PART II.
CRITICAL ANALYSIS.

I.

Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever and Febrile Diseases, whether applied to the Surface of the Body, or used internally. By James Currie, M. D. F. R. S. Physician in Liverpool, and Fellow of the Royal College of Physicians, Edinburgh. Vol. II. Third Edition. Liverpool, 1804.

At the commencement of our Analysis of Books, it is with pleasure we undertake to give some account of one of the most valuable which has ever been published. The first volume of Dr Currie's Medical Reports must be familiar to all our readers: the opinions it contains, the practice it inculcates, and the enlightened views which it displays, must have rendered it a favourite work with all those who look forward with confidence and zeal to the advancement of medical knowledge. It is unnecessary to give any abstract of the well-known contents of the first volume. The additional matter consists of two new cases of Tetanus, both arising from wounds, both extremely formidable in their symptoms, and both terminating happily. In these cases, the cold and tepid affusion formed an important part of the very judicious treatment. The other new matter which we have noticed, consists of some valuable remarks given in the form of notes, and an account of some experiments on inhalation by the skin, which appear favourable to our author's peculiar opinions on this subject. But neither these experiments made by Dr Roufseau at Philadelphia, nor the slender testimony of Seguin, nor all the evidence at present before us, are sufficient to determine the question respecting cutaneous absorption. The speedy and effectual mode of affecting the system by mercury without friction, as by fumigation, according to the method proposed by Lalouette, seems to furnish reason for doubting the accuracy of some of the experiments made by Dr Roufseau. The vapours are not inhaled by the lungs during
ing this ingenious process of fumigation, because the head is cautiously excluded from the machine. To enter farther upon this subject would lead us beyond our limits, and take us away from more important parts of this improved edition. Before proceeding, however, it may be proper to remark, that the second volume is a continuation of the first, and may be had separately by those who already possess the edition of 1798.

This second volume contains the author's experience of the cold and tepid affusion, during five years of extensive and accurate observation, subsequent to the publication of the former part of this work. Many additional communications are here given from different practitioners in different parts of the world. The result of this general and multiplied experience is highly satisfactory: the extensive appeal here made to numerous and well-authenticated facts is such, as must leave a strong impression on impartial readers in favour of Dr Currie's practice and opinions. Every communication confirms the account formerly stated of the general efficacy of this remedy, and gives the author additional reason to affirm, 'that, used in the three first days of fever, the cold affusion very generally stops the disease—that the same happy effects sometimes follow its use on the fourth, or even fifth day, but seldom later—that even in the subsequent stages, where the heat continues preternaturally great, and the skin dry, it is of great and manifest advantage, almost immediately relieving the most distressing symptoms, particularly restlessness and delirium, and conducting the disease to a safe and speedier issue.'

In the febrile complaints of children, the tepid affusion proves an invaluable remedy. In fevers accompanied by, or originating in high local inflammation, the author does not recommend the use of the cold or tepid affusion, nor cold drink. We wish that he had stated the grounds of his objection to this practice in such cases, and given the result of his experience which has occasioned his indecision on this interesting question. The following are some of the advantages attending the method of treating febrile diseases by the cold affusion, which more enlarged experience has discovered and confirmed. In no one instance has it appeared to be injurious. In the early stages, it stops the disease—it strengthens the security in the means of prevention—it may be employed in fevers, even where catarrhal symptoms are present—it has been used in fevers of warm climates on patients under salivation, not only with impunity, but advantage—it has been applied with the most manifest advantage in Scarletina, and superseded, in a great measure, the use of bark and wine in this formidable disease, as well as in Typhus—it has been employed in the eruptive stage of Measles in four cases, though not by de-
sign; and the disease that followed was singularly mild. Lastly, it was used in the Influenza by Dr Currie on himself, with marked advantage. There are cases, however, of Scarlatina, as well as of Small-pox, which do not receive the usual advantages from cold and tepid affusion, and that in instances where the morbid heat is not excessive during the eruptive stage, and where great malignity and apparent putrefcency appear from the first beginning of the disorder. How is a case of Scarlatina of this sort to be treated? In the ordinary forms of this complaint, where the heat rises to the highest degree observed in the range of the animal temperature of the human body, sometimes up to 112° Fahrenheit, the application of the cold affusion is fairly and obviously indicated, and numerous testimonies confirm the practical utility of it. Our author’s experience is very striking. In 150 cases of Scarlatina, during three years, he has followed this practice with a degree of success almost invariable. No practical observations are given respecting those more aggravated and complex forms of this disease, which too often baffle every attempt to check the morbid phenomena.

