Dr. Brown's work belongs to a class which we should be glad to see more numerous.*

Too many of our brethren, it is to be feared, when they have been some time in practice, prescribe almost mechanically, or at least empirically. The observations of such practitioners, if indeed they can be said to make observations, are of little use to themselves, and of still less to any body else.

The intelligent and active physician, again, who investigates with care the facts connected with every disease he treats, is in a very different situation, and it is of importance that the contents of his case-book, and fruits of his experience, should not remain unknown to the profession.

The periodical publications of the day form a very fitting record for matters of this kind; and such contributions are usually among the most valuable of their contents; for many are found willing to contribute an occasional paper who would shrink from the labour of a separate publication. Dr. Brown, however, has chosen the latter mode, and has presented us, in a moderate sized octavo, with eight essays containing the result of his observations on several important diseases.

The diversity of subjects obviously forbids any attempt at a connected review. Indeed our object is not so much to review Dr. B.'s book, as to bring under the notice, and recommend to the imitation of our readers, that class of publications of which it is an excellent specimen. Accordingly we forbear any discussion of some points in which we do not altogether agree with Dr. B. At the same time we cordially recommend the book as containing information that will amply repay perusal.

To give a farther idea of the nature of the work, we shall offer a short abstract of one of his essays.

Passing by the first essay, then, which seems to be 'de omnibus rebus,' we come to the second, that on 'Fever.'

Dr. B. appears to have studied thoroughly the various theories of fever ancient and modern, and to have applied himself in practice, sedulously and with an unprejudiced mind to the investigation of facts in order to test the soundness of these theories.

The chief, or indeed, the only cause of remittent and intermittent fevers, he considers to be malaria, and on this subject

* Medical Essays on Fever, Inflammation, Rheumatism, Diseases of the Heart, &c. By Joseph Brown, M.D. 8vo. pp. 309. London, 1828.
he seems to be, to a considerable extent, a disciple of Dr. MacCulloch.

According to Mr. B.'s observations malaria is the cause, not only of fever, but also of bilious diarrhoea, cholera, dysentery, liver disease, and jaundice, a list which includes nearly "all the ills which flesh is heir to;" so that with the very air which is necessary to support the vital principle, we are inhaling at the same time the seeds of death, a rapidly destructive vapour, or a slow poison. Nor does he confine its operation to marshy districts, but thinks it is often active where it has not hitherto been generally suspected; as he has met with it in some parts of the county of Durham, which do not admit of being termed marshy. He seems inclined to suppose that there may be some inappreciable state of the atmosphere which favours the production of miasmata more at one period than another.

Cases are mentioned, from which Dr. B. infers that agues are contagious, and the authority of Dr. Clark, of the Newcastle Infirmary, is cited in support of the same opinion. Fatigue, errors in diet, atmospheric influences, he does not conceive adequate to produce fever in the first instance, but allows that they may call into action the poison lurking in the system; and this poison may so lurk for an almost indefinite length of time, or may even pass through the system without producing any violent operation.

Regarding the nature of fever, Dr. B. discusses the different theories at some length, and is particularly severe upon M. Broussais, and his doctrines, which he combats with considerable ability and success. Some cases are detailed, where no affection of the mucous membrane of the stomach was found on dissection. He disapproves, indeed, of every doctrine which attributes fever to any one cardinal symptom. But it is easier to show what fever is not, than to show what it is; and there is yet much room for new information regarding it. Observations like Dr. B.'s, however, are useful contributions towards the formation of more correct opinions on the subject.

Dr. B.'s treatment of fever is judicious. Cautious and moderate general bleeding at the commencement, leeches to the chest or abdomen, when there are symptoms of local disease in these parts, cold applications to the head, and, in some instances, blisters are recommended.

He does not seem to put great confidence in mercury generally in febrile disorders.

An emetic, he thinks, may often be serviceable in the earliest stages of the disease. With regard to cathartics, he disapproves of their being carried to any great extent. A
brisk purge—being given at first, the bowels are then to be kept open by gentle laxatives.

Sulphate of quina he looks upon as the best remedy in intermittent fever, to be exhibited, however, only in the apyretic stage.

In some cases of convalescence, wine and ale are recommended.

When the nervous system appears much affected, opium and other narcotics are exhibited.

