PART II.
CRITICAL ANALYSIS.

I.

The Dublin Hospital Reports and Communications in Medicine and Surgery. Dublin, 1817. pp. 366.

We have great satisfaction in introducing this volume to the attention of our readers, as one of the most valuable which has been published since we began our critical labours. Excellent as it is, we trust that it is only the first of a long series, and we shall have to bestow still higher commendation upon each succeeding volume.

The title is not however accurately descriptive of the nature of the work; for, although Dublin Hospital Reports occupy a distinguished part, yet it contains many papers which owe their origin to private practice, and to observations unconnected with Dublin. In point of fact, its plan coincides with that of the Medico-Chirurgical Transactions of London; and the manner in which it has been begun to be carried into effect, shews, that if Ireland has not hitherto been distinguished from its periodical productions in regard to the healing art, its backwardness has not been owing to deficiency of information or talent in the profession, but to causes over which they had no control,—chiefly, we suspect, inactivity on the part of their publishers, and an erroneous belief that Ireland could not support a periodical work. This volume alone is calculated to dissipate that illusion; and now that our brethren on the other side of the channel have proved their strength, they will be to blame if they allow it again to obscure their merit. But we must hasten to prove the truth of our eulogium, which every one must consider as disinterested, since this publication will deprive us, at least, of the elaborate papers of many valuable correspondents.
Dr Cheyne takes the lead with a most interesting report of the Hardwicke Fever Hospital for the year ending the 31st March 1817. (p. 1—116.) Dublin unfortunately presents but too extensive a field for studying fever, as it occurs in this climate; and the liberality of the Irish government enables the hospital physicians to avail themselves, in the most advantageous manner, of the lamentable opportunity.

"I willingly avail myself of this opportunity of expressing my gratitude to the Governors of the House of Industry, not merely for their cordial reception of every proposal which I ever made for the benefit of the sick, but also for the admirable opportunities which their hospitals afford of investigating disease. If this report shall be found of any value, it is due to them. With equal wisdom and liberality, they give every privilege to their physicians and surgeons, consistent with the welfare of the institution entrusted to their care. They do not restrain them in the pursuit of pathological knowledge. They wish the hospital to be subservient to science, and the instruction of youth, as well as to humanity."

We have quoted the foregoing paragraph as of importance to be attended to by the managers of hospitals for the sick in general, who may be assured, that it is only by treating their medical servants with confidence and liberality, they can confer upon the public the greatest benefit which the institution, entrusted to their charge, is capable of affording.

Dr Cheyne has described the fever of Dublin, during the time he has had the charge of the Hardwicke Hospital, in the true spirit of Sydenham. He has carefully studied and noted its varying character with the different seasons, and has not been led away by hypothesis, to consider it as originating in one unmodified proximate cause. During the end of spring and summer 1816, it was characterized by the predominance of inflammatory symptoms. When danger existed, it arose from a manifestly inflamed state of some of the viscera, which yielded to blood-letting reasonably employed.

"The advantage of blood-letting appeared not merely in the relief which was immediately experienced by the patient, but in cathartics acting with more ease and effect; in all the surfaces yielding—the skin and mouth becoming moister, and in a complete and regular crisis taking place very often on the next critical day. Blood-letting often strangled the disease in its birth; and when practised, on a relapse being threatened, it several times restored the patient to health in a few hours.

"I was not deterred from using the lancet by the appearance of petechiae; nor yet by the tingling heat of the skin (the calor mordax), which used to be considered as a symptom of peculiar acrimony, or putrescency of the humours, and consequently of a malignant disease."
In the treatment of this form of the disease purgatives were next in efficacy.

"In the second week of August several cases occurred which seemed inclined to degenerate into dysentery; and about that time there was, in one or two instances, a discharge from the bowels of blood, immediately after which the fever ended favourably.

