III.

Tracts on Delirium Tremens, on Peritonitis, and on some other internal Inflammatory Affections, and on the Gout. By Thomas Sutton, M. D. of the Royal College of Physicians; late Physician to the Forces, and consulting Physician to the Kent Dispensary. Svo, pp. 272. London, 1813.

We have been pleased and instructed in the perusal of these tracts; and must applaud the candid and unostentatious manner in which so much information is conveyed. Had we been consulted, however, we should have recommended a different mode of communicating observations like the present to the public. We disapprove of inflating a volume with individual cases, unless when each case contains something important, which could not be so well detailed in a more general way, or when a number of individual cases, with all particulars, are required to establish new facts, which might otherwise be disputed. We have no hesitation in saying, that the substance of this volume, excellent as it is, might have been well, indeed far better, condensed into the space of half a hundred pages.

The first of these Tracts consists of cases and observations on Delirium tremens; a name employed by Dr Sutton to designate a disease, concerning which we have already occupied our pages, in giving the valuable communications of Dr Pearson and Dr Armstrong. It appears that Dr William Saunders has, for many years, lectured on this affection at Guy's, discriminating it from phrenitis. We agree with Dr Sutton, that the investigation of the Delirium tremens has been unaccountably neglected; but, from what we have ourselves published on the subject, it can scarcely be said, that it "has not yet taken a station in medical writings."

The attack of this complaint is more or less sudden, in different instances. Sometimes for a few days at its commencement the patient is merely incapable of his ordinary duties and exertion; a constant restlessness, debility, and inappetency, and occasional vomiting take place, with dulness and dejection of spirits, and headache; in a short time confusion of intellect; a staring wildness of the countenance; tremor of the hands, and in some degree of the whole body, succeed. The pulse is not so frequent as in the delirium of fever, nor so full and strong as in phrenitis; it seems to participate in the universal hurry and tremor. The tongue is usually moist; and there is little thirst or
or heat of skin. The bowels are generally, though not invariably, open.

Occasionally the patient recovers without farther aggravation of symptoms: but too frequently the disorder becomes more violent; the countenance becomes more anxious and wild; the tremors assume the aggravated character of subsultus tendinum; and the confusion of ideas is displayed in total forgetfulness, in complete alienation of mind, and unrestrained delirium. The pulse is at length very frequent, but cannot be distinctly felt, on account of the general tremor. Still the tongue remains moist, there is little thirst, and the skin is totally cool, sometimes with a clammy perspiration; in the violence of the symptoms there are sometimes involuntary evacuations.

The duration of these symptoms is various; they rarely continue, in the degree of violence described, for more than a few days; but in a milder form, they sometimes endure for some weeks.

This affection appears to arise only in persons addicted to spirits, and in consequence of excess or habitual indulgence in them. Dr Sutton relates the case of a lady who suffered from the delirium tremens, from habitually taking the tincture of lavender, in large quantity. The disease frequently occurred to Dr Sutton's observation, on the coast of East Kent, from the facility with which smuggled spirits are there procured. p. 56.

There exists much obscurity respecting the nature of this disease. We have no accurate dissections of the bodies of those persons who have died from it. Fortunately, under Dr Sutton's care, few instances affording an opportunity for dissection have occurred. It is regarded by our author, though we believe without sufficient evidence, as an idiopathic disease of the encephalon. It is more insidious than inflammation of the brain, and is not attended by the same violence of fever, or the same intolerance of light or sound; and it appears, in some measure, to be characterized and distinguished from phrenitis, by the peculiar tremor already noticed. The state of the pulse, too, and of the tongue and skin, are sufficiently peculiar to afford the means of discriminating it from inflammation of the brain. We must rely also on the same symptoms in distinguishing between delirium tremens and idiopathic fever with delirium.

It does not appear so easy to decide between the delirium tremens and mania. Dr Sutton appears to rely too confidently on the distinction arising from the nature of the mental alienation, which, in the former disease relates, as he conceives, solely to the patient's private affairs. But this is by no means the case.

We have, at the very moment of writing these lines, a patient whom
whom it is impossible to convince that he is in his own room at home; and that his desks and chests are secure from depredation. Besides, mental alienation is so infinitely varied, that it would be impossible to confide in any variety of it, as a means of diagnosis; and we may add, that, of all kinds of mania, none is more frequent than that which engrosses the mind by the private affairs of the individual.

We now proceed to speak of the cure of delirium tremens. Dr Sutton gives ample and satisfactory testimony to the efficacy of opium, in soothing the agitation of body and mind, and in inducing refreshing and salutary repose. It is given in considerable doses, and repeated until the effect desired be induced. When smaller doses have proved ineffectual, two grains of the extract, or forty drops of the tincture of opium, taken after the interval of two hours, have, in the third or fourth instance, frequently produced the desired tranquillity and sleep. Dr Sutton usually repeated this medicine every night, for a short period, after the patient had in a considerable degree recovered.

