less frequent now than they were *twenty* or *five-and-twenty* years ago.

Flying-fish were then in the greatest plenty; they were obtained so easily that the *negroes* procured them in abundance, and *salted* them; and they were in general badly cured. It was also a custom, till within these few years, constantly to give the *negroes* for their diet, together with *corn*, &c. *salted fish*, which was very seldom of the best sort. They likewise used *pickled herrings*,

It must be readily conceived that the diseases, which are generated by the unwholesomeness of the *ingesta*, are either *acute* disorders, chiefly seated in the *primæ viæ*, the immediate cause of which is evident; or they must be *chronical* diseases, which are only produced in a certain space of time. Now an attack of this *complaint* never has been known to follow a meal of any *particular food*, otherwise the cause of it would have been ascertained long ago.

Nor do the people accustom themselves to such long-continued and unvaried use of any peculiar diet, as can possibly produce the *disorder*. *Chronic* diseases, depending on the nature of food, affect such persons as have been long resident in a place, and live

rings, and other *fish*, almost in a corrupted state. This part of their diet is in a great measure omitted; their food now consists of *vegetables*, such as the different kinds of *grain*, *yams*, *potatoes*, and *corn*: these are dressed in different ways, and are seasoned with *salt*, *pepper*, and *savory herbs*.

Is it not very probable that the abatement of these distempers is to be attributed to the disuse of those very unwholesome articles of food, particularly as they were indulged in without moderation?

in a certain style; while those *maladies*, which arise from the quality of the *air*, are not confined to any class of people, to either sex, or to any particular period of life; but are common to all, and are often very speedily excited. I know of many instances, in which *Europeans*, of an evidently relaxed habit of body, have had the *Glandular complaint* in a very short time after their arrival; in which case the *ingesta* could not be supposed to produce it; and the idea of its being occasioned by bad *water* must also be rejected, because the persons had used very little.

The *water* that is drunk by *man* in this *Island* is very seldom the same as that which is given to *horses* or other *animals*. *Men* use *water* which flows from *springs* or is drawn from *wells*. *Horses* are *watered* in *ponds* or *cisterns*, where *rain-water* has been collected. The *inhabitants*, and every *animal*, are nearly exposed to the same effect of *climate*; but it is obvious that the nature of our food and theirs, and the general mode of living, vary so totally, that it may be as-
firmed

ferted that the *air* we breathe is alone common to *men, horses, &c.*

Must we not then seek for that peculiarity, which predisposes the *human* body to this *malady*, in the *atmosphere*? and as we have reason to conclude that the *disorder* did not exist *ab origine* in this *Island*, if we can discover any evident alteration in the *atmosphere* from its former *humid* state, will it not be probable that this change constitutes the remote cause of the *disease*?

In the early period of this *country* the *complaint* was certainly unknown. It may be considered as a new distemper, which at first was perceived only in a few instances, but which has gradually prevailed more and more, till in our time it is become almost universal. We shall perhaps find that a proportionable and gradual correspondent alteration has taken place in our *atmosphere*.

This *country* was originally covered with *trees*; *rain* was invited by them from every passing *cloud*, and when plenteous showers had fallen, the speedy exhalation of the
moisture

moisture was prevented by the *woods*. The *air* was kept cool as well by the gradual evaporation that took place, as by the *chymical* combination of *watery particles* with the *hot* and *dry air* natural to so warm a *climate*.

Hence then our *atmosphere* must have been cooler, as the *winds* were saturated with moisture, and the *earth* was always cooled by a constant evaporation.

The face of the *country* is now totally changed; and has gradually acquired this new aspect.

Our *woods* have been cut down from time to time, and the *Island* is at length almost bereft of *trees*. For the want of these, and because our *Island* is flat, and does not rise to any considerable height above the level of the *sea*, the *clouds* pass over us unsolicited by *woods* or *high lands*, without pouring down *rain* as formerly: even when we are blessed with *liberal showers*, the *earth* is so naked, and has been so long exposed to the intense heat of the *sun*, that the *water* which falls is immediately imbibed by the parched and thirsty *land*. In consequence

of these circumstances our *atmosphere* is exceedingly *dry*, and of course extremely *hot*.

In riding about the *country* I have frequently met with *currents* of *heated air*, which never fail to relax the body, and induce the greatest *debility*.

It is this gradual change from a very moist to an exceedingly *dry atmosphere*, in this warm *climate*, which, in my humble opinion, constitutes the *remote cause* that produces the predisposition, and lays the foundation, for this *new disease*; for it is very observable how greatly the *healthfulness* or the *unwholesomeness* of any place depends on its situation; whether it be *high land* or *mountainous*, *low land* or *marshy*; whether it be covered with *woods*, or whether *cultivation*, as we call it, has not totally divested the *country* of *trees*, which are no less useful and necessary to the soil, than agreeable and ornamental.

I have before mentioned several *maladies* that are connected with a certain state of *country*, and have instanced *Demerary*, *Tobago*, &c. I apprehend, therefore, it will readily be admitted, that other disorders attended

tended with uncommon appearances may be produced in situations diametrically opposite: *reason* and *experience* both come in support of this opinion.

For my own part, I cannot find any remote cause, which corresponds in any degree with the generation and progress of the *Glandular* disease, except that which I have noticed. If it be thought that this opinion is founded rather on reasoning than fact, it is not that I prefer the former to the latter, but after the most careful investigation I have found myself obliged to adopt it.

The *constitution* of our *atmosphere* may indeed be otherwise changed. It is not improbable but that, from the great *heat*, there is a constant unwholesome exhalation arising from the *exposed* and *heated earth* mixing with the *respirable air*.

The accurate experiments of several of the greatest *Philosophers* of the present age, have indeed proved, that *air*, which has been rendered *mephitic* by *animal respiration*, is changed by the effect that *vegetation* is capable of producing on it, so as again to become fit for the purposes of *animal life*.

Trees may perhaps be wanting at *Barbadoes*, to assist other vegetable productions in effecting this salutary change.

Among the many causes which render large *cities* unhealthy, the want of *trees* may not be the most inconsiderable: and as it will hereafter be noticed that the *Glandular* disease is a disorder of a *septic* tendency, so we also find that *putrid* diseases are most prevalent in large *cities*.

If the opinion I have advanced be admitted, it will perhaps furnish the reason why this *complaint* is not common in the other *Islands*; for they are not yet cleared of *woods*; besides that, they are *mountainous*, when compared to *Barbadoes*. All the *Caribbee Islands* being contiguous, it is probable that, in process of time, if the same circumstances take place in the rest, so as to produce an alteration in the *atmosphere* similar to that which has already happened in this, they will not then be totally exempt from the *disorder*. *Antigua*, which I apprehend to be more cleared of *wood* than any other *Island* except *Barbadoes*, though a more *mountainous country*, has afforded me

ene instance of the *disease* *; but I doubt much whether it be the only one †.

S E C T. VII.

Disorder seated in the Lymphatic System.—

Lymph more disposed to coagulate in Persons affected with it.

IT being demonstrated that the *parts* on which the *complaint* fixes itself, are the *lymphatic glands* and *vessels*, the *disorder* must consequently be seated in the *lymphatic system*; it is necessary therefore that the *symptoms* should be accounted for in such a manner, as to agree with this idea of the seat of the *disease*; and we shall also endeavour to propose such remarks, as may lead us to determine the true nature of the *distem-*

* See Case N^o 12.

† There has not hitherto been so satisfactory an account of this *disorder*, as could enable *inquirers* to determine, by comparison, what similarity there may be between the *Glandular disease* of this *Island*, and those *maladies*, in other parts of the *Globe*, which are attended with *topical swellings*.

per; and to prove not only that the prevention or cure ought always to be attempted, but likewise to establish the most rational way of proceeding, to the attainment of this desirable end.

The situation of the *lymphatic glands* is certainly subject to some variety*. They are, however, to be met with almost constantly in particular parts of the body. In the *parts* where there are *lymphatic glands*, we may expect to find these *swellings*. Thus, when the *lymphatic glands* of the *neck* are affected, the *scalp* may be diseased. When the *glands* in the *axilla* are inflamed, the *upper extremities* or the *mammæ*. When the *inguinal glands* are the seat of the *inflammation*, the *scrotum* or *lower extremities* are the *diseased* parts, as I have already noticed.

The *legs* or *feet* may be *enlarged* in consequence of diseased *lymphatic glands* of the *ham*. These are the chief *parts* in which *lymphatic glands* are found externally.

As yet I have never heard of any person being opened, who had died of the *disorder*,

* See *Hewson's Lymphatic System*, chap. iii. page 44.

when it had fixed on the *internal parts*; so I can only observe that it appears probable from analogy, that the *lymphatic* or *mesenteric glands* are affected in such cases; but they are very uncommon.

The *lymphatic glands* being the *parts* through which the *lymph*, which is absorbed from the several parts of the body, must in general pass, in order to be conveyed to the *thoracic duct*, it is evident that, if from any cause whatever these *glands* shall be so diseased as not to permit the absorbed *fluids* to pass through them, there must be an accumulation of it between the *lymphatic gland* and the part from whence absorption began; and when the absorbent *vessels* are so much distended as to be incapable of further absorption, the *cells* or *cavities*, in consequence of the *fluid* secreted into them by the *exhalent arteries*, must become filled and very turgid. This inflammation in the *gland*, produced by some particular irritation, together with the distension and swelling of the *part*, are sufficient causes, particularly so in *constitu-*

tions rendered irritable by a *hot climate*, to give rise to the *symptomatic fever*.

The *lymphatic vessels* shew the appearance of *disease*, by forming a painful *ridge* or *cord*, which is of greater or less breadth, according to the number of *lymphatic vessels* composing that *lymphatic gland* which is obstructed; and these *vessels* bear a proper proportion to the size of the *lymphatic gland*. If the *lymphatics* be numerous, the more extensive is the *part* from whence they arise; so that the *swelling* will be in a *ratio* to the quantity or number of *lymphatic vessels* composing the *gland* that is rendered impervious to the passage of the *lymph*.

The parts from whence the *absorbents* of the *extremities* have their origin, are the *cells* of the *cellular* substance. They are therefore these *cells*, rendered turgid with the *lymph* that is poured into them, and there retained, that cause the *enlargement*. To determine this matter with precision, it is absolutely necessary to ascertain whether the effused *fluid*, which does, as I have advanced, give rise to these *enlargements*, be the same as that which is formed by the
exhalent

exhalent arteries. For this purpose read Cases N^o 6, 9, 13, 16, 22, and 26.

The *fluid* secreted by the *exhalent artery* has been proved to be different, according to the *health* or *weakness* of the *animal*.

