FEVER HOSPITAL CORK STREET.

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House of Recovery Cork Street Fever Hospital

Annual Report and Medical Report

1st April 1839 to 31st march 1840

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REPORT

OF THE

MANAGING COMMITTEE

OF THE

HOUSE OF RECOVERY

AND

FEVER HOSPITAL,

٤N

CORK-STREET, DUBLIN,

FOR ONE YEAR, FROM 18T APRIL, 1839, TO 31st MARCH, 1840.

WITH THE

Medical Report Annexed,

FROM 1st JANUARY TO 31st DECEMBER, 1839.

By JOHN O'REARDON, M.D.

One of the Physicians to the Hospital.

DUBLIN:

PRINTED FOR THE COMMITTEE,
BY WEBB AND CHAPMAN, GREAT BRUNSWICK-STREET.

1840.

LEGACIES

MAY BE BEQUEATHED IN THE POLLOWING MANNER:-

"I give and bequeath to the Treasurers of the House of Recovery, in Cork-street, Dublin, the sum of (in trust) to be applied towards the benevolent purposes of the Institution."

List of Lubscriptions and Bonations,

RECEIVED FROM 1st APRIL, 1839, TO 31st MARCH, 1840.

Alexander, William	3	E3	3	0	•			Ì	0
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MEDICAL REPORT

OF THE

HOUSE OF RECOVERY

AND

FEVER HOSPITAL,

CORK-STREET, DUBLIN,

FOR ONE YEAR,

FROM 1st JANUARY TO 31st DECEMBER, 1839.

By JOHN O'REARDON, M.D.

MEMBER OF THE ASSOCIATION OF THE FELLOWS AND LICENTIATES OF THE KING'S AND QUEEN'S COLLECE OF PHYSICIANS IN IRELAND.

DUBLIN:

PRINTED FOR THE COMMITTEE,
BY WEBB AND CHAPMAN, GT. BRUNSWICK-ST.

1840.



MEDICAL REPORT.

THE treatment of continued fever, whether ordinary, endemic, epidemic, or exanthematic, and the diminution of contagion by the temporary removal of the sick-poor, are the well known objects of the supporters, governors, and medical officers of Cork-street Hospital. It was for these purposes that this Institution was originated forty years back, by the laudable exertions of a few humane and opulent mercantile gentlemen; and that it has been since maintained by private donations and subscriptions, aided by parliamentary grants. That these objects are constantly kept in view and diligently attended to, the Irish government and public are convinced. Its concerns are ably superintended by a committee of honourable men, who not only act gratuitously, but are individually contributors to its funds. They communicate with government as often as it is necessary to do so. They give an annual account of the income and expenditure of the hospital: they also publish every year a statement of the number of patients admitted, and of those cured and deceased during the preceding twelve months. account is annexed a medical report from one of the physicians in turn. The facility of admission here is greater than in most other hospitals. No interest is necessary; no high recommendation is required. The poor need not even look for a subscription ticket; all they have to do is to leave the name and address of the sick person in the letter-box at the lower gate of the hospital.

sick are brought here in the carriages of the institution: they receive the daily attendance of experienced physicians, and the best domestic care that an hospital can furnish.

I give on this occasion a brief review of fever and its complications at various periods of the year 1839; and I subjoin some fatal cases and post mortem examinations, which are interesting in a pathological point of view. Continued fever is, according to my conception of it, a general sub-inflammatory, and, at the same time, a somewhat nervous malady of the entire system. It is in most instances, at first, a simple idiopathic disease; that is, the nervoso-inflammatory state which succeeds the rigor, is general all over the body; and it evidences itself by elevation of temperature, quickness of pulse, an uneasy, nervous feeling, a sense of universal weariness and fatigue, more or less pain of the head, back, limbs, and articulations, loss of appetite, and foulness of the tongue; the bowels are in most instances costive, though they sometimes are otherwise. This fever sometimes subsides either spontaneously, or by the aid of medicine, in the course of from five days to the seventh, ninth, or eleventh day. Such instances of simple fever or mild synochus of short duration are far from being unfrequent. But fever often becomes more protracted; it continues for an indefinite number of days, and in its progress, though general all along, it fixes itself with more severity on one, two, or even three internal organs. Among a vast majority of our fever patients, I may say among all who are long ill, there is a considerable tendency to an over-injected and suffused state of the vascular apparatus, particularly of the venous system, throughout the larger and most important organs of the body, viz.:—the brain, lungs, stomach, and intestines. The head takes the lead in this country, as a participator in, and a promoter of the severity of fever. This is so much the case, that we scarcely meet with a single instance of fever of a serious character, unaccompanied with a bad cerebral affection. Cephalæa, and disturbance of the cerebral functions, often amounting to delirium or typhomania, are the most formidable symptoms among our young people. They are, indeed, more generally prevalent among persons of all ages in Ireland, than in many other countries.