"The fevers underwent a change of character about the beginning of September. The flushing and headache continued, and the patients complained of general pains. I saw no instance of rheumatic fever, but the pains were nearly as severe as in that disease; the pains referred to the bones, were without the tenderness or tumefaction of the cellular membrane, which accompanies the more superficial pains of acute rheumatism. Nausea, and sometimes distressing sickness, was more prevalent, without, however, being so often attended with fullness of the hypochondria as might have been expected. The bowels were in general confined; bitterness of the mouth, or a foul taste, was very general; and, in many cases, the tongue was farred and yellow, as if the patient had recently swallowed a light infusion of rhubarb. When the disease began to abate, the patient was often excessively weak. Petechiae took place in many cases.

"In September those patients who were blooded from a vein recovered slowly, nor did they seem to obtain that immediate relief from blood-letting which had taken place during the four or five months before. Local bleeding was more practised than general. The remedies which appeared most beneficial were emetics of ipecacuan, (which did not produce constipation, as mentioned by Tissot,) saline diaphoretics, diluents, such as water acidulated with vinegar, two-milk whey, &c. and mild purgatives—leeches, particularly to the temples, shaving and sponging the head and upper part of the body, while the extremities were kept warm.

"In October the symptoms of the fever were headache, attended with flushing; the foul and bitter taste was almost always complained of; there was sickness and vomiting. In many cases the tongue was yellow, in some instances with a very florid edge. In about one-third of the cases there were severe pains in the bones; some patients had what they called a "trembling" or thrilling into their bones; in not more than five cases out of fifty were there stitches in the chest, or cough. The heat of the surface was great, a florid rash with papulae intermixed, or the violet or florid petechiae (stigmata) occurred in a great many instances. In some the belly was obstinately costive. Several individuals had been without a stool for many days before their admission, and such were severe cases, the bowels often falling into an opposite extreme. There was great debility throughout, some were affected with syncope in the beginning; the severe cases seldom terminated before the end of the second week, which they did gradually, often without perspiration, scarcely ever with rigor. There were, however, cases in which an imperfect crisis by the skin took place on one critical day, and on the next or subsequent critical day the relief from fever was complete after a return of perspiration; so that some-
times the nurses would observe, that the patient had got only half a cool. I believe, if the urine had been generally attended to, which it was only in a few cases, it would have been found turbid, with a latteritious or furfuraceous sediment, even in those cases in which the skin did not yield. Towards the end of the disease the bowels became loose, and continued so for some days, the colour of the stools being natural. Recovery was tedious; it was promoted by the gentle night sweats, which frequently took place during convalescence. Relapses were not unfrequent."

In October, November, and December, in every dissection the mucous membrane of the alimentary canal was found in a state which shewed the existence of previous inflammation. It was thickened, vascular in many parts, of a bright red colour, blood sometimes was effused beneath it; the veins appeared varicose, the rugae were prominent, and between them were often discovered small white eminences, like enlarged mucous follicles, with minute apertures in the centre.

"In September, when the fevers were attended with general pains, yellow tongue, and great debility, emetics, purgatives, and cordials, (the latter in the advanced stage and in great moderation, not more than four or six ounces of wine in twenty-four hours,) seemed very serviceable. But in October, although I still continued to use emetics, (ippecauan alone) and mild purgatives, I gave cordials very sparingly, and to not more than one patient in ten or twelve; and I was frequently obliged to counter-order wine after it had been allowed for a day or two.

"Relapses, which rarely occurred in summer, were uncommonly frequent in winter; but bleeding, blisters, and mild purgatives, by subduing the irritation of the mucous membranes, seemed to prevent the complete re-establishment of the fever. The observations which I made in the year 1816, have led me to believe, that when a patient is threatened with a relapse, bleeding is one of the most effectual means of preventing it.

"Early in January fevers combined with inflammation of the bronchial surface began to appear. During November and December, stitches and coughs were not unfrequent. But during the first fortnight of January, I took six or seven patients into the hospital, in whom the most striking symptoms were evidently produced by bronchial inflammation.

"In the early part of the month of February, I think I discovered three kinds of fever in my wards at the same time.

"1st, There were a few cases of the fever which prevailed during all the winter.