In this *disorder* there may, in some instances, be a fault in the *secretion* of the *lymph*; but it is certain that the *effused fluid* has, in most cases, an evident resemblance to the nature of that *lymph* which moistens the several *cavities* of the body. Sometimes, like serum *, it requires heat to coagulate it. I have had several opportunities of examining this *fluid*; for the great distension which takes place, frequently *cracks* the *skin*, and, as I have before noticed in the history of the *disease*, the *fluid* that oozes out, which at first appears often as clear as *water*, does frequently, on exposure to the *air*, form a *jelly*. It coagulates in the same manner as the *lymph* does, when taken from the *cavities* of the *thorax* or *abdomen* of *animals*. I have very often been present when Mr. *Hewson* repeatedly made those experiments, related in the *second*

* See Cases N^o 6, 13, and 16.

part of his *Experimental Inquiries*, and am therefore well acquainted with those facts.

The *lymph*, however, may be found to vary, according to the general health of the *patient* afflicted with this *disease*. It may, in some cases, contain very little *coagulable* matter; but if the *Glandular complaint* be the only one existing in the habit, it is not improbable that the tendency to coagulation in the *lymph* may be somewhat increased; for may it not be presumed, that the *exhalent arteries* will be more or less affected with the *inflammation* of the contiguous *parts*? When this happens, the *lymph* is found to coagulate sooner; and indeed it appears to me, that the coagulable portion of the *lymph* is also increased in quantity, in consequence of the increased action of *inflamed vessels*: sometimes the *inflammation* becomes so high as to form *pus*, and then *abscesses* are produced.

Hewson, reasoning on the conclusions that are drawn from the experiments already alluded to, says, “ *Although from these*
“ *experiments I am convinced that the*
“ *lymph in these cavities and vessels of an*
“ *healthy*

“ *healthy animal will always jelly on being*
“ *exposed to the air, yet I have likewise ob-*
“ *served that the strength of that jelly is*
“ *different in different animals. In geese these*
“ *fluids jelly sooner than in dogs; and in the*
“ *same animals the jelly differs in the differ-*
“ *ent circumstances of health: in most of the*
“ *dogs which I examined, the lymph seemed*
“ *a strong jelly; but in a dog which I had*
“ *fed eight days with bread and water, and*
“ *that rather sparingly, the lymph formed a*
“ *very weak jelly; and in young geese these*
“ *fluids are later in jellifying than in such as*
“ *are full grown. I have observed the same*
“ *of the fluid contained in the pericardium*
“ *and abdomen of other animals; which*
“ *fluid, when in a small quantity, always*
“ *formed a strong jelly; but when more co-*
“ *pious, and the animal more feeble, the jelly*
“ *was thinner; and in dropfical cases it is*
“ *well known, that the fluid let out of those*
“ *cavities is not observed to jelly on being*
“ *exposed to the air, as it does in animals in*
“ *health; but in some cases it is found to*
“ *coagulate by heat, like the serum of the*
“ *blood; and in others it only becomes a little*
“ *turbid*

“ turbid when boiled, owing to the coagulated matter being in very small proportion to the water.”

The same *author* has also observed, that as the *lymph* becomes more watery in a weak state of the *animal*, so it is less watery and more coagulable in some diseases.

S E C T. VIII.

Appearance of the Part affected with the Disease.—Increased Bulk arises from the Effusion of the Lymph.—Topical Symptoms to be particularly attended to

THE *leg* being the *part* on which the *distemper* not unfrequently fixes itself, I shall endeavour to explain the constant appearances induced by it on that part.

The *passage* of the *lymph* through the *inguinal gland* being impeded, the *lymphatic vessels* leading to the *gland* become *distended*, often very *painful*, and much *inflamed*; these vessels form the *cord* (the *red line*, *stroke*, or *ridge*) which appears very *red* and *hard*,
and

and considerably inflamed when superficially seated; but when the deeper vessels are concerned, these appearances are less evident. If the inflammation be but slight, it is of a paler colour; if the distention of these vessels should not be attended with inflammation, this cord will appear without redness, and if immediately under the skin, may even present a whitish line *. The retention of the *lymph* in the *cellular membrane*, causes the *swelling* and *oedema* to take place: the *lymph*, for some time after its *effusion* and *accumulation*, continues *fluid*, which accounts for the *anasarcous* appearance the limb puts on when the *swelling* first commences; for at this early period of the *disorder*, the *part* is indented by *pressure*, and these *indentations* are soon filled up again in consequence of the *lymph*, which, being *fluid* at that time, resumes its place in those *cells* of the *cellular* substance, from which the *pressure* had repelled it.

When the *part* is so greatly *swelled* as to burst, the nature of the *liquor* effused affords ample proof of its being the *lymph*

* See Case N^o 25.

which

which distends and forms the *tumor*, because we find that this *fluid* possesses the same properties as the *lymph*.

If the *inflammation* of the *lymphatic glands* should abate, so as to allow the *lymph* to pass through them, then the *swelling* gradually subsides. But if this should not happen, the *lymph*, by being long retained, begins to lose its fluidity, and becomes *gelatinous*.

On the next attack the *enlargement* increases; the *lymph* already *effused* grows more and more *solid*; and on each succeeding attack the *swelling* becomes larger and harder, and puts on various appearances as to shape, &c. from the different modes and degrees of external pressure, from the healing of the *cracks*, or from *external bruises*, till at length the *leg* shall assume the monstrous form already described.

Patients do not complain of the *weight* of these *large legs*, because they become habitually insensible to it, by a very slow and gradual increase of the bulk.

The *skin* in its natural state, viewed through a *magnifying glass*, appears *scaly*; and

and as the *parts* become more *enlarged* by the *disease*, these *scales* are more *conspicuous*.

In the *history* of this *disorder*, I have mentioned the *scorbutic* appearance of the *gums*, and a *brown fur* which is often perceived on the *teeth*; we may perhaps account for these *symptoms* by observing, that this *distemper* has in many *cases* a *septic* tendency; and that in *diseases* of the *putrid* kind, and particularly in *typhus fever*, a *viscid mucus* of a *light brown* colour appears on the *gums* and *teeth*. As the *disorder* advances, and becomes more and more *malignant*, this *mucus*, as well as the *fur* on the *tongue*, grow of a *darker* colour, till they are quite *black*. The *gums* swell, and have a *livid, scorbutic* appearance.

All the *appearances* observed on *dissection* seem to illustrate and to confirm my opinion of the *disease*. See Case N° 24.

A *gentleman* of the highest abilities in the *medical profession*, particularly as an *anatomist* and *surgeon*, on his arrival at this place from *London*, was exceedingly desirous of obtaining information concerning
the

the *disorder*, which is the subject of this *Treatise*. In order to satisfy his curiosity, I gave him a rough copy of this manuscript to read; after which he favoured me with the following *case*, which affords a considerable support to the above reasoning.

“ Mrs. Jeffries, *aged about forty, had the*
“ *left breast taken off, in consequence of hav-*
“ *ing a cancer in it; the glands in the*
“ *axilla being also affected by the disease in*
“ *a very considerable degree, as many were*
“ *extirpated as could be taken away with*
“ *safety: the axillary artery, after the ope-*
“ *ration, was left quite bare, and no more*
“ *glands could be felt. Some few days having*
“ *elapsed, the arm began to swell, and in-*
“ *creased in size every day, till it became so*
“ *large as to be attended with horrible pain*
“ *from the vast tension; and remained in that*
“ *state till she died, which was about two*
“ *or three months from the time of the ope-*
“ *ration; the cancer breaking out again*
“ *upon the ribs, and soon destroying her.*

“ *The swelling of the arm, in this case,*
“ *exactly resembled the Barbadoes leg, the*
“ *tension excepted, which happened from*
“ *the*

“ *the rapid progress of the swelling, arising*
 “ *from a total loss, not an obstruction, of the*
 “ *lymphatic glands; which last seems to be*
 “ *the case in Barbadoes.*”

Indeed it is a matter of no small importance to ascertain and demonstrate, that the increased bulk of the *diseased part* depends merely on the effusion of the *lymph*; for this circumstance fully refutes the opinion entertained of this disease, and propagated by some of the most learned and judicious *practitioners* of this *Island*, and which they had adopted from Dr. Town. Dr. Hillary indeed seems to be impressed with the same idea. He says, “ *The cause of*
 “ *this monstrous leg, which gives the name*
 “ *to this disease, is the morbid matter of a*
 “ *fever, which is gradually deposited on the*
 “ *leg by an imperfect crisis of each paroxysm*
 “ *of this peculiar fever, and is truly the effect*
 “ *of that disease.*”

This doctrine, as it should seem, has in no inconsiderable degree prevented the proper means of relief from being applied to these unfortunate *patients*. I am persuaded that no man, in order to support the
 almost

almost obsolete doctrine of *peccant humours*, will advance, that the *lymph* is to be included in this class. Let us on the contrary hope, that persons afflicted with this horrid *distemper*, will hereafter employ the most effectual means to prevent these unseemly *enlargements*.

When the *disease* commences, the *plan* hereafter recommended must not be neglected; for the *topical affection* demands, even in a superior degree, our attention. Every means should be employed to mitigate the *inflammation* of the *lymphatic gland*; for Mr. *Hewson* has justly observed;

“ If these glands are obstructed, the lymph
 “ not being able to get into the duct, is retain-
 “ ed in the extremities : hence we so often see
 “ dropsies the consequence of diseased lym-
 “ phatic glands, which dropsies cannot be
 “ cured till the obstruction of the gland is
 “ removed.”

Not only *dropsies*, which are generally connected with a *morbid state* of the WHOLE SYSTEM, may arise from an impediment to the return of evacuated *fluids*; but those *swellings* which become *solid* are also, in my opinion,

opinion,

opinion, the consequence of the *coagulable lymph* being retarded in the *lymphatic vessels* and *cellular membrane*, as in the *Glandular disorder*. The *cases* mentioned in the beginning of this *treatise* seem to arise from the *lymphatic vessels*, which compose the *glands*, being rendered, by some *disease*, impervious to the return of the *coagulable lymph*.

Perhaps the *rupture* of the *lymphatic vessels*, in healthy persons, which is said to be a *cause* of *dropsy*, more commonly lays the foundation, or gives rise to some *species* of *steatomatous tumours*.

The circumstances that are well ascertained with respect to the *anatomy* of the *lymphatic system* (to wit, that there is considerable variety in the situation, number, and magnitude of *lymphatic glands*, and that sometimes a large *lymphatic vessel* goes on to the *thoracic duct*, without passing through a *lymphatic gland*) account in a satisfactory manner for the *disease* being found in various parts of the body; for its violence in particular cases; and also for the more speedy abatement of the swelling in some instances than in others.

It must also be remarked, that there are *two* sets of *lymphatic vessels*, the *one* superficially diffused under the *skin*, the *other* deep-seated, and accompanying the large *blood vessels* and *nerves*. Although the superficial *lymphatics* be most commonly first affected with the *disorder*, yet this is not a constant rule: hence, perhaps, the *red line* may not appear in those few cases, where the disease has fallen upon the deeper-seated *lymphatics*. Some persons are less irritable than others; which accounts for the great pain some *patients* complain of, while others, when the *disease* is not violent, scarce pay any attention to the *topical symptoms*.