The next in frequency, as concomitants of fever, are thoracic diseases, especially bronchitis, and an insidious pneumonia. The kind of pneumonia which occasionally supervenes in the course of typus gravior, is not a frank active pulmonary inflammation, such as persons previously healthy are seized with in consequence of cold or suppressed perspiration, or retrocedent rheumatism. is rather a congestive, vascular, chronic-like condition, which gradually converts a considerable portion of the substance of the lungs into a state of semi-carnification of a dark colour. Percussion of the thorax and auscultation, either by the stethoscope, or the unassisted ear, are valuable aids to our other means of ascertaining the nature and extent of pulmonary disease. is more or less obscurity in the outward symptoms of pulmonary lesions in bad typhus; an obscurity which is cleared up, or almost entirely removed by the united application of percussion and auscultation.

The third class of complications of frequent occurrence consists in subacute ailments, principally affecting the stomach, intestines, and mesentery. Two of the above three series of complications, or the entire three, are frequently united with typhus in the same patient.

In these complications the general subacute state may be said to merge into a congestive state. With regard to congestion, which takes place in some or many of the above mentioned organs, in patients labouring under typhus gravior, I am aware that it is properly distinguished by all pathologists from active or acute phlegmasia. But I nevertheless hold that it is a peculiar species of inflammation, which I would denominate congestive inflammation.

Rheumatic pains may be noted as a fourth species of complication with fever. The ordinary aching pains of the back and limbs, which are constant accompaniments of all fevers, are not strictly rheumatic, though they approximate thereto; they are a part of the general sub-inflammatory condition which mainly constitutes fever. There are casual complications, such as erysipelas and dysentery. The fever attendant on the exanthemata, viz.: variola, rubeola, and scarlatina, are not unfrequently of a bad typhoid character.

There are few places where the typhus gravior (the adynamic or ataxic fever) prevails more commonly than in Dublin, and in Ireland generally. We witness it every day, marked in its advanced state with an accelerated, weak, and sinking pulse, subsultus teudinum, suffused eyes, delirium, or insensibility, picking of the bedclothes, speech inarticulate and unintelligible; tongue broad shaped, like a shallow spoon, covered with greenishyellow sordes; or this organ is dry, rough, and either black, or of the colour of the rust of iron. Breath offensive, resembling that of a mercurialised or scorbutic patient; a peculiar musty corpse-like smell from the entire surface of the body; freces and urine passed involuntarily in bed; numerous purple spots on the skin, and broad discoloured blotches, termed vibices; a tendency to grangrene of the regions of the sacrum, and great trochanters, and now and then complete sphacelation and sloughing of the integuments of those parts.

The above mentioned circular discolorations, termed petechie, are more common among the poor than among

the middle and wealthier classes of patients. They generally occur in all the confirmed typhoid or adynamic fever cases brought into our hospitals. They often present themselves on the skins of patients affected with mild typhus easy of cure; they are then of dark red or purplish-brown colour. They all usually seem to be on a level with the skin; but on close observation by the sight, and by practised tact, many of them, in some patients, are found to be a little risen beyond the cuticular surface; they at the same time appear to retain their flatness, notwithstanding their slight elevation.

Papulæ of very diminutive size, sometimes white, sometimes reddish, are occasionally seen interspersed between the petechiæ. They have no effect, as far as I have observed them, either in alleviating or aggravating the disease: they gradually disappear without terminating in scurf, at the same time that the petechiæ are becoming diluted towards the favourable termination of the fever. We see at certain seasons similar papulæ on the skins of fever patients unconnected with petechiæ, and independent of their presence or absence. Such was the case in London and Dublin during the winter and spring of 1828.

When petechiæ are of a blackish purple, or blackish-brown colour, and are so numerous as to be congregated or clustered together, they may be considered inauspicious, though not irremediably fatal signs. These are still of more dangerous augury when they are connected with broad, dark purple vibices of the skin, or gangrenous, or semi-gangrenous blotches on various parts of the surface, and with similar discoloration of the extremities. In some of those desperate cases we have seen, as occurs in purpura hæmorrhagica, dark blood ooze from the nose, and pass up from the stomach and mouth, and down the rectum and anus; also some blood voided

along with the urine from the pelvis of each kidney and the bladder. After death, which commonly results from such untoward circumstances, the last described petechiæ are observable not only on the cuticle, but through the cutis vera to its inner surface; and similar spots are found on the mucous membrane of the stomach and intestines, after the removal of the extravasated blood contained therein. A few of them are also seen on the external surface of the lungs, and some dark blood is lodged in the pelvis of each kidney, though all the uriniferous tubes appear quite healthy, and yield limpid urine by slight pressure.