"2dly, Six or eight cases of a fever in which the expression was in general dejected, the strength prostrate, the countenance pale, or, if flushed, it was muddy and appeared sordid, the skin of the body of a pungent heat, was almost always spotted with petechiae, the extremities apt to be dry and cold, the tongue as if lightly dusted with chalk,
and tremulous; as the disease advanced, it became shrivelled and brown; the bowels confined, the urine pale. The patient vertiginous, in a state of delirium or fatuity, and, what was curious, sometimes he was conscious of the bewildered state of his mind. Towards the end of the second week he became soporose, being much confused when roused, but in the course of three or four days more his sleep became more natural, and this natural sleep, together with a break in the urine, and loose stools, were in general the only circumstances which could be counted critical, as the skin seldom yielded till convalescence was somewhat advanced, and then breathing sweats took place. The disease in general extended to the end of the third week, oedema of the inferior extremities took place. In looking over the daily reports of six cases of this kind of fever, I find that only one of the patients was bled, and one was cupped; all the six recovered.

3dly, The prevailing disease would, by most physicians in these countries, have been termed synochus, but it leant more to typhus than synocha, (unlike the kind of fever which prevailed in summer, which leant much more to synocha than to typhus;) the patient's expression was, in general, anxious, the complexion very high, skin hot, petechiae pretty frequent, the tongue white or grey, and furred with florid edges, great thirst, the nostrils dry, the bowels confined, the urine scanty and high coloured. The intellect was frequently unimpaired. The lungs were very often engaged, and towards the end of the month, and in the beginning of March, many of the patients expectorated mucus tinged with blood. On the 8th of March there were four patients in No. 1, and three in No. 4, who had expectorated mucus tinged with blood. Upon the decline of the fever, a numerous crop of vesicles, more especially on the hands, appeared in several of the patients; in one instance the vesicles were as large as the ordinary bullae of pompholyx.

"In general, these two kinds of fever were unlike each other during all their stages. Nay, during convalescence, one might tell the difference between the two classes of patients, the convalescents from the former kind of fever were much longer weak; they were strikingly pale. They continued deaf, vertiginous, dull of apprehension, and childish, and they were also longer in regaining flesh as well as strength. In March, and more especially towards the end of that month, the former gained upon the latter kind of fever, being, however, more generally attended with flushing of the face and suffusion of the eyes, and with dun petechiae; of such cases there were six or seven in each ward on the 31st of March, three from one house, and two from another. In several instances leeches were applied to the temples, or the temporal artery was opened. Some few who had cough along with a marked determination to the head, derived benefit from the removal of eight or ten ounces of blood from the arm, in the early part of the disease. The belly was kept open throughout, and the occasional interposition of the calomel bolus of the hospital was of great use. The head was shaved, and, together with the face
and neck, was sponged with cold water and vinegar; the feet were fomented with warm water. Diluents were freely given, especially cold water; about the 11th or 12th day the patients required wine. I began with four ounces, and generally increased the allowance to eight ounces, but never exceeded that quantity. Blisters were always applied."

We have perhaps been excessive in our quotations from this truly Hippocratic report, but we found Dr Cheyne's expressions so consonant to our own ideas, that we were unwilling to alter them, and they scarcely admit of abridgment. At this time, too, when an alarm of fever has extended over the whole empire, and when artful men, both unconnected with, and belonging to the profession, are taking advantage of it, to promote their own private interest, we can scarcely be too active in disseminating correct and important information. We have not intended to supersede the perusal of Dr Cheyne's essay, but only to recommend it, and to put our readers in early possession of his mode of studying the nature and genius of fever, as influenced by external and adventitious causes, instead of considering fever as of one kind, differing only in degree. Besides what we have quoted, the reader will find good observations on the treatment of particular symptoms, the management of particular remedies, the modes of termination of the inflammations, excitement of the mucous surface of the intestines, and the febrile eruptions. The paper is concluded with tables, exhibiting the progress of the disease, and the treatment and the circumstances of the fatal cases, of each of which, with the history of the appearances upon dissection, we have clinical reports.