It is sufficient that I have endeavoured to explain the symptoms of this disorder; it would lead too far from my present purpose to investigate the reason why the same phœnomena do not *always* take place, when a *lymphatic gland* is diseased from the absorption of cancerous, variolous, syphilitic, or other acrid matter. I shall only briefly observe, that, in the *Glandular disease*, not only the *lymphatic gland*

or

or *glands*, but the whole *cord* or *plexus* of *lymphatic vessels* leading to it, or them, are affected. I therefore conceive that the predisposition to the *Glandular disorder* must be very powerful, when it is excited by absorption; and perhaps the presence or absence of the *fever* does in a great measure depend on the degree of debility or relaxation of the patient's constitution, and more particularly on the irritability of the *lymphatic system*.

At the end of this *Essay*, I have added many *cases*, which will prove that the opinion I entertain of the *disorder* is drawn from nature; the *cases* being so many authentic evidences in support of my doctrine.

S E C T. IX.

*Disease seldom fatal, unless it should fall on
the Bowels.*

TH E *prognostic* in this *disease* depends on a knowlege of the *patient's* constitution, on observing the seat of the

local affection, and the nature of the *fever* that is excited, which is exceedingly apt to run into the *epidemic*, if there should be any prevailing.

It is seldom a fatal *disorder*, except only when the *head*, *stomach*, or *bowels* are affected. When the *scrotum* is the part *diseased*, there is then considerable danger. When the *mammæ* are affected, it often becomes both troublesome and dangerous.

When the *extremities* become the seat of the *complaint*, there is not often any reason for apprehension; except where the *habit* of body is so *bad* as to give reason for dreading a *mortification* of the *part*; or unless the *lymphatic glands* * should be so totally *obstructed*, as entirely to prevent the return of *lymph* to the *thoracic duct*.

The *fever*, though it be most commonly *simple*, and does not last long, yet it sometimes terminates in a *remittent*, or even in a *continued putrid fever*.

It must however be acknowledged, that the unfortunate persons who are afflicted

* See Case N^o 6.

with this *distemper*, have a very precarious existence, and are sometimes hurried from this world by a sudden and unexpected death †. I have been *thrice* called to patients, in whom the *bowels* have been affected. One of these, being at some little distance from *town*, died before I could possibly reach the place; and another lost his life before my *prescription* could be made up. The *third* lived but a short time after I had seen him. They were all free from any *complaint*, except the *Glandular disease*, and were all in health a very few hours before I was sent for.

I presume that in all these *cases* the *disease* had terminated either by an incipient *mortification* on the *bowels*, or by such an *atony* of the *viscera*, as we sometimes meet with in the *gout*, or in the *cold* fit of an *intermittent fever*.

† See Case N^o 7.

S E C T. X.

Method of treating the Disease considered.—

Topical Applications.—Topical Bleeding.—

Great Advantages of Bandage.—Use of

Mercury.—Effect of Issues.—Antimony

and Opium combined.

TO render the *plan of treatment* as little complex as possible, it seems proper to take the simplest view of the *disease*.

May it not be said, that this *complaint* is a *local inflammation* in the *lymphatic system*, often connected with a *symptomatic ephemera*; that it is exceedingly irregular in its returns, as it depends on exposure to fresh occasional causes; and that this *fever* is very apt to take the type of the reigning *epidemic*?

We ought indeed never to lose sight of this circumstance, that the *habit* of body of those persons, who are liable to the *disorder*,

is

is always prone to *putrescency* in a certain degree, sometimes as far as is consistent with the living principle.

From this concise account our *plan* of *cure* may be deduced.

The treatment of the *local symptoms* must be varied according to the nature of the part affected; and we must at the same time be attentive to the constitution of the *patient*.

The *fever* also demands our serious attention: and here we shall only speak of the common *ephemera* which generally attends; for, as I have before noticed, it is apt to run into the *epidemic* of the season; and, when this is the *case*, the treatment must vary according to the specific nature of the reigning *disorder*.

To avoid the *causes* of this *complaint*, would unquestionably be a desirable object; inasmuch as the prevention of a *disease* is preferable to the *curing* of it.

While the *lymphatic gland* is inflamed and obstructed, *emollient* and *relaxing cataplasms* and *fomentations* are highly proper. Nor have I seen any danger arise from a

*cautious, topical use of sedatives**, such as the *sacch. saturn.* and other preparations of *lead*, *solutions of white vitriol*, and applications of *vinegar*, and *crude salt ammoniac*. The addition of *brandy*, and even of *tinct. thebaic.* to these *lotions*, has in some cases afforded the greatest alleviation to the violent pain of the part.

With this *plan*, the state of the *bowels* ought to be attended to, and *laxative* medicines should at the same time be exhibited; for although a *metastasis* may take place in cases of this *inflammation*, yet this change is as little likely to happen in these instances, as in *inflammations* arising from any other cause: nevertheless no necessary precaution ought to be neglected.

Topical bleeding from the *inflamed part*, might be practised with advantage: and it is to be regretted that we have no *leeches* in this island; for I am much inclined to think that the application of them would be of infinite service. Slight *scarifications* must supply this deficiency.

As soon as the *inflammation* has subsided, a

* See Cases N^o 2, 4, 5, 10.

a *bandage* * should be judiciously applied, with moderate *pressure*, from the *extremity* of the *part* diseased towards the *lymphatic glands*. But if the *part* should be exceedingly *swelled*, and much distended, it is highly adviseable first to make small *transverse punctures* †, in order to give vent to some of the *extravasated lymph*; as we do in *dropical* cases, where there is frequently a *morbid, watery deposition*: for it must be observed that the *lymph* effused in this *complaint* is not very soon coagulated. When the *lymph* is only stagnated, without being exposed to the *air*, there is sufficient time for these *scarifications* to be of service; at least in much the greater number of cases.

I never met with more than one instance, where the *lymphatic glands* appeared to be totally *obstructed*; and it is probable that the violence of the *disease* had been increased by improper treatment in that case. See Case N° 6.

If the *inflammation* brought on the *exhalent arteries* should be so great as to render

* See several cases where bandages were of use.

† See Case N° 16.

the *lymph* effused liable to *coagulate* immediately on its secretion into the *cellular* substance, such a case would scarce admit of any alleviation. An instance of this speedy *coagulation* of the *lymph* was met with by Sir *John Pringle*, and is recorded in the *second part* of *Hewson's Inquiries*. If such a case should occur, the lessening of the *topical inflammation* is unquestionably the *primary* object to be attended to; and if this should not succeed in reducing the *enlargement*, we ought still to try the effect of *tight bandage*, accompanied with frequent and long-continued *frictions* with a mild *volatile liniment*.

The *habit* of the *patient* does not always admit of *mercurial friction*; but the *extract* of *hemlock*, combined with a proportion of *mercurial ointment*, seems to be of use when applied to the *obstructed gland*.

In *cases* where a *schirrhus* ensues, *alterative medicines*, such as the different preparations of *antimony* and *mercury*, have been exhibited by many *practitioners*: but if the *patients*, in some instances, have been relieved, which may probably have happened

pened when these *medicines* were properly administered, yet the benefit arising from this mode of practice, has not been so conspicuous, nor so general, as to establish it.

Issues have been sometimes recommended, with a view to lessen these *swellings*: they are certainly *efficacious* in some *disorders*, though in many instances their *utility* may be reckoned doubtful.

In the *Glandular* complaint the *inflammation* is, for the most part, transient; and if, from the want of a timely application of proper remedies, *abscesses* should be formed, which leave ill-conditioned *ulcers*, in such cases the cutting of an *issue* often aggravates the *patient's* distress; for another *ulcer* is thereby produced, no less difficult of cure than the former.—BESIDES,

A *purulent* discharge is produced from *issues*; while the cautious and moderate *evacuation* of the *effused coagulable lymph*, when the *diseased part* becomes enormously *swelled*, is the chief object to be had in view.

As the structure of the *cellular membrane* permits *fluids*, that are *effused* into it, to gra-
vitate

vitae to the depending parts of the body, a *horizontal* posture ought to be recommended, especially during every recent attack of the *disorder*.

But the best method of opposing the permanent *enlargement* of parts affected with the *disease*, is to prevent the *lymphatic gland* from becoming *schirrhous*, or *impervious* to the *passage* of the *lymph*, by which this fluid is hindered from passing towards the *thoracic duct*.

When the *inflammation* of the *gland* is removed, and the *passage* through it is free, *bandages* to the *tumefied parts**, I have said, are then earnestly to be recommended; for I know that by their use Mrs. Curll has, in many *cases*, prevented, and in others very greatly lessened, these *enlargements*. Her *plan*, indeed, cannot possibly extend further than the obviating of the *effects* of the *disease*; but even this is a most laudable attempt, and deserves *encouragement*. We are always to reflect, however, that the return of a *disorder* peculiar to any *country* is ine-

* The utility of bandages may be demonstrated by the obvious effect of shoes. See Fig. A. B. F.

vitale, unless the *causes* of it be prudently avoided.

Mrs. Curll's practice, after exhibiting a few gentle *purges*, is to put her *patients* under a course of *Lockyer's pills*; while to the part she always applies *tight bandages*, spread with an *adhesive plaister*, the composition of which is a secret. She constantly, however, rolls the *diseased extremity* from above downwards; which might be detrimental, were it not that the great number of *valves*, in the *lymphatic vessels*, prevent the *fluid* contained in them from being carried any other way than towards the *thoracic duct*: so that every kind of *pressure* forces the *lymph* onwards; and consequently the effect is the same as if the *roller* were applied to the *extreme parts* of the body, and from thence continued towards the *trunk*.

The best mode of practice, when the *head, stomach, or bowels* are attacked by the *complaint*, does not appear to be sufficiently ascertained; but the application of a *blister*, as near the *part affected* as possible, is in these *cases* attended with advantage. I have sometimes momentarily relieved the violence

Vide in the
Med. and Phy
Journ. a case
of elephant
leg cured
by the straps
I think the
Surgeon was
Ward of Man-
chester.

lence of the *pain*, by applying *highly camphorated vitriolic æther* to the *part*. *Opium*, joined with *antimony* or *ipécacuanba*, does great service; although I never gave these last *medicines* when the *head* was affected; for, in fact, I have seen but *one case* of that sort, and this was before I understood the nature of the *disease*: proper *diaphoretic medicines*, however, are always serviceable. When the *disorder* affects the *mammæ* or *scrotum* (particularly if the *inflammation* be communicated from the *scrotum* to the *testicle*) there is no possibility of relieving the *pain* without a very liberal, though prudent, administration of *opium*.

S E C T. XI.

Treatment proper for the Symptomatic Fever.