In some instances of a far-advanced and perilous stage of typhus gravior, and especially towards the approach of dissolution, the condition of the patient bears a remarkable resemblance to the stage of collapse in malignant cholera. In both cases the pulse is imperceptible; the feet, hands, wrists, cheeks, and the cartilaginous portion of the nose are cold, and of a dark or blackish-purple colour; the eyes are inanimate in their depressed and sunken sockets. Under these circumstances, the blood which has ceased to circulate in the arteries of the extremities, or does so very sparingly and imperfectly, becomes accumulated, much altered, and discoloured internally in the veins of the cerebal, respiratory, and digestive apparatus, and in the cavities of the heart.*

It is thus that extremes meet in respect to diseases which are generically and specifically distinct from each other. Bad typhus attended with purpura hæmorrhagica, also presents features of analogy with scorbutus. The typhoid breath, the scorbutic breath, and the mercurialised breath, have all the same offensive taint, notwithstanding the difference of the original affections. The alterations

^{*} See in the latter end of this Report, the cases of Ward, Tynan, Budds, and Anne Martin.

of the physical properties of the blood in typhus gravior, in scorbutus, and in the last stage of malignant cholera, may be considered as certain; its colour is darkened, and its coagulability is much impaired, and sometimes destroyed. The writings of the celebrated Professor Magendie of Paris, on this subject, ought to be consulted by every physician.*

The pathological examination of the bodies of those persons who die of the least complicated cases of typhus gravior, exposes to view a strongly injected state of the blood vessels of the surface of the cerebrum and cerebellum, and frequently a thickness of the pia mater; a degree of carnification and sanquino-serous infiltration of some portions of the lungs, usually at the posterior parts of these organs; a more or less injected and arborescent condition and marks of phlogose in the interior of the stomach; also vestiges of inflammation and extensive arborescence on the peritoneal and mucous surfaces of the small intestines, and throughout the mesentery. There is now and then enlargement of the spleen, and a creeking sound of it under the scalpel.

In the more complicated fatal instances of typhus gravior, we meet with deep lesions of some of the most important viscera, in two, or in all the large cavities of the body. The leading clinical professors of the Parisian medical schools, physicians of considerable erudition and experience, and distinguished pathologists, denominate typhus by the terms, gastro-enterite typhoid, and entero-mesenterite typhoid, as they consider typhus fever to consist in an inflammation more or less extensive of the gastro-intestinal mucous membrane, and of the mesentery and mesenteric glands. They maintain that ulcerations of some of Peyer's and Bruner's

^{*&}quot;Lecons sur les Phenomenes Physiques de la Vie," par M. Magendie, Paris.

glands in the inferior portion of the ilium, and in the cæcum, arc universally found in the bodies of those patients who die of typhus. I was shewn those ulcerations in a few instances in Paris and Brussels; in each of which cities I spent a month, a year and a half ago, and, of course, visited the hospitals. The last mentioned lesions are only seldom observed in our hospitals. They occur of tener at some seasons than others. Each of these ulcerations is generally small and pretty superficial.

Every experienced physician of every country is well aware that some degree of intestinal inflammation, or sub-inflammation, frequently takes place among patients labouring under bad typhus. But it is by no means so frequent in this class of patients as determinations of blood to the head and lungs, and congestions and torpor thereof, nor is it so hazardous to life.

Our learned French confréres might, with equal propriety, call typhus gravior by the name of cerebromeningite typhoide, or pulmonite typhoide, or even arthrite typhoide.

In the typhus of this country, the head is, as I already mentioned, more or less disturbed; and its affection is the most serious of that of any other part of the body. The conditions of the thoracic and abdominal viscera require to be watched every day, and attended to according to the symptoms which present themselves; but though the disease be a general one, the danger of death is principally from the head.

We combat severe cephalic symptoms by first shaving the head, and applying cooling and evaporating lotions to it,—such as vinegar and water, or camphorated spirits. If these and an efficient purgative do not suffice to relieve the headache considerably, we bleed, either generally or locally, by the lancet or leeches, according to the indications and the state of the pulse.

The abstraction, early in the disease, of from five to eight or nine ounces of blood from the temporal artery, often effects a prompt cure of the cephalæa, and thereby mitigates the force and shortens the duration of the general malady. We much oftener have recourse to leeches, of which from six to twelve or fourteen are applied to the temples once or twice, according to circumstances. They are often safer than the lancet in the treatment of typhoid cephalæa. There are some instances of severe cephalic affections in typhus gravior, which completely resist active cathartics, and cooling and evaporating lotions on a shaven head; and will scarcely or not at all yield to copious venæsection of the arm; but which are easily cured by the timely abstraction of some ounces of blood from either the temporal artery or jugular vein; or even by the application of from fourteen to twenty leeches to the temples. I could adduce many cases illustrative of this remark. have in my note books, the histories of some valuable lives lost from a want of knowledge of this circumstance, or from inattention to it. On the other hand, life is sometimes sacrificed by over bleeding, especially at an advanced period of fever. There is no department of the physician's extensive duty where experience and sound judgment are more essential than in that of bloodletting generally, but particularly in heavy continued fever. When bleeding of any kind happens to be imprudently practised in continued fever, it lowers the vital powers, and particularly debilitates the sensorium to such a degree, as to render recovery difficult and doubtful, and oftentimes hopeless. If, after the use either of the lancet or leeches, and the rational employment of purgatives, cephalæa or delirium continue; or if there be much heaviness and drowsiness, or a comatose tendency, vesication of the entire newly

shaven head by five blisters, so adapted as to form a temporary scuil-cap, during about fifteen hours, is of considerably more service to the patient, than those practitioners are aware of, who are in the habit of employing only partial vesication in such cases.