Dr Sutton disapproves entirely of the depleting plan of treating this affection, having "witnessed the cases of this disease to be always the most rapidly fatal in robust and plethoric persons even, where blood-letting was most used, without the aid of opium." Dr Sutton does not deny that blood-letting may be necessary in some cases; but when the loss of blood may have been deemed requisite, he would immediately afterwards resort to opium, as the only remedy deserving confidence.

Of blisters, Dr Sutton speaks with decided disapprobation. He considers them not merely as useless, but as absolutely detrimental, exciting serious irritation, and opposing the soothing virtues of the opium.

Purgatives may be required, not as remedies for the disease, but to remove costiveness, which is occasionally obstinate from the employment of the opiate remedies.

Dr Sutton does not give us any account of the effects of wine and cordials in this complaint. He seems to have relied, and with good reason, on the efficacy of his favourite remedy, opium. In conclusion, he states, that he has witnessed 22 cases of the delirium tremens, within the last three years; that four only died, and of these four, three were in such a condition on his first visit, as to preclude almost all hope of recovery.

Observations on inflammation of the peritonaeum, and especially on the chronic kind of this affection, constitute the second part of the volume. This form of the complaint has been treated of by Willan and Pemberton. It is an insidious, obscure, but a very serious and dangerous disease. Dr Sutton observes, that from
from this circumstance, and from the general uneasiness, languor and depression of spirits attendant on it, it is often mistaken for indigestion, hypochondriasis, or what is termed a nervous complaint; it is therefore treated carelessly, or neglected, until the disease is, on some occasion, unexpectedly aggravated, and assumes the more acute character. Sometimes its progress continues without any remarkable exacerbation, slowly and insidiously, to a degree of imminent danger, before any particular alarm has been excited. Uneasiness or obscure pain is felt in some part of the abdomen, sometimes little increased on pressure. The appetite is impaired, and food taken increases the distress of the patient; the pulse is not materially affected; the bowels are not obstinately costive.

We do not notice the symptoms of the aggravated form of peritonitis, as they are too well known to our readers to need repetition here. The inflammation is apt to extend to the other parts and organs of the abdomen, to give rise to effusion of lymph or serous fluid, and the formation of adhesions and drop-sies. This complaint has also a particular tendency to become suddenly increased, and when apparently removed to make an unexpected return. In many of the patients whose cases are related by Dr Sutton, the inflammation returned several times; from this circumstance, it is inferred, that more and longer attention to regimen and diet is necessary than is usually enjoined after acute diseases. Dr Sutton notices, in particular, the following, as necessary injunctions on the convalescent: First, to avoid too much exercise, and especially those kinds which require the action of the abdominal muscles, and which agitate and disturb the contents of the abdominal cavity. Secondly, To avoid any tendency to costiveness of the bowels; and, thirdly, to abstain from excess in diet, and altogether from the stimulus of wine.

Dr Sutton recommends the early employment of the lancet in peritonitis. Of blisters and fomentations he entertains a dubious, or rather a low opinion. But he in particular advocates the application of a cold lotion to the abdomen; he presents us with many instances in which this remedy appears to have been of undoubted utility. We are inclined, therefore, to hope for some good from this remedy, and are happy to refer our readers to a previous part of our present number for further observations on the subject. It appears from Dr Sutton's observations, to be peculiarly adapted to the chronic state of peritonitis, where the symptoms are not such as to justify blood-letting. Dr Sutton also recommends the exhibition of opium in inflammation of the peritoeum, as efficacious in subduing a tendency to vomiting, and in
in mitigating the severity of pain and suffering of the patient. We begin, however, to suspect Dr Sutton of too strong an attachment to this remedy; we have it again recommended in diseases of thoracic viscera, and again in gout. P 191, 216.

We have, at the close of this tract, some observations on the application of the cold lotion in inflammation within the chest,—of the lungs, and perhaps of the heart: it is difficult to ascertain with what real and essential benefit; but, apparently, with relief to the pain, and satisfaction to the feelings of the patient, and certainly without inducing any of those bad effects which we should have been inclined to have feared from it.

In this part of Dr Sutton’s work, we have two letters from A. Stewart, M. D. and minister of Bolton, on the subject of treating complaints of the chest. From these we make the following extracts, as they contain all the peculiarities of that gentleman’s mode of treating these affections, now so much in vogue among the higher classes in this part of the island.

“In treating breast complaints, it has long been with me a maxim, to overlook comparatively the idea of inflammation, except in the very first stage; and to aim gradually, prudently, and steadily, at regaining a cool, braced, and properly seasoned state of the constitution, as my first object.

“Many reasons, which I need not now specify, incline me to suppose, that what, in the progress of breast complaints, is called an inflammatory state of the lungs, is not really so (I mean not a real active inflammation); and, at any rate, I know, from a good deal of experience, that it yields more readily to a different mode of treatment, than that commonly in use."