—Use of Emetics.—Danger of bleeding.—
Effect of Electricity.—Flowers of Zinc
powerful antispasmodic.—Use of cold bath-
ing, &c.

WITH respect to the *treatment* of the *symptomatic ephemera*, it does not differ essentially from the practice in *intermittent fevers*. It is proper that the *paroxysm* be shortened; that the *crisis* (which is commonly by *profuse sweats*) be rendered as complete as possible, and that every precaution be used to prevent the return of the *disease*.

In every stage of the *paroxysm* of fever, I have prescribed the following draught:

℞. *Essent antimon.* gutt. xx. *tinct. thebaic.* gutt. xxx. *spt. minderer.* ℥i.
fiat haustus.

This, whether given in the *cold* or *hot fit*, with a draught of *wine-whey*, or *sage-tea*, shortens the *paroxysm*, produces *sweat*,
and

and frequently procures *rest*. If the *perspiration* does not soon come on after the *hot fit* takes place, I for the most part direct the following *diaphoretic drops* :

R. Gum. camphor. ℥ss. spt. nitr. dulc.
tinct. serpentar. ana ℥ss. misceantur.

A *tea-spoonful* is given every *second* or *third hour*, with a *decoction* of *contrayerva*, to which, in some cases, a proportion of *rad. serpentar. virgin.* is added; and in other instances the *saline draughts*, or sometimes the *spt. mindereri*.

After the *fever* has been removed, I have generally given some *purgative medicines*, and have usually preferred the *infusion* of *senna* to the more *antiphlogistic cathartics*; quickening its operation with the *tincture* of *jalap*, or with the *tincture* of *senna*.

Emetics, seasonably exhibited, are of considerable service, by taking off *spasm*, and by inducing a gentle *diaphoresis* on the surface of the body; for this purpose small doses of *ipecacuanha* are to be preferred.

I am persuaded that the incautious use of *emetics* has done considerable injury to the

the *constitutions* of many persons * ; for these *medicines* seem commonly to be given with no other intention than that of empty-

* It is not without much deliberation that I have mentioned this circumstance; and indeed it is with the utmost diffidence when I venture to suggest, that there are other errors subsisting, in the *practice* of *physic*, at *Barbadoes*. My motive is a sincere desire to bring about a *reformation*; and, to accomplish this, it is incumbent on me not to conceal the *truth*. The *medical gentlemen* of the *Island* will therefore, I hope, excuse my doubts, if I humbly submit to their consideration, Whether *bark*, *antimony*, and *mercury* be not frequently administered with much impropriety? Whether mischief be not sometimes done by too copious and repeated *bleeding*? Whether *medicine* be not often given to the *sick* in too great profusion? and, Whether the application of such numbers of *blisters* and *mustard plaisters* as are in constant use, be not most commonly attended with pernicious effects? It is to be observed, indeed, that the *patients* and their friends seem highly pleased, and express great satisfaction, if the *medical attendant* appears anxious to do a great deal; but surely this circumstance should not induce us to do more than is really right, or even to assume the appearance of doing it; for we ought to remember that *MEDICINE* is a liberal and noble *profession*, and should be practised with the utmost degree of candour; otherwise we injure our *patients*, deceive *ourselves*, and obstruct the improvement of this most useful *art*.

ing the *stomach*. The *patients* themselves, for the most part, are not satisfied unless *eight* or *ten pukes* be provoked; and if a considerable quantity of *bile* be not forced up in the *two* or *three* last discharges, they conclude that they are but little benefited. To produce this effect, repeated *doses* of *tartar emetic* are given, in preference to the *Indian-root*, as the former *medicine* is more active in its operation than the latter; perhaps it is also, in some cases, preferred, because *emetic tartar* is considerably cheaper than *ipecacuanba*.

The *first emetic* that is exhibited being so violent in its operation, that it forces up the *bile* from the *gall-bladder*, this is considered in general as a positive proof, that the person who took it was *bilious*; a circumstance which becomes a certain indication for the repeated exhibition of *tartar emetic*. By such means the *tone* of the *stomach* is almost totally destroyed, the power of *digestion* is weakened, and the food turns *acid*; then the *aphtæ*, &c. commence.

The *stimulus* and *violent exertions* which *strong emetics* excite, greatly increase the
secretion

secretion from the *liver*; so that the proposed remedy occasions the flow of *bile*, which it was intended to remove, and often produces the worst consequences, by causing other *diseases*. It seems also proper to observe, that the intention in giving *tartar emetic* being merely to evacuate *bile*, it is administered *early in the morning*; and as soon as the desired effect is obtained, the person almost constantly exposes himself indiscreetly, during the rest of the day, to the open *air*, without reflecting that the nature and action of vomiting have opened the *pores* on the *surface* of the body, and therefore rendered him liable to catch *cold*, which greatly endangers the *constitution*.

The *local inflammation* attending the *Glandular disease* is sometimes very high, and the *fever* ardent. I will not say, therefore, that *bleeding* from the *system* ought never to be prescribed; but the inflammatory symptoms must be very urgent indeed, to justify the use of it.

It is remarkable, that whatever reason there may be, from the *pulse* and the degree of *fever*, to expect that the *blood* drawn

from persons habituated to this malady should be *sizy*, yet that circumstance very seldom occurs.

A very respectable gentleman was liable to be attacked by this *disease*. He complained of an *affection* of his *head*; his *face* was *florid*, and he had every appearance of *plethora*; his *pulse* also was *hard, full, and strong*. I directed him to lose *eight ounces* of *blood*, and was present when the operation was performed. The *blood* was received in *tea-cups*, and flowed from a *large orifice* in a *stream*: there was not, however, the least appearance of *size* upon it; on the contrary, the *crassamentum* contained very little *coagulable lymph*; it was exceedingly tender, and *coagulated* with so little firmness, that a slight agitation made it appear *fluid*.

The observation, that *phlebotomy* is detrimental in this *disorder*, is derived from the experience of many *practitioners*. Some persons even have *died* soon after the *operation* *. I have annexed some instances, in the *second part*, which will prove this fact.

* See Case N^o 20.

There is *one case*, in particular, where the *Glandular disease*, which had not existed before, very soon made its appearance after the *patient* had lost *blood* for a *rheumatism* *. I have also seen very fatal events, in *two* or *three* instances of *women* just after *delivery*, where the usual *discharges* have been very soon followed by this *complaint*.

When the *inflammation* and *fever* are abated, it then becomes the duty of the *physician* to counteract, as much as in his power, the predisponent cause of the disease existing in the *patient's* habit of body, and by that means to prevent the frequent returns of it.

For this purpose the administration of the *Peruvian bark* is found by experience to be highly proper. *Chalybeate medicines* have their use. *Electricity* has also been tried †; and it not only prevents the frequent returns, but also lessens the *enlargements* of the parts: perhaps it acts by stimulating the *system*, and promoting *absorption*.

* See Case N^o 15.

† See Case N^o 17.

I have found that the *flowers* * of *Zinc* †, given in the dose of two or three *grains*, twice or thrice in the course of the day, have been most effectual in strengthening the *system*, and preventing the return of the *disease*.

I have also recommended the liberal use of *fixed air*, and, I apprehend, not without benefit.

Cold bathing, although often serviceable in strengthening the body, ought to be used with caution. The continuance in the *bath* ought to be prohibited; for, in *two* instances, I have known such a *coldness*

* *Flowers of Zinc*, in my opinion, are a most important article in *medicine*. I have made trial of them, in a variety of *cases*, with the greatest advantage to the *patient*. My observations on their *action* prove, that they are not only a powerful *antispasmodic* remedy, but that they are also possessed of very great *tonic* virtues. I have prescribed them, with the greatest advantage, in all those cases, where such a remedy was indicated, *viz.* in *epilepsy*, the *hysteria*, *lock jaw*, *putrid fevers* attended with *spasms*; in *intermittent fevers*, *nervous fevers*, *mortifications*; in several cases of *worms*; and I have given them, joined with *opium*, in the habitual *diarrhœa*, when *bark* and *opium* have been ineffectually tried.

† See Case N^o 18.

brought

brought on, that *warmth* could never be excited again, and the *persons* died. *Cold bathing*, however, is certainly strenuously to be advised, to those who have never had the *disorder*, as a *preventative*.

Popular remedies are *tartar emetic*, given very frequently as an *emetic*, *sea-water*, *opium*, *sulphur*, *Barbadoes tar* (which latter has the best effect, particularly when *opium* is prejudicial), the *infusions* of *bitter trees* and *herbs*. The *topical* applications are, different kinds of *leaves*, *camphorated spirits* diluted, *alum curd* and *whey*, &c.

When the *disease* has been of long continuance, and has frequently fallen on the same *part*, which is consequently become very greatly *enlarged* and *callous*, I am afraid that we must then allow it to be beyond the reach of our art. In order to prevent, therefore, these most unfightly *enlargements*, the *inhabitants* of *Barbadoes* ought to exert their utmost efforts in avoiding the *occasional causes* of them.

A free though prudent mode of living, is most conducive to this effect; but I must acknowledge, that this advice cannot al-

ways be followed; for necessitous circumstances frequently render this impossible to many unfortunate persons. Those, whom *Providence* has blessed with affluence, may, for the most part, ascribe the cause of the *complaint* to their own irregularities.

If my idea of the remote *cause* be not altogether chimerical, it will not perhaps be impossible to produce such a change in the nature of our *atmosphere*, as may annihilate the *disorder*.

The *plan* to be proposed is so immediately connected with the general welfare of this *colony*, that it cannot fail to be of the greatest advantage to posterity. I would therefore recommend, for this purpose, that all persons possessed of a certain quantity of *land*, should be obliged to plant a proportionable number of *trees* on the *highest situations* in their *estates*; and that in every part of the *Island*, on both sides of the *high-roads*, the *loftiest trees*, and those of the *quickest* growth, should be planted at certain *intervals*.

The *execution* of this *plan*, in my opinion, would not only most certainly invite

vite liberal *showers*, which would gratify the *planter's* expectations with plentiful *crops*, and give a beautiful appearance to our *Island*; but would most probably also prevent the *Glandular disease*: for by *historical accounts* it appears, that there was a happy period in the progress of *cultivation*, about a *hundred* or a *hundred and ten years* ago, when the *Island* was not so divested of *woods* as at present; and a sufficient quantity of *rain* fell on the *earth* to make it very fertile, and to cool the *air*: so that at that time, no doubt, the *diseases* of a *country* totally uncultivated could not exist. *Intermittent* and *remittent fevers*, &c. could not have been common, and the *dry belly-ach* must have been seldom met with; the *Glandular disease*, we are certain, was then entirely unknown. The return of our *country* to such a state is most ardently to be desired, and in my opinion it may be effected. It behoves us therefore to exert our most strenuous endeavours for the accomplishment of so laudable a *purpose*.

S E C T. XII.

Best Method of preventing the Disease considered.