The success of this treatment, which I can vouch for, admits of easy explanation. In the advanced stage of cerebral typhus, there is, almost invariably, a distended condition of the large veins all over the surface of the sensorium, and usually fulness of the sinuses, and an injected state of the smaller blood-vessels which penetrate the substance of the brain in every direction. The pia mater is often thickened. There is also, not unfrequently, more or less serous effusion in the ventricles of the brain. These conditions produce a degree of compression of the brain, or sub-apoplexy, which is, in a considerable proportion of cases, obviated or removed by extensive counter-irritation, and the derivation externally of a large quantity of serous fluid.

Many a patient accosted me in the morning with open eye-lids, and an improved expression of countenance, after the removal of the process here recommended, observing, "Oh! sir, I am better: the weight and pain which I had in the interior of my head have left me."

A weak solution of tartarised antimeny, given in small doses every second hour, is occasionally a good adjutory means for mitigating and contributing to cure obstinate pains and heaviness of the head. I have not been able to obtain from it the extent of beneficial effect attributed to it by some medical writers. It is allowed on all hands to be of some use as an auxiliary. But its advantages in the cure of fever, and in subduing inflammation, seem to me to be overrated. It is usual on the Continent to combine laudanum with it, to counteract its emetic action.

I scarcely ever prescribe an emetic in any of our usual continued fevers, even in the commencement, as I have often remarked it to create or aggravate headache, and thereby render the fever more obstinate.

Costiveness of the bowels being generally prevalent among our fever patients, mild and at the same time efficient cathartics are necessary. One of these, given every second morning, obviates the irritation and mischief which the sojourn and accumulation of fœces and their fætor would occasion to the mucous intestinal coat, especially in the lower part of the ilium and the cœcum. Intestinal tympanites is thereby checked, in consequence of the removal of much of its cause. Moreover, the procurement of alvine evacuations, duly managed, forms an essential part of the requisite antiphlogistic plan of treatment. It mitigates the febrile heat, and gradually diminishes the foulness of the tongue.

The cathartics usually prescribed by me in the early stage of fever are, the pilul. colocynth. comp.; or the pilul. aloës cum myrrha; to either of which I add half a grain of succus hyoxyami; or the black dose, with the addition of one drachm of tincture of rhubarb to it, and occasionally a little manna.

In the advanced stages, and in delicate subjects, I prefer to direct five or six drachms of the oleum ricini, with one or two drachms of tincture of senna, or tincture of rhubarb, suspended in an ounce of cinnamon water.

I also sometimes prescribe one scruple of Turkey rhubarb, and an equal quantity of bitartrate of potass, with two grains of aromatic powder, mixed with a little syrup of orange-peel, into the form of a bolus, or suspended in any convenient liquid. An enema is of course now and then had recourse to; such as, sulphate of magnesia, an ounce; compound decoction of mallow, twelve ounces; five drachms olive oil; mix them up.

Some states of the abdomen seem to be benefited by the addition to this enema of one drachm of oil of turpentine, and twelve or fifteen drops of tincture of opium.

A simple enema of barley water or oatenmeal tea occasionally answers the purpose.

I often prescribe alteratives in the form of small powders, of which one is to be given twice; or more minute doses, thrice in the course of twenty-four hours, viz:—

R	Pulveris antimonialis	gr.	vi.	
	Ipecacuanhæ	gr.	ii.	
	Rhei turcici	gr.	vi.	
	Zingiberis	gr.	j.	Misce.

Divide in partes duas, quarum sumatur i. bis die.

I now and then add to this prescription one grain of chloride of mercury.

Small powders, composed as the foregoing, are, not-withstanding their simplicity, very useful accessories in many cases of continued fever, especially in tedious cases; and in such as are complicated with more or less visceral obstruction or congestion. They contribute, gradually, to remove these insidious causes of protracted fevers, to diminish the quickness of the pulse, and cleanse the tongue. They often, in this way, materially assist to free the parenchymatous substance of the lungs of chronic embarrassment, that previous cuppings, leeches, or blisters, have not entirely removed. I occasionally add to the above prescription five grains of pulveris ipecacuanhæ comp., which is at times serviceable in some instances of long existing distress of the respiration and cough.