Dr. B.'s other essays are on Inflammation, on Rheumatism, a long and very interesting one on Diseases of the Heart, on Ischuria Renalis, and on Stricture of the Sigmoid Flexure of the Colon. From the last of these we shall give an extract, that our readers may judge for themselves of the author's style and matter.

"The following is the anatomical state of parts which \textit{post mortem} examination displays:—A stricture, varying in length from one inch to four, is found at the sigmoid flexure of the colon. At this point the parietes of the intestine are entirely changed from their natural elastic structure, and have become hardened and thickened; the peritoneal and muscular coats, and the peripheral surface of the mucous membrane, feeling and appearing as though they were agglutinated by a dense matter effused among them, till all trace of their original tissue was lost. The mucous surface of the strictured part is strongly injected with blood, and frequently ulcerated. The calibre of this portion of intestine is so much diminished, that a crow-quill will scarcely pass through it. A considerable period, marked by feelings of greater or less, but progressively increasing, uneasiness, may intervene between the commencement of the disease and its attaining this impermeable state which proves fatal: in one case I found, from a very distinct narration, that this period had embraced eleven years.

"The most usual mode of fatality in the cases which have fallen under my observation has been as follows: apparently as a consequence of extreme distention, inflammation, and finally ulceration of the great intestine, with effusion of its contents into the cavity of the peritoneum, take place; and an agony of pain of short duration, generally about two hours, terminates the scene. In all the cases in which this rupture had occurred, I have found that a portion of the great intestine had given way, either a point of the transverse arch, or of the caecum: in two cases I have found it in the latter situation. Occasionally the patient is worn out by irritation and exhaustion previously to the occurrence of rupture; but the latter is the more frequent mode of fatality.

"The symptoms are such as would naturally spring from this slowly but steadily encroaching contraction. At first there is difficulty, but that not very considerable, of regulating the bowels; with occasionally a slight feeling of uneasiness and aching in the left iliac region, extending thence a little below the umbilicus, towards the
ileum of the opposite side. This difficulty, however, goes on increasing: purgatives are consequently varied in kind and increased in strength; but though evacuations be obtained daily, they are small, liquid, and unsatisfactory. With the augmented difficulty of regulating the bowels, there is an increase of the feeling of distention, with flatulency, furred tongue, and inappetency. At length, the purgatives cease to act, and then there is distressing pain of the abdomen, which becomes extremely distended. This distention can be distinctly traced from the left flank, running across the upper part of the abdomen, immediately under the stomach, to the ileum of the opposite side, and in this direction the pain is now experienced. The explanation of the changed direction of the pain—for previously it crossed the abdomen below the umbilicus—seems to be, that in the ordinary state of the colon, this intestine lies in the cavity with the convexity of its curve downwards; whilst in the distended state its position is reversed, the middle of its convexity being opposite to the right extremity of the great curvature of the stomach, and nearly in contact with it. Though the smaller intestines are distended, yet the greater diameter of the colon enables us to trace its semicircle very correctly across the abdomen. The distention, too, is very perceptible in the caecum, and the pain is often felt severely there. From the extreme obstinacy of the bowels, the medical attendant is, perhaps, led to examine the rectum with a bougie, though there has been no feeling indicative of disease of that intestine, but he finds it perfectly free from obstruction. Vomiting now takes place; and probably for a couple of days every thing taken into the stomach, and even the contents of the bowels are discharged in this way. The patient rarely, indeed, succumbs to this first distressful paroxysm; a calm generally ensues; purgatives resume their power over the bowels; the tension of the abdomen is diminished, and he is restored to comparative health. But his tongue will generally be found white and coated, or perhaps white at the edges, and red and glazed in the middle; and there is still uneasiness in the abdomen, now experienced in the original situation, that is, below the umbilicus. After this calm has endured an uncertain period, perhaps from a month to seven weeks, accumulation again occurs, with a renewal of all the violent symptoms. This alternation of comparative calm and paroxysms, of intense pain and vomiting, may exist for a considerable length of time, even for a year, or double that period; but ultimately existence is terminated, most commonly under the agonizing circumstances mentioned, the bowels giving way at one point, and their contents being effused into the peritoneal cavity; though occasionally, as has already been remarked, the patient sinks previously to the occurrence of rupture and effusion.