TH E *disorder*, which is the subject of this *Essay*, appears so peculiar to *Barbadoes*, that it may always be escaped by those who have it in their power to leave the *Island*. I am indeed of opinion, when any part of the body is violently attacked with the *Glandular disease*, that the best method of getting rid of it, would be to retire into some other *country*. This is probably the only certain way of avoiding the danger attending this, as well as all other *endemic disorders* of any *climate*.

○ If it be a fact, that these enormous *swellings* of the *extremities* may often be prevented, will it not, with some shew of reason, be asked, Why there are so many melancholy instances of them seen in our streets? To answer this, I must in the first place observe, that the nature of the *disease* has been hitherto totally misunderstood.

stood. It has been conceived that an *enormous leg* served to depurate the body from *vitiating humours*; and that an endeavour to prevent or cure the *complaint* was attended with the greatest risk to the life of the *patient*. This idea has prevailed so long, that it has, indeed, at length become dangerous to the reputation of the *physician* to attempt a *cure*, or even a prevention of the horrid consequences, of the *Glandular disease*; so that this uncertainty respecting the nature of the *disorder* has given rise to *timid and ineffectual practice*.

In the second place, the progress of the malady is slow; for patients are attacked with the *disorder*, perhaps, but seldom, and at each attack the affected *part* is but little increased in bulk; till, by this insidious process, the *swellings* insensibly become *enormous and irremediable*.

Lastly, the poverty of those persons who are most liable to the *disease*, and the great expence of *medicines*, very frequently prevent them from applying for relief. The *faculty* are numerous, and therefore not opulent; they are not uncharitable, but
the

the narrowness of their own circumstances often checks their liberality. Indeed the *country* in general is, at this time, no more than an inclosure of *ruins*, in which *distress* and *poverty* dwell.

But if it be ordained by *Providence*, that this once *fertile* and *happy colony* should again acquire its ancient, flourishing *condition*, it will then be in the power of our *humane inhabitants* to establish *dispensaries*, or build *hospitals*, for the reception of the *poor* and *afflicted*; for I am persuaded that nothing but the general calamitous state of our *country* has prevented these *charitable establishments*.

In order that the means of *cure* might be more generally and with greater facility applied, I think it would be an eligible *plan* to import parcels of proper *medicines*, with *printed directions*, and to have them sold so cheap as only to pay the *prime cost*.

PART II.

CASES

OF THE

GLANDULAR DISEASE

OF

BARBADOES,

AFTER I had determined to publish this *Treatise*, I concluded it would be most proper that the *Cases* adduced, in proof of my opinion concerning the disorder, should be such as came under the observation of other Gentlemen of the Faculty. I therefore sent copies of the preceding pages to several of the most candid and judicious of my Medical Friends, with a request that they would favour me with such observations and cases, as were either in support of, or in contradiction to, my sentiments. They will sufficiently prove that my reasoning is founded on facts.

A very few *Cases* will be met with that were under my direction; they were only such as could not with propriety be omitted.

I have divided this part of my subject into *two Sections*; the first contains recent *Cases*; the *second*, *Cases* of long continuance.

PART II.

SECT. I.

*Containing an Account of recent Cases of the
Glandular Disease of Barbadoes.*

CASE I.

MISS A. S. a healthy young lady, aged *eleven years*, after an exposure to cold, being heated by exercise, suddenly felt a *kernel* in the *axilla*, and perceived a *red line* leading from thence to the *wrist*. The pain in the arm was very great, which was followed by a considerable *swelling* of the whole limb. It was unattended with either *ague* or *fever*. No remedies were used. It was near a month before the *swelling* had totally subsided, and was said to be *rheumatism*.

Not
Eleph.

CASE

C A S E II.

Miss *M. D.* a healthy young lady, aged *twenty-six years*, who had for several months past, since the *hurricane*, resided in a house much out of repair, was, about a fortnight ago, attacked with the *disease*: she had a *swelling* and *inflammation* in a *lymphatic gland* in the thigh, from whence she informed me a painful cord went towards the *ancla*. The *ancla* was very much swelled, particularly towards the evening: she complained of much pain. This lady had no fever. She has for several mornings past taken about *one drachm and a half* of *lac. sulphuris*, as a *laxative*. She has also used the *bandage*, and *sedative lotion*. *June 22, 1781*, the *inflammation* and *swelling* being considerably abated, she is this morning directed to take *one scruple* of the *Oronoque Bark* twice every day, in the forenoon: *Dec. 1781*, the *swelling* entirely removed: *Sept. 1782*, has not had a *return* of the *disease*, and is in perfect health.

C A S E

C A S E III.

Miss *A. C.* a healthy young lady, *twenty-four years* of age, not being able to recollect any cause, was suddenly attacked, three years ago, with all the *topical* symptoms of the *Glandular disease*, unattended with *fever* or *ague*; since which time the disease has returned three or four times in the same manner. *June 15, 1781*, soon after perceiving the *lymphatic gland* in the *axilla* to be swelled, and a hard *red line* leading to the bend of the elbow, she felt a coldness in the extreme parts of the body, which was followed by the cold fit of *fever*, then by a hot one; which last paroxysm was terminated by a profuse sweat. The attack was in the forenoon; the morning after, she awoke tolerably well, except that the arm from the *axilla* to the elbow was swollen. She was directed to take some *purgative* pills, and afterwards to drink cold *camomile tea*, with a few drops of *Dr. Huxham's Essence of Antimony*. The *swelling* gradually subsided. She has since

H

had

had frequent attacks of the same kind, the swelling continuing above ten days after each.

C A S E IV.

Miss *L. A.* a young lady of fifteen years of age, was attacked with a swelling in the right groin, and a line of inflammation which reached to the ankle; the extremity on that side being inflamed, and much swelled, the disease was said to be *rheumatism*. She took several doses of *purging mixture*, and afterwards went into the cold bath every morning. The swelling, &c. went entirely off. Seven years after, this lady, having slept with her window open, was again attacked with the *Glandular* complaint, in the same part, and in the same manner, as before; except only that a regular paroxysm of fever was excited.

I attended her in this last attack, which happened about a *twelvemonth* ago. I directed a *diaphoretic draught*, consisting of *elixir paregoricum* and *essence of antimony* during the fever. When the fever was past,

I pre-

I prescribed a dose of *magnesia alba*, and a lotion of *acet. litharg.* and *aq. rosar.* and had a bandage properly applied. The inflammation was removed, the swelling left the part, and she has had no return of the disease.

C A S E V.

Mrs. E. H. has for several years past very frequently had a swelling and inflammation of a lymphatic gland, situated in the bend of the right arm, which swelled to a considerable degree after each attack of the Glandular disease. It never was accompanied with ague or fever. At every return of the disease she used to roll the part with a bandage, which was kept constantly wet with a lotion, composed of equal parts of vinegar and camphorated spirit of wine: there is now no kind of enlargement in the fore-arm.

C A S E VI.

Mr. T. C. aged 25, after drinking freely on November 4th, was obliged to ride se-

veral miles in the country; before he returned he caught *cold*, and immediately after perceived a *swelling* in the *right ankle*, and an *enlargement* of the *Inguinal glands* on the same side.

The *swelling* and *inflammation* daily increased both in the *leg* and *glands*. At this time he bathed in the sea for several days; and afterwards continued to plunge the affected *leg* into the sea for some considerable time longer. Finding no benefit from these measures, but that, on the contrary, the *swelling* and *inflammation* daily increased, he took an *emetic*, and afterwards some *purging* medicine, with the same ill success.

During this period he had no *fever*, except a symptomatic one, proceeding from the *pain* and *inflammation* of his *leg*, &c. He was then advised to apply a *blister* to the *diseased extremity*: the effect of this was, that a considerable quantity of a *lymphatic fluid*, to the amount of *eight pints*, was discharged in the space of *twenty-four* hours. This discharge diminished the *leg* considerably; but the *absorption* of the *Cantharides*

tharides inflamed the *lymphatic glands* still more, so that they now seemed in a manner impervious. December 1, 1782, he appeared weak and low-spirited; the *tongue* foul; the *pulse* 96, small and hard; the *bowels* free; the *skin* moist. On the preceding night he had taken a dose of *tinct. thebaic. c. essent. antimon.* the effect of which was, that he *perspired* freely, and slept well; was refreshed by a good night's rest, but complained much of *thirst* and *weakness*. The *lymphatic gland* high up in the *right groin* was considerably *swelled*, much *inflamed*, and very hard. The *penis*, *scrotum*, and *right testicle* were swelled; the parts however had been much more enlarged than they were at this time. The *lymphatic gland* high up in the *right thigh* was also very *hard*, much *swelled*, and *inflamed*. This whole *extremity*, from the *groin* even to the *toes*, was *enlarged*, and had the appearance of being affected with an *erysipelatous inflammation*: pressure gave the patient no pain. It was necessary to use some force, and to continue it for a time, in order to make an *indentation* by pressure; and

the skin did not soon recover its level. It was a hard *oedema*.

The large *blister*, which had been applied a few days ago, had caused a very copious *discharge*; by which the size of the whole *extremity* was very considerably lessened, as much as *four* or *five inches* in circumference. These were the *comparative dimensions* of the *lower extremities*.

The <i>left extremity</i> which was free from <i>disease</i> .	Inches.	The <i>right extremity</i> which was <i>diseased</i> .	Inches.
The <i>thigh</i> - - -	19	- - -	23
The <i>leg</i> over the <i>calf</i> -	$13\frac{1}{2}$	- - -	18
A little above the <i>ankle</i> -	$8\frac{3}{4}$	- - -	13
The <i>foot</i> - - -	10	- - -	12

The discharged *lymph* was at first coagulated by exposure to *air*; after some time, it was only coagulable by the application of *heat*; and at last the discharge was entirely aqueous.

Various remedies were prescribed by the *gentlemen of the faculty*; but the discharge from the *blister* was so considerable as to produce an *atrophy*, in consequence of which he died *January 16th, 1783*.

If

If the *blister* had not been applied, is it not probable, as the *lymphatic glands* and vessels were so totally diseased, that the *extremity* would have continued to swell till it had burst, and that the same catastrophe would have happened?

C A S E VII.

Mr. J——, a healthy young man, who was subject to the *glandular disease*, on rising from bed in the morning, found that he had a slight attack of it, of which he complained. He ate a hearty breakfast, and afterwards very imprudently went into a pond of *water*. Soon after his return he was seized with a violent pain in his *bowels*, the *swelling* of the *lymphatic gland* disappearing. The pain continued to increase till the afternoon, notwithstanding every judicious mode of relief was administered. I was called to visit him at his place of residence, a few miles from town; and went without the least delay, but found him dead. His death seemed to be caused by a *mortification* of the *bowels*.

C A S E VIII.

The *case* of a gentleman of the faculty, who had not been in the *Island* more than *twelve months*.