When an obstinately foul tongue appears to proceed from derangement of the stomach and biliary secretion,

I correct the cause, and remove the effect, by giving five grains of the pilul. hydrargyri, daily, by itself; or now and then combined with an equal quantity of pilul. colocynth. comp., during from eight to ten, or at most, twelve days. With the exception of such small doses, under the circumstances here mentioned, and one or two grains of chloride of mercury, occasionally combined with a purgative, I do not employ mercury in any form in the treatment of fever. It does not otherwise advance the cure of this disease. Much serious mischief is caused by the partiality of some medical men to this drug. I have seen patients tortured to distraction with obstinate swellings and ulcerations of the mouth and fauces. I have recently witnessed fatal hæmoptysis to result from salivation induced by mercury given in fever.*

The mistura camphorata is a medicine to which, from long experience of its usefulness in typhoid fevers, I am partial. I usually prescribe from eight to nine or ten ounces of this mixture to be taken daily, by small quantities at a time, in the advanced stages of typhus. I often give it by itself, and as often add to it, from eight to fourteen grains of sesqui-carbonate of ammonia, or sometimes an ounce of aqua acetatis ammoniæ, with a little syrup of orange-peel. The camphorated mixture in the quantity here prescribed is a mild stimulant, a good antispasmodic, and is somewhat a strengthener, and a maintainer of the vis vitæ. It may be advantage-

^{*} I recollect the case of a gentleman who was seized with apoplexy while he was under salivation from mercury, directed to cure syphilitic sores. I also met with two instances of apoplexy that occurred while the patients were under the strong influence of mercury, imprudently kept up too long, with the object of combating chronic hepatitis.

ously given from the time the fever becomes a confirmed typhus, till its close; and in case of a weak and languid convalescence, the same medicine may be continued. It is gently aperient in some patients, without being so in others. If, after the employment of such antiphlogistic means as the acute or sub-acute periods of the fever require, great debility and general prostration ensue, and that the pulse becomes weak and confused, or irregular, with subsultus tendinum, and picking of the bed-clothes, I prescribe from two drachms to half an ounce of æther sulphuricus, combined with eight or nine or ten ounces of mistura camphorata, and three drachms of syrup of orange-peel, and direct an ounce of it to be taken every hour and a half till the bottle be finished, in the course of twenty-four hours. This combination of aether and camphorated mixture assists gradually to improve the pulse, allay the subsultus tendinum, and tremulousness of the tongue. It contributes powerfully to save the patient's life, under the dangerous circumstances in question. It rouses and sustains the vis vitæ, and assists it to rally until a favorable turn of the disease take place.

I am aware of its being said by some medical gentlemen, that the camphorated mixture of our pharmacoperias is, by itself, an inert medicine, which assertion appears to me rather gratuitous. This mixture continued, and prepared fresh every twenty-four hours, in the quantity of nine or ten ounces, for many days in succession, seems to me to hold nearly as much camphor in suspension as the stomach can conveniently bear. I have unquestionably often experienced its service. However, we can easily have it as strong as may be necessary, by directing it to be made up with a double proportion of camphor, in the form either of mixture, or of an

almond emulsion. The aqua ætherea camphorata of the Codex Pharm. Franc. seems to be a good and efficient preparation of this medicine.

Aqua ætherea camphorata.

P _k Camphorae	3 ii.
Œtheris sulphurici	3 vi.
Aquie stillatitiæ	ξxv.

Put the camphor broken down into small pieces, and the æther together into a tubulated bottle, with the tube attached to its lower part. After the dissolution shall have been completed, add the water, and shake the bottle every now and then during twenty-four hours. As often as this ethereal camphorated water is wanting for use, draw off by the bottom tube as much as may be necessary.

Every ounce of this liquid contains very nearly nine grains of camphor, and twenty-five grains of ether, according to the weights of the French Codex for the year 1837.

Musk and castor are occasionally employed, the former in preference, to allay subsultus tendinum, tremor of the hands, and other nervous symptoms in typhus. The mistura moschi of the Pharmacopæia Lond. may be given in ounce deses, three or four times a day.

From five grains to half a drachm of musk in powder, masked under the form of pills, or mixed with an emulsion, like the mistura moschi of the Pharmacopceia Lond. may be taken in divided doses in the course of the day; or from fifteen drops to a scruple of the tinctura moschi of the Dublin Pharmacopceia may be prescribed at a time, with a little cinnamon water as a potion.

Musk is also occasionally suspended in a few ounces of emulsion, with or without five grains of sulphate of quinine, to be administered as an enema.

Wine of good quality and of a tolerable age is one of our most indispensable and valuable remedies in the advanced stages of typhus gravior, especially in the cases of patients affected with blackish petechiæ and vibices, and gangrene, and a very weak sinking pulse. It unites the qualities of a cordial stimulant and tonic medicine. I usually prescribe old port in preference to the other Spanish wines in ordinary use in this country. I give it pure in the quantity of from four to ten ounces in the day to adults, according to the exigency of each case. I recommend perseverence in the use of it, but in a somewhat diminished quantity during the convalescence.