In Chap. XXIII. Dr Currie details some of the communications he has received respecting the cold affusion, in different parts of Great Britain. In London, this method of treating fevers seems to have been received with more frigid indifference than in other places. This circumstance, if it were necessary, the author thinks, might be easily explained. It is to be hoped that these timid prejudices will be daily exploded, by the increasing evidence of the advantages of such bold and decisive measures. An account is given of the successful use of cold affusion, in some cases of Typhus, at the House of Recovery in London. An abstract of similar accounts is given of its use in Edinburgh, Norwich, and Birmingham. In the last mentioned of these places, it has been advantageously employed on persons in fever, labouring under all the accumulated evils of moral and physical distress. One passage in Mr Marshall’s letter, sets in a strong point of view the superiori ty of the affusion, when compared with ablutions. From the end of July to the 31st of October, he employed the cold affusion in sixty-four cases of fever; in sixty of these the disease was arrested, the remedy seldom being required more than twice or thrice, and in no one case was it used more than four times. In the other four cases, the disease being advanced, was not stopped by the remedy, though the patients ultimately recovered. p. 492. Mr Marshall’s situation, as surgeon to a militia regiment, afforded him the most favourable opportunities for employing this remedy at the very beginning of the disease; and and his success seems to have been equal to the opportunities he has.
has had for making these trials on such an ample scale. The fevers in the army and navy are most likely to be removed by these means. The class of patients are well suited, in every respect, for such active practice; and the diseases may be combated at their first onset, if the men are narrowly watched, as they ought always to be, during the prevalence of any epidemic. In the fevers of the West Indies, especially when young and vigorous Europeans are attacked, early bleeding and antimonials may be employed with advantage, preparatory to the cold affaision. The great success of Mr Wilson's practice leads to this general inference. p. 499.

The narratives of several navy surgeons are interesting, and well deserve perusal. A long letter from Dr Gomez, physician to the Portuguese fleet, contains many valuable remarks, along with abundant illustration of the efficacy of the general plan, in reducing morbid heat, and interrupting the associated morbid febrile actions.

The medium temperature of the water in Barbadoes is 74° or 75° Fahrenheit; and this appears equally efficacious as a colder application. In the fevers of the West Indies, it has been found very grateful and advantageous. However, it did not succeed, according to Mr McGregor's account, in the fever most common in the East Indies. The failure, in some cases, stated by Dr Maclean, is obviously to be imputed to its improper administration. The period and manner he adopted is quite opposite to the rules laid down by our author. At Philadelphia, the cold bath was used and recommended in epidemic fever by Dr Stevens; but it was soon abandoned. No thermometrical observations were regarded: its success could only be precarious and accidental, as it was employed in the latter stages of the disease as a stimulant and tonic. It has lately been used with success in Virginia, according to the rules laid down in the first volume of this work.

At the conclusion of these various communications, Dr Currie has offered a few general reflections on the reciprocal influence of the functions of digestion, respiration, and perspiration on each other. What is here said, excites our desire to hear more. Upon this mutual dependence of three principal functions, upon the reciprocal aid which they receive and bestow, depends the healthy state of the system. And it is self-evident, that a suitable harmony must exist between them, since the modifications of any one function will influence the actions of the other. Although the author does not consider fever as consisting merely of a series of phenomena, originating in a morbid accumulation of heat, yet he evidently looks upon it as an object of first importance. And so it undoubtedly is; for increased temperature is accompanied by increased action of the vascular system; and this accumulation of morbid
morbid heat then becomes a source of irritation, and acts as a cause of its own continuance, its increase, and supply. If allowed to continue for any great length of time, we observe that heat debilitates the system, it deranges the functions, it decomposes the animal matter, it diffuses itself over every part of the body, and destroys the organization. Cold water and cool air diminish the force of this stimulus, and prove highly grateful and salutary. We should have been glad, if the learned author had infilled more on the comparative merits of affusion and ablution. These two methods are generally confounded together, and their effects referred to the simple abstraction of heat. After the third day of fever, they seem to act solely in this manner—their influence on the sensations is lost, or not sufficient to interrupt the series of morbid actions; the heat is removed in the same degree by washing the surface of the body with a wetted sponge or cloths dipped in water, as by pouring cold water on the naked body; and the patient is relieved, as we have often witnessed, exactly the same by one mode of treatment as by the other. But, in the early stages of the disease, the superior efficacy of the affusion is unquestionable; its operation extends beyond the mere abstraction of heat from the surface; it acts powerfully on the nervous system. The magic charm so frequently ascribed to this remedy, appears to be owing to its removing to effectually in the beginning of febrile diseases, the uneasy sensation of heat, and thus indirectly recruiting the animal powers. Its most striking effect is its inducing sleep. When any disagreeable sensation is removed, we know that sleep soon follows. The sudden removal of any irritation, as the intervals of pain in parturition, the ceasing of the toothache, the abatement of violent pain in colic, &c. are illustrations of this general law.