Dr Cheyne has contributed three other papers to this volume, of which we can only extract the titles.

A Case of Melena, with observations on the alternate excess of morbid action in the mucous and serous membranes. P. 259—273.

Of Jaundice, unaccompanied with any discoverable disease of the liver, or turgescence or obstruction of the biliary ducts. P. 273—285.

Of the virtues of James's Powder in the apoplectic diathesis. P. 315—325.

Dr Edward Percival has also contributed largely to the value of this volume. His principal paper is entitled, A Report of certain morbid conditions of the abdominal viscera, in some varieties of maniacal disease, with the method of curative treatment. By Edward Percival, M. D. Cantab. and Dub. P. 117—171.

These observations are derived from the author's extensive practice in the Hardwicke Lunatic Asylum. The subjects treated of are, Intestinal torpor, with increased secretion from the nervous
membrane, Diarrhoea, Voracious and depraved Appetite, Aversion to food, and Maniacal epilepsy. We are well pleased with every observation which tends to connect the treatment of mania with bodily disease, because it always leads to attempts to cure by the only means which we can employ with any prospect of success. The so much vaunted moral treatment of mental derangement is so rarely applicable, or capable of effecting more than slight restraint will do, that it is only by discovering the bodily derangement from which it proceeds, we can hope to bring mania within the province of the physician. In a great many of the recent cases of mania, the dusky or saffroned complexion, shining eye, and fetid breath, denote the disordered functions of the stomach and bowels. The bowels are constipated, and often in an extraordinary degree, and the breath is highly offensive. In such cases, moderate bleeding is often necessary to render the subsequent remedies effectual, and it may be repeated from time to time. We also attempt the discharge of the morbid contents of the stomach and bowels by purgatives and emetics conjoined, as two grains of calomel and half a grain of emetic tartar every hour, till vomiting be excited; and the catharsis is to be promoted by other purgatives. By this treatment Dr Percival assures us, that, in most cases, manifest relief is obtained. The patient becomes more tranquil and amenable, and derives from the comfort of food and sleep considerable appeasement of mental irritation.

On the subject of diarrhoea in idiots and maniacal cases, many good observations are inserted. Depraved appetite and aversion to food, Dr Percival also refers, with great probability, to a morbid state of the digestive organs, which is capable of being removed by proper treatment.

In a preceding volume of the Journal, Dr Percival did us the honour to insert some observations on the use of oil of turpentine in maniacal epilepsy. The present paper is concluded with an account of his increased experience, which confirms his former favourable conclusions. The form he uses is an ounce of oil of turpentine triturated with an ounce of loaf-sugar, to which a pint of spearmint water is very gradually added. Of this emulsion an ounce three times a day is a full dose. Its obvious effect is to produce full purging, so that the dose must often be reduced to one half.

Dr Percival's other papers are:

Account of an epidemic petechial febricula. P. 213—218.

"The appearance of petechiae in febrile diseases, either of the exanthematos or typhous kind, has usually been deemed a symptom of danger, even by those who have rejected the popular doctrines of putrescence or malignity. Its common occurrence in the worst description of epidemic fevers, gives countenance to this apprehension. Yet
experience has convinced me, both in hospital and private practice, that it is too generally exaggerated, and that a distinction, which I believe has not hitherto been noticed, respecting the appearance of petechiae, may afford some guidance in determining the ordinary prognosis of that febrile symptom. When minute purple stigmata, or the florid marbled efflorescence (without elevation of the cuticle), appear in young subjects, before the fourth or fifth day of fever, they are almost uniformly banished in two or three days by cool air, cold ablution, and purgative discipline; and so far as I have observed, they import no peculiar danger or complexity of disease. On the other hand, when these eruptions appear, for the first time, at a mature stage, or about the crisis of fever, after due evacuants have been employed, and while the temperature of the body but little exceeds the healthy standard, such petechial symptoms indicate danger. In general it happens, that petechiae make their appearance much sooner in children than in adults; they are likewise more quickly banished from the former than from the latter; and amongst several hundred children, whom I have attended in petechial fever, I do not recollect a single instance of vibices, of the large purple blotch, or of superficial gangrene.