The solution of chloride of soda is employed in Paris for these last few years, among the customary remedies for the cure of typhus, by Professors Chomel and Bouillaud, and others, as well as by the physicians of the Hotel-Dicu. From fifteen to thirty or forty drops of it are put into a quart or three pints of a mucilaginous edulcorated ptisan, which the patient drinks in fractional potions in the course of each day. It is also applied externally, in the way of aspersions, fomenta-tions, lotions, and baths, in the proportion of one part of the solution to from three to ten parts of water. is administered as an enema in the quantity of twentyfour drops of the solution to twelve ounces of a decoction of the althma officinalis. Guided by the respectable recommendations of such authorities, and that of Doctor Graves of Dublin, I gave this medicine a trial in the Fever Hospital in the year 1836. For many patients labouring under typhus gravior I prescribed the solution in the manner above directed, to be taken internally; and I persevered in the use of it long enough to satisfy myself of its being somewhat serviceable in those cases; but inferior, as an internal remedy, to camphorated mixture; and inferior in a greater degree to the mistura camphorata, combined with æther sulphuricus. Therefore having a much better remedies at my disposal, to combat typhoid debility, resist the approaches of asphyxia, and allay nervousness, I discontinued the use of the chloride.

Some of the French physicians, especially the distinguished Doctor Bouillaud and his numerous adherents, following up the inflammatory localisation, or pyretological theory of continued fevers of Broussais, consider typhus, as I already mentioned, to consist in or proceed from intestinal inflammation and ulcerations of the mucous membrane, particularly of the mucous glands of the interior of the cecum, and inferior part of the ilium. On this account they bleed much, both generally and locally. Doctor Bouillaud bleeds largely from the arm, twice in one day, and twice on the next day, and once or twice on a subsequent day, even at advanced periods of the disease; and on the same day that he directs venesection to a pretty large extent, he takes away much blood locally, by repeated scarificators and cuppingglasses applied to the iliac region, and other parts of the This is what he calls the invention of his abdomen. formulary for repeated bleedings; one immediately, or very soon after another, ("La formule des saignées coup sur coup.")* He thus usually abstracts, in the course of three or four days, from four pounds to five pounds and a half, (Parisian weight) at a pretty much advanced period of the sickness, from each patient labouring under what he considers typhus, entero-mesenterite typhoide. He loses on an average one out of eight

[&]quot; Clinique Medicale par le Docteur T. Bouillaud, Professor a la Faculte de Medecine de Paris, 1838.

patients; and he considers this proportion of recoveries a triumph, in favour of his bleeding formulary, over other Parisian professors, of whose typhoid patients one third are said to fall victims. The latter is really an awful mortality. I had not an opportunity of reading the clinical reports of the physicians alluded to by Professor Bouillaud; but I have heard others attribute much of their ill success to the employment of cinchona in continued fevers.

The mortality in the Fever Hospital, Cork-street, in Dublin, is considerably less than that of Dr. T. Bouillaaud at the Hospital de la Charite. It was 1 in 12½ in the year 1837; and 1 in 14 in 1838, as it is proved by my colleague Doctor G. A. Kennedy, in the statistical tables given in his very interesting medical report of this hospital for the last mentioned two years.

The patients received in the Dublin hospitals are generally, on their admission, as far advanced in sickness as those admitted into the Hospital de la Charité. We certainly could not, in the confirmed typhus of our city, exceed half the sanguine depletions directed by Professor Bouillaud, without sacrificing many of those lives which we save by our ordinary practice. While I dissent, in a spirit of candor and truth, from an important part of the learned French professor's theory and methodus medendi, I cannot withhold my respect for him as a distinguished pathologist, and as the talented investigator and elucidator of endocarditis and pericarditis.

Ulcerations of the mucous intestinal membrane are not often met with in the typhus of this country. I consider them, when they occur, to be either the effects of typhus or its accidental concomitants. They seem, according to late clinical researches, to be much more usual among the class of typhoid patients admitted into hospitals in Paris,

than among our countrymen. This might possibly proceed from the habits and modes of living of many of the poorer tradesmen and working people in Paris, who eat much fruit in the fruit seasons, and drink, each of them, more or less miserably small (if not adulterated) wine; in the use of which many of them commit excess.*

I believe that no inconsiderable proportion of the same class of persons are liable to the extremes of cos-Some of them have also scorbutiveness or diarrhæa. tic taints. It is by no means surprising, that under such circumstances, there would be frequently found ulcerations of the villous coat, in the lower end of the ilium, and in the cocum; that is, in those portions of intestine which constitute the principal seat of putrefactive developement and decomposition of the feeces, previously to their passage through the valve of the colon. The French physicians, comparatively with our practitioners, seldom give purgatives. They generally allow the patients to remain costive for some days, and afterwards give some oleaginous or emollient enemata, in preference to cathartics by the mouth. Some of our physicians are reproached with being too partial to purgatives. However that may be, I am of opinion that mild, and at the same time efficient cathartics, not only diminish the fever, and gradually cleanse the foulness of the tongue, but, by the timely removal of offensive fæccs and acrid humours, contribute to prevent and cure