The experience of Dr Currie, and that of his correspondents (especially the excellent letter of Mr Nagle), and every case that we have witnessed, all agree in confirming this general notion. For wherever the cold affusion has operated like magic in arresting the progress of the disease at once, the patient has always sunk into a sound and refreshing sleep, from which he awakes like a new creature. Even in cases where the cold affusion was by some circumstances forbidden, if applied, and if sleep were induced by it, the patient became immediately relieved. Thus, in Mr Dalrymple's well-detailed case, though the shock was unexpected and severe, and the patient appeared to suffer much from it, yet, in a few minutes afterwards, his pulse was examined, and found to beat 100 strokes in a minute; his heat, which an accident prevented me from accurately measuring, was most sensibly diminished; his mind became calm and clear; he expressed...
a feeling of regret for the trouble he occasioned to those about him; drank a glass of warm wine and water, and in about half an hour he sunk into a deep sleep, in which he continued nearly eight hours.'

Where the affusion does not succeed in removing the symptoms, sleep is not induced by it. The tepid affusion did not produce its soothing influence in the case of the lady (page 404.); it was not, as usual, effectual in producing tranquillity and sleep. One reason why it did not succeed in the fever accompanied by dysenteric symptoms, might be, the irritation in the bowels, which prevented or disturbed its tranquillizing effects. In all the cases related in our author's first publication, easy, tranquil, or profound sleep, with perspiration or gentle diaphoresis, always accompanied the action of the affusion in cutting short the disease. In that interesting case, recorded p. 48, vol. I. where the cold affusion proved ineffectual, no sleep or diaphoresis followed the application. This effect of the remedy becomes the more important, because all the ordinary means of inducing sleep often fail completely in fever; the influence of Opium is counteracted by the morbid accumulation of heat; the restlessness and febrile anxiety is increased, instead of being removed by this medicine.

Among so many important particulars contained in these additional Reports, some must be omitted, and many perhaps overlooked, in such a general sketch as this we have attempted to give. We shall only notice farther, that Dr Currie speaks in strong terms of approbation, respecting the use of Digitalis in the diseases belonging to the class Phlegmasia, as well as in Hemorrha-giae; and he has added four letters as an appendix, on subjects of local and less general importance. One to Dr Clarke on Fever Wards; two on a plan for building a Lunatic Asylum; and one on the use of Nitric Acid in Syphilis.

These Medical Reports should be read by all practitioners. The precepts which they inculcate should be tried and pursued—the style and manner should be imitated. We do not find ourselves called upon to vindicate the practice, because, unlike most valuable propositions in physic, it has never been attacked. Through timidity, and a prejudice more owing to words than any thing else, it has been neglected, but never yet attempted to be controverted. Nature, it has been said, has furnished an antidote in every country for the diseases which prevail there. Boerhaave was unwilling to consent, and Voltaire thought it ridiculous to seek a remedy, in South America, for the intermittent fever which prevails in the north of Europe. For the cure of our most common febrile diseases, it is no longer necessary to ransack the laboratory of the chemist, or to traverse the mountains of Peru. The great and
and efficacious remedy is to be found in every country, and in every place—it flows in every ocean, it arises in every spring, and is supplied from every fountain.

II.

An Essay, Medical, Philosophical and Chemical, on Drunkenness, and its Effects on the Human Body. By Thomas Trotter, M. D. late Physician to his Majesty's Fleet, &c. 8vo. London, 1804.

When we consider the curious and interesting phenomena which present themselves in the paroxysm of intoxication, the long train of evils, and catalogue of diseases to which the abuse of vinous liquors gives rise, we must acknowledge that the subject is of the highest importance, and well merits the attention of the philosopher, of the statesman, and of the physician.

The outline of the Essay now before us, was the subject of the author's inaugural dissertation, published at Edinburgh on obtaining the degree of Doctor of Medicine in the year 1788. On this occasion, he was anxious to produce something that had never been noticed by any former graduate. Ebriety was chosen; and the work, we are now informed, delighted one Doctor, was well received by the Professors, was perused with great pleasure by Dr. Gregory, gave rise to some elegant allusions and facetious remarks from Dr. Cullen, and obtained for the author the thanks of the Humane Society. This general approbation determined Dr. Trotter to enlarge his plan, and at some future period to present his observations to the public in an English dress.

Though Dr. Trotter may not have been anticipated by any monographic essay on Drunkenness, we cannot allow him his whole claim to originality. Original he certainly is in some of his opinions, which we shall have occasion to examine. Neither can we admit the validity of the complaint—from the little assistance he has derived from the writings of others. The symptoms and effects of drunkenness have often been described. By every practical writer, ebriety, and the abuse of vinous liquors, have been marked as causes of disease; and, in these times, the modus operandi of alcohol has been amply discussed.

Dr. Trotter considering drunkenness as a disease, of which he is to give the history and cure, divides his subject naturally enough into the following heads: 1st, Definition of drunkenness; 2d, The phenomena, or symptoms of drunkenness; 3d, In what manner