March.—There appeared a small *pustule* on the *superior* and *internal* part of my left *foot*, about an *inch* below the *angle*; this was soon succeeded by a slight *inflammation* and *swelling* in the *foot* and *angle*, and pain in the *joint*. Next day the *skin* was *excoriated*, and discharged a *thin, watery humour*; but the excoriation being small, the discharge was very inconsiderable. It continued in this state fifteen or sixteen days, neither increasing nor diminishing in size, although I kept my leg in a *horizontal* position during the greatest part of that time. I had very little pain, except in attempting to put on my shoe; and at particular intervals I felt a very acute pain in the *sores*, for a few *seconds*, as if some corrosive substance had been applied to it. It remained in a crude state, and the discharge continued

continued *thin* and *ichorous*. On removing the *dressings*, the surface of them next the *sore* had a *black* colour; the *edges* were *cal-
lous*, but the *sore* itself did not appear *foul*.

The 17th, on my rising in the morning, I was surpris'd, when I put my foot to the ground, to feel a violent pain in the back part of my *left leg*, a little below the *calf*, attended with *inflammation*, which extended to about the size of a *dollar*, with a *pimple* in the middle, resembling that on my *foot*, but larger. Another *pimple* appeared on my *knee*, near the *flexor tendons* of the *leg*, where a *contraction* had taken place. The *inflammation* on my *leg* gave me exquisite pain in walking; but, from its trifling appearance, I was not apprehensive of any farther consequence. This day I was engag'd to dine abroad; during the forenoon I felt myself considerably indispos'd, without being able to account for my complaint. I went out, however, about three o'clock; had no appetite or inclination for any thing at table; and at dinner-time I felt a pain reaching from the *sore* on my *foot* along my *leg* and *thigh* nearly to the *groin*; I had also a *chill-
ness*

ness and shivering, with sickness at the stomach, and other common symptoms of fever. I rode home about five o'clock, and had not been there above *ten minutes* before the *uneasiness* in my *leg* and *thigh* increased to so violent a degree, as to give me excruciating pain on the smallest attempt to move or extend my *leg*. The *nausea* became more troublesome, but was relieved by *vomiting*. During the night I slept very little; my pulse was quicker than usual, and the *beat* of my *skin* was nearly natural, except in the *soles* of my *feet*, where it was increased. The *chillness* and *rigor* were not near so violent as they commonly are in *intermittent fevers*. My *urine* was very high coloured. I had a *difficulty* in *breathing*, and a severe pain in my *ankles* and *knees*. I was sensible of the same pain in my *right leg* and *thigh*, but in a less degree; and *pustules* appeared in much the same place as in the *left leg* and *thigh*. On the 18th, in the morning, I perceived a *streak* of *red*, running from my *ankle* to my *groin*; where the *inflammation* spread more, and the *glands* were a little *enlarged* and *indurated*. The pain in my *leg*, and contraction in the *flexors*, continued for *five days*,

*Glands
enlarged
cast*

days, after which the pain gradually abated. The appearance of *inflammation* and the *tension* remained in my *leg*, accompanied with that *shining, pale red*, to be observed in the *erysipelas*; to which disease I am inclined to believe that this distemper bears a near affinity. The *colour* changed on the *fourth day* from a *red* to a *dark livid* appearance, for *two inches* in circumference around the *excoriated vesicle* in the *leg*: this *sores* continued to discharge a *serous, sharp liquor*; and on applying the hand to the *inflamed part*, a very sensible degree of *cold* was perceived; so that the temperature of *heat* in the inflamed parts was greatly below that which was felt in the other parts of the body. The feel resembled that of *oedematous tumors*, or that *species* of it called the *oedema frigidum*.

The *pustules* that came out on my *legs* and *thighs*, when I was first attacked, scarce shewed any inclination to heat for the first six weeks.

The *Glandular disease* seems to be brought on by the absorption of *acrid humour* from a preceding *erysipelas*.

C A S E

This case in toto seems hostile to the theory of

Hendy. If it were one of true Barbadoes leg; it is clear the inguinal glands were affected secondarily. The last paragraph

C A S E IX.

Mr. *A. C.* a gentleman aged 20, a native of *Barbadoes*, has for *two years* past been subject to the *Glandular* complaint. It seized him at first in the following manner: About *twelve hours* before the commencement of the *fever*, he was sensible of a *red streak* running along the inside of the *thigh* to the *ham*, attended with a *tightness* and *pain*; and about an *hour* before the attack of the *cold fit*, he perceived an *enlargement* of the *inguinal glands* on the same side. The *cold fit* was soon succeeded by *heat*, *fever*, &c. which continued for *three days*, with imperfect remissions towards morning; at the expiration of this time, both the *streak* and *enlargement* of the *glands* disappeared. This attack was not attended with any *enlargement* of the *leg*. About *two weeks* after, he was seized with the same *complaint*, but the *symptoms* were different; he did not at this time perceive any *streak*; there was only an *enlargement* of the *glands* in the *groin*, of which he was sensible several hours before the

the commencement of the *cold fit*. The *cold fit*, as usual, was soon succeeded by *heat*, &c. and the *fever* went off by a profuse *sweat*. This paroxysm ended in *twenty-four* hours. As the *fever* left him, his *leg* below the *knee* began to swell, with considerable *inflammation*; the *inflammation* went off in a few days; but the *swelling* has never been entirely reduced, unless when he has been long confined to his bed. The attacks are now more frequent (*ten* or *twelve* times in the space of a year), and always in the same manner as above described; with this only variation, that the *inflammation* sometimes affects one *leg*, and sometimes the other.

Some months ago, after a very severe attack, a great number of small *pimples* broke out on his *leg*, accompanied with *itching*; these, when scratched, discharged a great quantity of a *thin, lymphatic fluid*, which coagulated on being exposed to the *air*. This *discharge* continued for *two months*, and reduced the *swelling* considerably.

C A S E X.

Mr. *W. T.* aged *forty*, during a residence of *thirteen* years in *Barbadoes*, has had *two* attacks of the *Glandular disease*; in both which the *left testicle* was the part affected. *April 3, 1782*, he began to feel a pain and uneasiness in the *testicle* which had formerly been the seat of the *disease*, and also an *enlargement* of the *inguinal glands* of the same side; about *two* hours after, he was seized with a *rigor*, and violent pains in his *loins*; the *testicle* also began to *swell*, and the pain was exquisite; the *rigor* was soon succeeded by *heat*, *thirst*, *dry parched skin*, *quick pulse*, and an increase of *inflammation* in the part affected. At this time a full dose of *opium* was given, *stools* were procured by *laxative clysters*, and a *discutient*, *anodyne poultice* was applied all over the *scrotum*. The *opium* soon relieved the pain, but the *hot skin*, *anxiety*, *quick pulse*, &c. continued, or rather increased. He drank freely of *crem. tart. whey*, and had a *purg- ing* mixture given, which procured several
copious

copious evacuations. Next day every thing continued much in the same situation, except the pain, which was considerably relieved. The *opium* was again repeated, joined with *camphor* and *tartar emetic*; and instead of the *poultice*, a solution of crude *salt ammon.* in *vinegar* was applied to the *testicle*. The *opium* and *antimony* soon procured a *diaphoresis* on the skin, and relieved the *heat*, *anxiety*, and other uneasy symptoms. The same medicines were repeated at bedtime, and with the same happy effect; so that next morning the *fever* had entirely left him. The *swelling* of the *testicle* began also to subside, and the pain was inconsiderable. The same *external* applications were continued, and he began the use of the *bark*. From this time he recovered daily, and his *testicle* was soon reduced to the natural size. No hardness was left in the *inguinal gland*. This gentleman has been the father of several children.

C A S E XI.

Ƴ. H. a mulatto woman, has been subject to the *Glandular complaint* for three

years past. Its attacks are frequent, but at no regular intervals; commonly, however, *eight* or *ten* times in the course of a year.

She is seized with a *rigor*, which continues for an hour or two; and, upon examination, feels the *glands* in the *groin* enlarged, with a *red streak* running from the *groin* to the *ham*, in the course of the *lymphatic vessels*. Immediately after the *hot fit* commences; which is succeeded by *sweating*, and a cessation of the *febrile* symptoms: this paroxysm is commonly at an end in *twenty-four* hours. As the *fever* goes off, the *swelling* and *inflammation* of her *leg* take place, and continue for several days, at which time the *pain* and *inflammation* also go off; but the *swelling* continues considerable in the intervals. She never has any return of *fever* after the first period; but has always found that any small *ulcer* or *irritation* about the *toes* of the *foot* affected, will certainly bring on a fresh attack.

CASE XII.

The *case* of Mr. *A. W.* (by himself).

April 22, 1782. I had been only *fourteen months* in *Antigua*, when, in *July* last, I was affected with a *disease*, which appears to have been nearly of the same nature with the *ague* and *fever*, so common in this *Island*. The *first* symptoms I experienced were, a *stiffness* and *aching* pain in the *upper* part of my *right arm* and *shoulder*. The next morning I found a small *swelling* on my *groin*, and felt the same kind of pain and stiffness in my *right thigh*. These latter symptoms disappeared in the course of *five* or *six days*; but the complaint in my *arm* continually increased, and soon became extremely troublesome. In about a fortnight the *pain* and *stiffness* had gradually descended from the *shoulder* to within *two* or *three inches* of the *wrist*, chiefly affecting the inside of the *arm*, which was so much bent as to form nearly a right angle at the *elbow*. Any attempt to straighten it was attended with excessive pain. *Two* or *three*

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tendons

tendons * appeared particularly contracted, and their course was marked with a narrow *red streak*. On passing the fingers down them, they felt like cords tightly strained, with several small knots or knobs upon them nearly of half the size of a pea, at intervals of *two* or *three inches*.

My *arm* was little swoln till the expiration of the first fortnight, when a violent *swelling* and *inflammation* commenced near the *shoulder*, and in about *ten days* gradually fell down to the fingers ends, when it totally disappeared.

The parts affected, so far from becoming in any degree *torpid* or *benumbed* (which I understand to be a common symptom in the more advanced stages of this disorder), were exquisitely sensible, the slightest touch occasioning violent pain.

After the *swelling* had entirely subsided, the *contraction* gradually decreased; and in about a fortnight or three weeks more, I recovered the perfect use of my *arm*.

During this illness I had very little *fever*, probably not more than would have been

* By these he means *lymphatic vessels*.

occasioned by an equal degree of pain and *inflammation* arising from any ordinary disease. Dr. B. who attended me, called my complaint an *obstruction in the lymphatic vessels*; but being myself so ignorant on this subject, as not even to know what these *vessels* are, I cannot presume to form my judgment on his opinion. I followed the course of medicine he advised near *three weeks*, without finding any sensible effect.