“I propose a trial of the following things:—Diet that is nourishing, without being stimulating, as (besides milk and vegetables) an egg, a bit of fresh animal food, beef-tea, broths, and particularly veal broth, jellies, and arrow-root; and for drink, water, either pure, with sulphuric acid, or with a tinge of port-wine, or occasionally spruce-beer, ginger-beer, or common small-beer. As much exercise as possible, without fatigue, on a spring-deal, within doors, and in a carriage in the open air. A regular system of spunging the body with water and vinegar (at first tepid, and afterwards cooled down to the natural temperature) at least once a-day, and following it always with a great deal of rubbing; and a blister issue on the breast.

“As to medicine, I recommend a cupful of cold infusion of bark, with some drops of the sulphuric acid twice a-day; and, I think generally, some preparation of steel with a bitter.

“I am also partial to the use of the Plummer’s pill, in such cases as Lady —— ‘s, but it was not mentioned in my letter; and, on coming to London, I found it inadmissible, from the state of her bowels.” p 180, 182.

Dr Sutton concludes, that “there are cases of consumption which
which will stand a better chance of recovery on Dr Stewart's plan, than the common routine of practice;" although he "finds no ground to hope that it will ever be ranked in any other class, than among the most fatal diseases."

Dr Sutton suggests, that, as the momentary application of cold water, in the form of affusion or ablation, is so effectual a febrifuge, that the more continued application of the lotion would be likely to afford beneficial results in continued fevers; a suggestion which undoubtedly deserves a fair and ample trial.

The last part of this volume is devoted to the consideration of the cure of gout, which may be called the disease, as well as the opprobrium medicorum. We were not in the least surprised to find that Dr Sutton, as well as Sydenham, Cullen, Brown, Gregory, and a thousand other eminent physicians, has been afflicted with this malady.

Since the veil of hypothesis has been removed, we have not heard so much of the danger as of the difficulty of removing the arthritic paroxysms. Without pretending to say that all that was formerly thought or written on this point was wrong, and that there is absolutely no danger of metastasis in gout, we believe that it is now the general opinion, that, in persons of unbroken constitution, the cure of the gouty paroxysm may be safely attempted. Dr Sutton thinks that gout has too long been regarded as a disease of the system. His opinion is, that its principal and exciting cause resides in the alimentary canal.

But it is of more importance to our readers to learn the facts, than the opinions which Dr Sutton's work is intended to support. The most material of them is, that purgatives, opium, and cold topical applications, are safe and efficacious remedies on the first attacks of the gout; for we omit to notice the excellent, but well-known rules which are here given respecting the regimen of diet and exercise. One part of regimen, indeed, is here, with much propriety, particularly insisted on, namely, constant attention to the state of the bowels. It is on this principle that laxative mineral waters are effectual in preventing the paroxysm. And this is especially necessary after the use of purgatives, which generally leave a tendency to costiveness. The eau medicinale has, in particular, a tendency to contract the bowels; and, therefore, although it may remove the paroxysm of gout, when present, it renders its return more frequent.

Dr Sutton proposes to imitate the effects of the eau medicinale, by the combination of a grain or two of elatarium, with forty or fifty drops of tincture of opium; and this medicine has been administered with success. The frequent use of the eau medicinale
cinale has afforded the best means of judging of the effect of purgatives. Dr Sutton seems to have derived much advantage from ordinary purgatives, and from the use of opium, and local application of cold, in his own case. But we do not find any very extended trial of these remedies in the volume before us. We rather regard the subject as brought forward for discussion, than as having received a full and fair investigation.

In conclusion, we have only to repeat our almost unqualified approbation of these valuable tracts. We think we have given our readers the most material part of the volume; but still must do the author the justice to say, that those who have recourse to the original work itself, will derive additional gratification and instruction.

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IV.

An Essay towards a Theory of Apparitions. By John Ferriar, M. D. 12mo, pp. 139. Cadell and Davies, 1813.

A bout three years ago, we were favoured by Dr Alderson of Hull, with an interesting communication on the subject of spectral illusions, in which he traced their occurrence to certain physical changes in the system of the individuals, to whom the illusions presented themselves *. In two or three interesting cases, which had occurred in his own practice, the perceptions of the objects, supposed to be present, were as distinct as those arising from the ordinary impressions upon the organs of sense, and the conviction of their reality, was at first, therefore, as complete. Nevertheless, the recurrence of the apparitions was obviated by physical expedients, and the patients were ultimately convinced of the illusion.

Dr Ferriar has brought forward this amusing little volume, to support the same view of the subject, drawing upon his well-known stores of curious reading for instances in illustration. He sets out by admitting, as an undeniable fact, that apparitions have been seen, and the voices of dead or absent persons heard, by people competent to give testimony on the matter; and then proceeds to inquire, "whether such extraordinary and terrific impressions

* See Edin. Med. and Surg. Journal, for April 1810.