Some brief notices of the deleterious and the medicinal effects of green tea. (p. 219—227.) The effects of green tea, in producing watchfulness in all, and injurious effects in some, are well known. In the instance observed by Dr Percival, they were attended with considerable danger, and the recovery of the patient seems to have been owing to the free exhibition of opium and brandy. The same treatment succeeded in a case which occurred to Dr Harvey. “From other cases, an obvious inference will be formed that green tea possesses a specific property of controlling and abating the motions of the heart and arteries, a fact which is confirmed by ample evidence in less extreme cases.” Dr Percival is led by this consideration to recommend its use as a drink in fevers.

“The restlessness and hurried circulation which attend suppurative fevers, especially pulmonary consumption, are greatly alleviated by the use of green tea. Where the stomach is irritable, the infusion, if made too strong, may prove emetic; but, as much thirst attends these fevers, and the quantity of fluid daily consumed is often considerable, the tea may be administered in the degree of dilution which is found to be most palatable.

“In hydropic diseases, I can speak with some confidence of the auxiliary use of green tea, when taken liberally, yet not so far as to become unpalatable. If the spirit of juniper be added to the infusion, its diuretic properties are much increased. This fact is not unknown to drunkards, who indulge themselves in green tea punch, to obviate plethora from their copious potations.”

Lastly, Dr Percival employed strong tea successfully to counteract the poison of opium.
Case of Dropsy, by conversion of disease from the skin to the serous and cellular membrane. P. 293—301.

On the distortion termed varus, or club-foot. By A. Colles, M. D. (p. 175—190.) The object of this paper is to recommend proceeding to remedy the club-foot immediately after birth, by the use of a peculiar simple and slight apparatus, fit for that tender age. This paper is illustrated by two plates, one shewing the deformity of the bones, and the other representing the apparatus.

Dr Colles has furnished another short paper, "On the cause of the disease termed Trismus nascentium" (p. 285—291.) Dr Colles was led to seek, by dissection, for the cause of this disease, in the umbilical cord and fossa, by various points of similarity between it and the trismus of adults, and, in all the instances which he examined, and these were numerous, he found appearances of inflammation.

"While I attempt to establish a morbid inflammation and ulceration of the umbilicus as the immediate cause of this disease, I by no means would object to the opinion, that it is connected with a state of the atmosphere more or less vitiated. For whoever will refer to an essay on this subject by Dr Joseph Clark, inserted in the third volume of the Transactions Royal Irish Academy, must be convinced that such a cause does contribute to its production. I think, however, that it operates only as a remote cause, by inducing an unhealthy or unkindly form of inflammation and ulceration; and hence it is that this disease is so much more frequently met with in the children born in lying-in-Hospitals, than in those born in private houses.

"I have lately learned, however, from a lady who lived in Jamaica for many years, and had a number of negroes on her estate, that this disease, which had formerly carried off a very great proportion of the infants of negroes, is now scarcely to be met with; and that the means of prevention which they adopted, were to plunge the infant into a cold bath daily, for the first nine days, and daily to dress the umbilical cord with spirits of turpentine. This account has been further confirmed by the report of a medical practitioner from that island, who, while viewing the lying-in-Hospital, made precisely a similar communication to Mr C. Johnston."

Observations on the remittent fever and the plague, which prevailed in the island of Corfu during 1815 and 1816. By Dr Goodison. (p. 191—203.) This is no regular treatise, but merely an extract from the author's private correspondence, not intended for publication. The information communicated is, however, not the less important.

An Account of the removal of a tumour which was situated beneath the angle of the jaw. By Dr Cusack. P. 205—212.

Observations on Hernia, by Mr Todd, (p. 227—257.) This paper contains many valuable observations, the result of Mr
Todd's great experience. But they do not readily admit of abridgment, as they are chiefly directed to point out the inaccu-
racies or imperfections in former writers, or to detail the pecu-
liarities of individual cases. We must content ourselves with re-
commending its perusal to the practical surgeon.