Since my arrival in this *Island*, in *September* last, I have every *five* or *six weeks* felt returns of the *pain* and *stiffness* either in my *right arm* or *right thigh*, sometimes in both. But these have never continued longer than *five* or *six days*; nor have they been attended with the *contraction* and *inflammation* I experienced at *Antigua*: except indeed in the last instance, which happened while I was at Mr. B—'s, in *February*, when these symptoms appeared, though not with their former violence or duration. The *contraction* was slight, the *swelling* subsided in a few days, without descending lower than the *elbow*; and my *arm* was per-

fectly recovered in little more than a fortnight.

Being much alarmed at this attack, I had again recourse to Dr. B.'s pills; and was surpris'd to find that *seven* or *eight* of them affected my *mouth*; though I had taken more than double that number at *Antigua* without experiencing any inconvenience.

C A S E XIII.

Miss S—, aged *sixteen*, formerly regular as to her *menses*, and much troubled with *nervous* complaints, had an attack of the *Glandular disease*. For some time previous to 6th *May*, 1783, she had been troubled with an ill-conditioned *sore* on her *foot*, which gave her great pain, and was with difficulty healed. During that period she frequently complained of a *stiffness* in her *leg* and *thigh*, but paid no attention to it till the forenoon of *May* 6th, when, on walking out, she found a very great *tightness* in the *ham*, and a pain in her *thigh* and *groin*. In the evening of the same day,

about 5 o'clock, she was seized with a *cold fit*, which lasted *three* hours, and was succeeded by a *hot fever*. At this time her *leg*, below the *knee*, began to swell, with great pain, and considerable *inflammation*. The *fever* went off in a few days, but the *inflammation* in the *leg* terminated in a large *collection of pus* seated below the *gastrocnemii muscles*, and which was discharged by incision as soon as a fluctuation was evident. The discharge for *eight* or *ten days* continued *purulent*, and then changed into a *thin, transparent fluid*. This *fluid* did not coagulate on exposure to the *air*, but a small degree of *heat* rendered it a perfect *jelly*. On *July 28th* she again perceived the pain in her *groin*, and *red streak* in the *thigh*; and *July 29th* was attacked with *fever*, but had no *cold fit*: this continued for several days, and was attended with great irritability of the *stomach* and *bowels*. At the commencement of this *second* attack, the *discharge* from her *leg* put on the appearance of *curdled milk*, and in a few days became again *purulent*. *August 10th*, the *fever* left her; she still complained of great pain in

her *thigh*, and *tightness* in the *ham*; the *inflammation*, however, nearly left her *leg*, and the *discharge* became again almost *transparent*. August 20th, the *inflammation* entirely left her *leg*, the *discharge* became perfectly *transparent*, and was greatly diminished in quantity.

S E C T. II.

Account of Cases of the Glandular Disease, which have been of long standing.

C A S E XIV.

MAY 28, 1781, *A. H.* a mulatto woman, aged *sixty*, was affected with an *enlargement* of the *right leg* and part of the *thigh*: the *swelling* below the *knee* had been of *ten years* standing, and that above the *knee* had appeared since the *hurricane* of *October 1780*. The *skin* was *smooth*, except a small *spot* above the *interior angle*, of a *boney-comb* appearance, which she said was brought

brought on by an *ointment* she used in order to remove the *swelling*. An *impression* was left on pressure by the finger. The *leg* was about the thickness of an ordinary *thigh*. She never felt any pain, or saw any *eruption* on the *swelled* part. She and her *daughter* give the following account of this complaint:—She lived *ten years* ago in her *master's* house, which was situated near the *river* and *marshy* ground to *windward* of *Bridge-Town*: at this time her *legs* were in a natural state; and, without being able to ascribe any cause, she felt a *pain* and *swelling* in her *right groin*, which was succeeded by a regular attack of an *intermittent* paroxysm. The *pain* and *swelling* went off, but she had several returns of the paroxysm, which soon reduced her, and were followed by a *swelling* of the *right leg*, which was neglected, being neither painful nor troublesome, and it has continued in the present state ever since: however, it has been visibly enlarged by succeeding attacks, but it returns nearly to its natural standard. This woman's *menses* ceased before the attack. Her

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parents, she believes, never had the complaint. Her *daughter* is free from it.

C A S E XV.

Mr. J. O. D. aged *twenty-two*, a gentleman and native of *Barbadoes*, has been subject to the *Glandular disease* since *seven* years of age. It first seized him after a severe attack of *rheumatism*, for which he had been bled. The manner in which the symptoms all along have made their appearance, to the best of his recollection, is as follows :

He is sensible of a *pain* and *swelling* in the *groin*, about an hour before the *cold fit* commences, which continues for about half an hour; and is succeeded by a smart *fever*, which lasts for the most part about *twenty-four* hours. The *swelling* in the *thigh*, and *inflammation*, take place immediately after the commencement of the *hot fit*, and continue for *three* or *four* days; at the expiration of which time the *inflammation* disappears, but the *enlargement*, till lately, always received an augmentation from each attack.

The

The *local disease* has all along been confined to his *thigh*. From the age of *seven* to *nineteen*, the attacks were frequent and fevere, most commonly once in a *week*. Since the age of *nineteen*, however, they have been less frequent; and, by the constant application of a *roller* for *two years* past, the *enlargement* of the *thigh* has been considerably reduced.

C A S E XVI.

T. W. aged *thirty*, has, since the age of *ten years*, been subject to the *Glandular complaint*; it attacks him *twelve* or *fourteen* times in the space of a year, and much in the following manner:—For a few hours before the *febrile* symptoms come on, he is sensible of a *swelling* in the *glands* of the *groin*, with a *red streak* running all the way from the *groin* to the *ham*, in the course of the *lymphatic vessels*. This *streak*, as also the *swelling* in the *groin*, increase with the *fever*, and are attended with such a *stricture* in the *ham*, that he is perfectly incapable of bending his *leg*. The *fever* comes on in
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the afternoon, with *shivering*, &c. succeeded by *heat*, *sweating*, &c. and goes off about *four* or *five* o'clock next morning. It returns every evening much about the same time, but each succeeding *paroxysm* is milder than the former, till it entirely goes off. Immediately upon the abatement of the first *febrile paroxysm*, the *swelling* of his *leg* below the *stricture* takes place, and increases to such a degree that the *skin* bursts. Lately, however, before that can happen, he generally makes a number of small punctures, and by that means discharges a great quantity of a *thin, transparent fluid*, coagulable in a small degree of *heat*. Before he began this practice, the *swelling* continued in his *leg* during the intervals, but it has since entirely subsided. Formerly he had an *issue* in his *leg*; this, however, although it discharged freely, had little or no effect in reducing the *swelling*.

C A S E XVII.

A. B. aged *twenty-five*, a gentleman, and native of this *Island*, has from his infancy
been

been subject to the *Glandular complaint*. He is commonly attacked *three* or *four* times in the space of *twelve months*, but at no regular intervals. He does not recollect how the *disease* came on formerly; but now the symptoms make their appearance almost constantly in the following manner:—At first he is seized with a *shivering* and *yawning*, which, in the space of an hour or two, are succeeded by a *pain* and *swelling* of the *glands* in the *groin*, with a *red streak* along the *inside* of the *thigh*, in the course of the *lymphatic vessels*, reaching to the *ham*; immediately upon this the *hot* state takes place, which is succeeded by *sweating*, and a cessation of the *feverish* symptoms. This period commonly takes up *twenty-four* hours. As the *fever* goes off, the *swelling* of the *leg* comes on, and is always attended with considerable *inflammation*. The *swelling* continues for *five* or *six* weeks, and is accompanied, for the first *eight* or *ten* days, with an exacerbation of *fever* every evening at *five* o'clock. At the end of *five* weeks both the *swelling* of the *leg* and *groin* begin to subside, although, till lately, there has remained

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red streak

mained some little *enlargement* of both during the intervals. The total removal of the *swelling* he ascribes to *electricity*, which he applied in smart shocks to the *leg*, when the *swelling* was going off, after a late attack.

C A S E X V I I I .

Mrs. *H. P.* aged *thirty*, a married lady, and native of *Barbadoes*, has been subject to the *Glandular disease* since *seven* years of age. At first the attacks were violent and frequent, attended with an *enlargement* of the *right leg*; but towards the age of *fifteen*, when the *menses* began to make their appearance, and other changes, peculiar to the *system* at that period, took place, the attacks were less frequent, and the *left leg* became the seat of the *disease*; sometimes, however, both were affected. She was married at the age of *twenty-four*, and for *three years* afterwards had not the least attack of the *disease*; since that time, however, it has again made its appearance, with more violence than ever. She has borne *three* children, and after being delivered of
the

the last had several severe attacks, with great *inflammation* in the *left leg*. In every attack the symptoms have made their appearance in the following order:—A violent shooting *pain* in the *groin*, with an *enlargement* in the *glands*, is perceived for *two hours* before the commencement of the *cold fit*: this commonly lasts for *two* or *three* hours, and is succeeded by *burning fever*, &c. At this time also the *inflammation* and *swelling* of the *leg* take place. The *fever* commonly continues for *three days* without any evident remissions, and always goes off by degrees, without any remarkable *crisis*. When the *fever* has gone off, the *inflammation* begins to decrease, and in *ten* or *twelve* days entirely disappears; but the *enlargement* still remains considerable in the intervals. About *three months* ago, when the attacks were peculiarly violent and frequent, she was put under a course of *flor. zinci*. She began with *two grains* twice a day, and finding no inconvenience from that quantity, has lately taken *two grains* three times a day. Since she began this course, the *disease* has not as yet made its appearance.

appearance. [N. B. This practice has been used with several *patients* with equal success.]

C A S E XIX.

Colonel *B. G.* aged *fifty*, of a *sanguineous* temperament, has, since the age of *twelve*, been subject to the *Glandular disease*. When he was first seized, it attacked him in the following manner:—A *pain* and *swelling* of the *inguinal gland* were perceived for an hour or two before the *cold fit*. This was soon succeeded by *fever*, &c.: at this time also the *inflammation* of the *leg* took place, and commonly continued for several days; the *fever*, however, generally went off in *twenty-four* hours by a copious perspiration. At this period, and for many years after, the attacks were severe, and the intervals short. About *twenty-eight* years ago he applied to Dr. *Hillary*, and by his directions took several medicines, consisting principally of *bark* and *mercury*. After he began this course he had but one attack in *seven* years; at the end of which time, however,

however, he had a violent one, during which the *head* was principally affected. In this, and in all the subsequent attacks, there was no swelling in the *groin*, nor any *cold fit*. For some years past he has had several severe attacks, in neither of which has the *leg* been much affected, and in the last not at all. The *fever*, however, has been peculiarly severe, accompanied with violent *head-ach*, and more or less *delirium*. There is now little or no *swelling* left in the *leg*.

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C A S E XX.