^{*} Many of them dine in poor cabarets or miserable petty taverns, called in contempt, 'Gargotes,' where their thin soup, vegetables, lentils, and meat, are said to be ill prepared and of unwholesome quality. The wine drank by them in those 'Gargotes,' corresponds with the eatables, in being of the most indifferent kind. However, all the Parisians have a sufficiency of good bread.

intestinal ulcerations. On the other hand, diarrhæa is often allowed to continue too long and wear itself out, upon the over cautious, and in such cases, sometimes abused, principle of the danger of checking a lax early. The consequence is, that a diarrhæa at first,—a simple ordinary one, and easy of cure, not unfrequently becomes worse, and more obstinate by time; it at length produces ulcerations of the intestinal villous membrane, and merges into, or superinduces dysentery.

In January and February, 1839, the weather was very harsh, with cold winds, alternate rain and snow. The fevers in January were complicated with pectoral affections, especially bronchitis, and also with abdominal disease. Cynanche occurred frequently, and also rheumatism. The acute diseases in March were nearly similar to those of the two preceding months. In April, the prevailing wind being easterly, many of our fever cases were combined with visceral inflammations, such as bronchitis, enteritis, rheumatism, and carditis.

CASE I.

A young woman, named Madden, aged sixteen years, a pauper, who wore neither shoes nor stockings during the entire of the last severe winter, came into the hospital with enteritis, and with her feet and legs tumefied, of a purplish red colour, and in a state partaking at the same time of inflammation and infiltration. A cure was soon effected by venæsection, and a few purgatives with the co-operation of poultices and stupes to the abdomen.

CASE II.

The woman Brown had about the same time a violent and obstinate attack of peritonitis, for which similar remedies to those employed for Madden were successfully used; but their application in this case was necessarily more energetic.

CASE III.

Acute pericarditis accompanied with incipient hypertrophy, occasioned by metastisis of rheumatism occurred in the case of Mary Lowry, aged thirty-five years. A timely bleeding of sixteen ounces, and a blister over the heart, with tincture of digitalis, aperients, a low regimen, and rest, soon cured the patient.

CASE IV.

Mary Magrane, aged fifty-eight years, also laboured under acute pericarditis in April and the commencement of May. I prescribed for her, on the 25th, venesection to the amount of fourteen ounces, and pills. In giving an account of herself on the 26th, her words were, "I am now a thousand pounds better than I was yesterday." The pain in the precordial region was much diminished; but it was still sharply felt, especially upon applying the slightest pressure between the ribs in that region.

Applier. hirudines and sub mammam sinistram, et postea capiat holum rhei comp.

27th. The leeches caused much bleeding; the pain of the region of the heart is thereby considerably reduced.

Sumatur mista cathartica.

2814.

Applier. epispasticum sub mammam sin. Habeat mist, pector. cum additione tinct. digit. Fi.

A cough and a feverish state continued for some days.

longer; but she soon entirely recovered, and was removed in good health on the 10th of May to the convalescent side of the house.

Many cases of pleuritis and pueumonia occurred throughout the month of May; the wind being in general east and north east, and the temperature of the air was unusually cold in the middle of May. The thermometer at noon marked only 40°.

The wind was from the 1st to the 17th of May, 1839, generally north east by north; showers of fleecy snow, and some hail occurred at different times in the course of the 15th. The state of the atmosphere, consequently, induced various inflammatory attacks both of the muscular, serous, and mucous textures, viz:—Rheumatism, pericarditis, cynanche, bronchitis, pleuritis, peritoriths, enteritis, and ophthalmia.

Among my hospital diseases in this month worth noticing, were two cases of bronchitis, accompanied by periodical rigors, and a case of periodical visitation, either of rheumatism of the thoracic muscles, including the intercostals, or of plurodynia.

CASE V.

Ellen Dalton, æt. sixty-six, came under my care on the 15th of May, labouring under chronic bronchitis. She had cough, and much oppression of the respiration, considerable debility and emaciation. She was delicate in health for the last four years, and during the last six months she used to be seized once every two or three weeks with a sensation of perishing cold, and general rigor during about half an hour. She experiences, during the rigor, pain, and a feeling of scraping inside the lower part of the sternum, and in the site of the phrenic and

splachnic nerves. This painful sensation was accompanied each turn with increased oppression of the respiration. The natural temperature of the body returned after the cessation of the rigors; but no sensible perspiration succeeded. The sound by percussion on the front and sides of the thorax was normal. The patient recovered from her pectoral affection by a repetition of blisters on the thorax, and by a demulcent mixture, with which oxymelscillæ and tinctura digitalis were combined. She had one fit of rigor under my care; but as she found herself well, and left the hospital before the usual period of the return of a succeeding attack, I had no opportunity of learning if any took place afterwards.