Mr Todd has also supplied a singular "case of ruptured intest-
tine" from a fall, (p. 311—313) and the "history of a remarkable
enlargement of the biliary duct," (p. 325—330.) In this case the
biliary duct was so enlarged by its obstruction, in consequence of
a scirrhous state of the pancreas, that it distended the epigastric
and right hypochondriac regions, and gave the appearance of a
large hepatic abscess, pointing outwards. Under this idea, it was
punctured, and upwards of two quarts of bile drawn off by a tro-
car. The patient, a girl of 14, died next day.

Dr Browne relates the history of a wound in the neck, in
which the operation of tying the common carotid was perfor-
med with success, (p. 301—310.) Every case of so important
an operation has its peculiarities, and adds something to our stock
of knowledge. In the present instance, the operation was per-
formed by candle-light, and under the alarming circumstances of
considerable risk of bleeding to death before the artery could be
secured; a wound in the neck, which the patient had received
seven days before, suddenly bursting and pouring out a torrent of
blood, at 9 P. M. At the time of the patient's receiving the
wound, Dr Browne had prepared to tie the artery, but, when all
was ready for the operation, the hemorrhage had ceased, from the
compression made on the artery, and could not be reproduced,
which rendered it improbable that it could have proceeded from
the carotid artery, and the operation was postponed. The opera-
tion is well detailed, and produced no alarming symptoms. "At
the moment of applying the ligature, no particular pain or uneasi-
ness was experienced, but some of the smaller arteries on the out-
side of the neck were seen to throb violently." "When in bed
his pulse was 80, and weak. The temporal and frontal arteries
on the right side throbbed violently." After that, the only symp-
toms were a short attack of fever, some soreness of throat, and
slight headache. As this man's life was almost lost by postponing
the operation, and the effects of it upon the constitution were so
slight, the practical inference seems to be, that, in doubtful
wounds of the neck, it would be better to tie the artery without
delay. In this opinion we are confirmed by a case in which we
saw it tied on account of excruciating pain in the head, which re-
mitted only when the carotid was compressed. It produced neither
fever, headache, nor any other effect than the temporary interruption
of circulation through the arteries of the corresponding side of
the head.
The volume is terminated by a paper on periostitis, by Dr Crampton, surgeon-general, which is calculated to attract the attention of the profession to a painful, and often mismanaged disease. The author has drawn up a summary of his results, which we transcribe.

"1st. Inflammation of the periosteum, unconnected with specific diseases, is an affection of very frequent occurrence. It often occupies the seat of the true venereal node, from which it can be alone distinguished by an accurate investigation of all the circumstances of the case.

"2d, In the acute form of the disease recourse should be had to the means, both local and constitutional, which have the most decisive effects in discussing inflammation. Should these fail to procure relief, I believe there can be no doubt of the propriety of dividing the inflamed portion of periosteum through its whole length, down to the bone.

"3d, The same treatment is applicable to the chronic form of periostitis, with this difference, that in its early stages the disease may frequently be acted upon beneficially, through the medium of the constitution.

"4thly, In the constitutional treatment, as our attention is to be directed to the improvement of the general health, our views should not be confined to the correcting a disordered state of the digestive organs, whether real or suspected. The constitution should also have the benefit of those influences which act most beneficially upon it; and of these, I believe, country air and sea-bathing are justly esteemed the most powerful. Sarsaparilla, in whatever way it may act, is often eminently beneficial in cachectic habits, and particularly in those which have been injured by protracted courses of mercury. When chronic periostitis occurs in such habits, the compound decoction or the syrup of sarsaparilla may, in general, be given with considerable advantage."

II.

A Physiological System of Nosology; with a corrected and simplified Nomenclature. By John Mason Good, F. R. S. Mem. Am. Phil. Soc. and F. L. S. of Philadelphia. London, 1817. pp. 566.

This is one of those volumes which do honour, not merely to the author, but to the profession. We readily, indeed, confess that its erudition goes beyond our depth, an unusual