An *elderly* woman, accustomed to have this *disease* with some violence, in supping on fish, unfortunately swallowed a bone. In *two* or *three* days the *throat* swelled so much, and grew so painful, that fluids only could be swallowed, and those with the utmost difficulty. I was called to attend her. *Vænesection* seemed the chief indication to afford relief. I was however cautious in directing it, and requested that the *Surgeon* of the greatest skill in his profession should be called in consultation. I was

met

met by Dr. *Brandford*. The danger had by this time greatly increased. Suffocation was every instant expected: little else could be done but bleeding. Accordingly, having candidly explained the matter both to the *patient* and her friends, permission was obtained, and two small tea-cups full of blood were taken from her *arm*. The blood was very fizy; and the evacuation gave immediate relief. Other applications were made with temporary advantage.

In the night all the bad symptoms appeared again. Mr. *Brandford* being indisposed, I now visited the lady without having his judicious assistance. I found the *patient's* situation so critical, that without the loss of blood respiration could not go on; and therefore proposed to all her friends present once more to try a dangerous remedy, rather than let her expire. They consented, and I ordered only one tea-cup and a half of blood to be taken from the same orifice that was made in the morning. This operation also gave instant and great relief; but in a short time after she was attacked with the *Glandular disease*, with
common

common symptoms, and died unexpectedly the following night, although the complaint in the *throat* was much mended.

C A S E XXI.

Mr. *Daniel Massiah*, aged *fifty-three*, of the *Jewish* religion; was of a *sanguineous, melancholic* temperament, and much addicted to amorous pleasures. He had a very white *skin*, and very strong black hair; had always lived a very regular life; was a very healthy boy till *eighteen*, when he was attacked with a *disease*, which at that period was very unusual indeed. Without any known cause, he complained of a *soreness* and *swelling* in the *left groin*. When he had felt this about a quarter of an hour, he was seized with the *cold fit* of *fever*; a *burning, hot fever* succeeded, which was followed by a *profuse sweating*. The whole *paroxysm* was accompanied with violent *pains* of the *head* and *back*, and great *sickness* at the *stomach*, and *retching*. This first attack left very little *swelling* in the *left ankle*. From this *fit*, for the *four* following years, he had this

disease in the same manner, about once a month, with a gradual increase of the *left leg*; so that it became *eighteen* or *twenty inches* round the *calf*. The medicines he had taken were, first the copious use of *aq. calc.* without any advantage; afterwards he was under a course of *mercury*, which he asserts did him much injury. After he was *twenty-two* years of age, the attacks to this time have been *five, six, seven, or eight* times each year. From the year 1764, being then about *thirty-six*, he has been irregularly attacked, sometimes in the *right* and sometimes in the *left leg*; each time the *legs* were left larger and larger. At the age of *thirty-nine*, the *right leg* was considerably increased in size. In the center of the *calf* of this *leg* there arose a lump as big as a goose's egg, which burst of itself, and discharged a *fluid* as clear as water, in large quantity. The *swelling* abated; but each succeeding attack left the *leg* so increased in bulk, that at this time it measures *thirty-six inches* in every part of the *leg*, from below the *knee* to the *ankle*. The *feet* of both *legs* are of their natural size. The *left leg*
measures

measures *twenty-six inches*. The *swelling* is very *smooth*, except on the *right heel*, where there are great excrescences, which have the appearance of large *corns* or *warts*. The increase of the *legs* seems to have been so gradual, that he has not been in the least sensible of it; nor has he experienced any other inconvenience from the disease, except when he has been weakened by sickness, and then he feels his *legs* heavy.

During the first *sixteen* years of his being subject to the *disease*, the *local affections* were always evident. Since that time, that is, for about *twenty* years past, but more particularly lately, he has scarce been able to determine whether the *local* symptoms or the *cold fit* came on first. He says, that lately he finds the first *local* symptom to be a *purple hue* on the finger nails, and a great *coldness* in the *palms* of the *hands*. His appetite is very good, every function of life is uninterrupted, and he has been free from every other disease.

C A S E XXII.

Mr. R. the father of children, had for many years been afflicted with the *Glandular disease*, with the usual symptoms. The part on which the *disease* fixed itself was the *scrotum*: it was enlarged to a considerable degree. After having several attacks in a short time, attended with *fever*, the *scrotum* was exceedingly swelled, and much inflamed. Mr. *John Hartle*, a well-informed *practitioner* of the *medical art*, visited this *gentleman*, and ordered repeated *applications* of *emollient fomentations* and *cataplasms*, without effect. In the year 1774, the following circumstance happened:—This *gentleman* being seized with the usual symptoms, his *scrotum* was much distended and inflamed. He was suddenly awaked, early in the morning, with a disagreeable wetness about the *thighs*. On examination he found a *fluid* issuing from a *crack* in the *skin* of the *scrotum*.

He received some of this *fluid* in a *basin*, to the quantity of *six* or *eight* ounces: it

was

was *thin*, and somewhat discoloured with *blood*. Before this *discharge* had stood in the *basin* an hour, in which time Mr. *Hartle* was with his *patient*, he found, on examination, that the whole had become a perfect *coagulum* of a *milky* appearance, intermixed with the discoloured *livid fluid*, which had also *coagulated*. A few months after this he had another attack, attended with a similar discharge from the *scrotum*; in consequence of which the *scrotum* was nearly reduced to its natural size. He has not since had any return of the *disease*.

C A S E XXIII.

Mr. Z—, of *twenty-six* years of age, much addicted to the use of *spirituous liquors*, has had the *Glandular disease*, with the usual symptoms. He was first seized with the disorder *seven* years ago in his *left hand*, which left the *thumb* enlarged. Subsequent attacks have brought the *hand* to be half as big again as the natural size. Within these *two years* he has had the *complaint ten* or *twelve times* in the *right hand* with much severity;

this *hand* is now considerably enlarged. It is *six* months since he had the *disease* in the *left leg*: no *swelling* remains. He never took medicines, except only *one emetic*.

C A S E XXIV.

The history of the *patient's* case, whose *leg* I dissected, as far as I could inform myself, was as follows:—She had laboured under the *Glandular disease* for *ten years*: the first attack was at *fifteen* years of age, and was attended with *fever*. At every return she found her *leg* much *inflamed*, increased in size, stiff, contracted, and gradually enlarged, till it became so enormous as to be extremely troublesome. She then applied to me to perform *amputation*, of which she recovered; but was soon after seized with the same *disease* in the other *leg*, and *died* in consequence of it.

After removing the *integuments* on the top of the *foot*, I soon found the *lymphatics* that usually appear, all very much increased in size; the *lymphatic* on the top of the *foot*, particularly, was large enough to receive a
large

large *quill* with ease; that which runs from the inner *angle* was nearly in the same state; but the *lymphatics* which belong to the *toes* were not so much increased as those before-mentioned. I poured *quicksilver* first into that *lymphatic* which begins below the *inner angle*, and which appeared surprizingly distended; but it could not long resist the *quicksilver* in that state, for the *coats* gave way in *two* or *three* different places. I then endeavoured to inject that *lymphatic* which runs on the top of the *foot*, but it would not by any means bear the *quicksilver*; for as it was pushed on, the *coats* gave way, and appeared throughout quite extenuated. I tried the *lymphatics* belonging to the *toes*, and found them in the same state. I then inspected the *lymphatics* which are more deeply seated; and after some trouble, I found that which accompanies the *posterior tibial artery*, in some degree distempered; yet it was not by any means so much enlarged or diseased as the superficial *lymphatics* were. All the deeper-seated vessels, at the back part, appeared in a better state, and were but little enlarged. The *lymphatic glands*, where
I could

I could find them, appeared *flaccid* and *pale*, and were covered with a *gelatinous fluid*: some of this *fluid*, which fell on the *table* during the *dissection*, formed a *weak jelly*. The *glands* and *vessels* of the fore part of the *leg* seemed to be more diseased than those of the back part.

All the *veins*, especially those which were *external*, were increased to *thrice* their natural size; but their *coats* were not so weak as those of the *lymphatics*. The smaller *arteries* were likewise distended, but the larger were nearly of their ordinary size.

The *cellular membrane* was in general *flaccid*, and loaded with that *gelatinous fluid* before-mentioned.

The *muscles* were *flabby*, *pale*, and *relaxed*, and seemed deprived of their beautiful *red* colour, but were not increased in bulk.

The *integuments* of the *leg* and *foot* were in a *schirrhous* state, greatly increased in *thickness*, and somewhat of a *cartilaginous* texture. When some of the parts were cut into, it seemed as if a piece of *horn* was divided.

The *bones* and the *nerves* appeared in their natural size and state.

(Signed) *H. W.*

C A S E XXV.

I. W. was attacked by the disease usually called the *fever* and *ague*, before he had completed his sixth year; and, although five years have since elapsed, he is far from being cured. The *paroxysms* were *very sharp*, and without any deviation from the common forms; except only that, instead of a *scarlet* or *crimson stripe* leading from the groin to the ankle, there was a *white streak*, much *whiter* than the *skin*, and resembling a piece of *tape* fixed to the part. At the end of two years, the disease shifted into his right leg, and was as violent as before; but the white stripe did not make its appearance. Ten months ago the disease came back into the left leg; and although the returns of it are less frequent and much *milder*, yet the white stripe still remains very conspicuous; and every attack

has

has been accompanied with much *redness* and *inflammation* of the leg affected.

C A S E XXVI.

Mr. P——, aged twenty-six, a native of Barbadoes, has been subject, since the age of eleven, to the *Glandular disease*. It first attacked him with a swelling of the leg and thigh, which he perceived in the morning on rising from bed. The swelling of the extremity was uniform; and, except a little pain which he felt in the groin, where on examination the glands were found enlarged, was not attended with the least mark of inflammation or fever. This enlargement continued for about fourteen days, when he was seized with the regular paroxysm of fever; which was, however, preceded by a red streak in the *thigh*, and a considerable affection of the inguinal glands. A violent inflammation of the leg and thigh immediately succeeded the *hot fit*, and continued for seven or eight days. This disease left a great degree of swelling, which has continued, with
little

little variation, ever since. About *two* years after, the attacks being frequent, he was advised to change his climate; and accordingly went to England, where his general health was much improved. During his stay there, which was about eight months, he had no fresh attack of the Glandular disease; but the enlargement continued nearly the same. Small slips of *blistering plaster* were applied to the affected leg, with a view of diminishing the swelling. These discharged a great quantity of a thin, transparent fluid, which jellied on being exposed to the air; and, as long as the discharge continued freely, it seemed to have some effect in reducing the leg; but, as soon as the discharge ceased, the extremity returned to its former size.

Soon after his return to Barbadoes he had a regular attack of the Glandular disease, which lasted as long, and was as severe, as those he had experienced before he went to England. These returns continued, for several years, to be very frequent; but lately they have been much diminished both in number and severity. With
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respect to the topical affection, he has found more benefit from the laced *Stocking*, than from any other application; and, by the constant use of it, the leg has been much reduced in size.

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Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.