CASE VI.

Elizabeth Smith, æt. thirty-three, a resident of Stocking-lane, Townsend-street, admitted into hospital on the 5th of May, 1839. Her rerspiration is somewhat embarrassed, though not in a great degree. She is seized every morning with a fit of coughing and expectoration of an hour's duration; after which rigour, with a sense of cold creeping through the flesh, supervenes; similar attacks of rigor return about every second hour during each day, but not at night; they are each succeeded by burning heat, without any sensible perspiration; pulse now (11 A. M.) 100; tongue white and rather broad. There is often a whole week's obstipation of the bowels, which cannot be afterwards overcome without triple or quadruple repetitions of the usual purgative doses. I had venæsection performed once to the amount of ten ounces; two blisters were applied in succession; one on the sternum, and the other inter scapulas. A half pint pectoral mixture, containing equal parts of mucilage of gum acacia and peppermint water, one drachm and a half

of oxymel of squills, one scruple of tincture of digitalis, and a little simple syrup was used in the course of each day.

This treatment restored the bronchi and lungs to their normal condition, and cured the cough. Three grains of disulphate of quiua were given twice daily, in solution, whereby the rigors were first gradually diminished (as it happens in the cure of agues,) and were soon afterwards completely suppressed. The medicine was increased from six to eight grains a-day. Smith was transferred cured, on the 24th of May, to the convalescent side of the hospital, where the same medicine was continued during some days to obviate the danger of relapse.

CASE VII.

Anne Spratt, æt. sixteen, admitted to hospital on the 11th of May, 1839; she is affected during the last three years with neuralgic pains, (pleurodynia) of the parietes of the thorax, especially of the middle of the right side. These pains take place every evening and every second morning, during from half an hour to an hour and-ahalf each turn; there is no notable concomitant disturbance of the respiration, save a slight cough; pulse a little accelerated; tongue pale. I bled this patient once in the arm, to the amount of ten ounces, with only very inconsiderable benefit. I occasionally prescribed two of our ordinary purgative pills to obviate costiveness; I directed six grains of the disulphat of quina to be taken in two separate doses on the 15th. The pains came on lightly on the evening of that day; however, on the 16th they commenced at 4 p. m., and lasted till 7 p. m.; having been referred by the patient to the costæ of each side of the thorax, and to the scapulæ and lumbar vertebræ. The disulphat of quina was continued twice a-day; there was no return of periodical pains, or of any complaint after the attack of the evening of the 16th. This young girl was dismissed in good health on the 22nd of May.

The weather became somewhat milder in the latter end of May; but the wind for the greater part of the time was easterly, which caused bronchial and pleuritic ailments to occur often.

From the 6th of April to the 31st of May, 1839, one hundred and eighty-seven persons were dismissed out of my wards, and fourteen patients died; that is, one death out of 141. But of the fourteen deceased persons, nine were dying on the first day I saw them, and they ought therefore in strictness be deducted, which reduces my loss to five out of one hundred and ninety-two; that is, one death out of thirty-eight and a fraction. Nineteen patients out of three hundred and sixteen died in my hospital wards from the fifth of April, 1840, to the 6th of the following June, which makes one death out of sixteen and a fraction. But if I were to subtract six persons who were brought absolutely dying to my wards, the proportion would be one death out of twenty-three and-a-half. Again, from the 2nd of August, 1840, to the 3rd of the following month of October, I had eight deaths out of one hundred and sixty-six patients, that is one out of twenty. If I were to deduct four persons who came in dying, I would have only one death out of forty hospital patients.

Many broken-down constitutions, too far gone in sickness, are unavoidably brought into this institution, and into most hospitals of this kind, where acute cases are freely admitted. The families of the sick do not in a great proportion of cases make timely applications for their removal to hospital.

The wind was generally, throughout the month of August, west and south-west, and sometimes south. On the 18th, 19th, and 23th, the wind varied between the north, north-west, and south-east; it was west and south-west on the two following days, with some heavy showers; the south west was the most prevailing wind; this and the west wind are invariably attended with most rain in this country. Many long and heavy showers took place in August, and more rain fell at night than in the day. The thermometer often rises during some hours before, as well as at the immediate approach of rain; it falls during the rain: and rises again, not instantly on its cessation, but after the atmosphere becomes clear. The thermometer varied this month between 62° and 67½ at noon; its general main height at noon was 6½°.

The fevers of this month and their combinations were generally of the ordinary kind, however some of them are deserving of notice, if time or space admitted of their being included in this report.

CASE VIII.

Rose Magrane laboured under chronic rheumatism, for which she was during nine weeks under the care of another medical gentleman before she became my patient. I found her suffering much with it on the 3rd of August; my treatment of her was simple, and at the same time successful.

R. Aq. acetati's ammoniæ ... 3 iii.
Aq. cinnam. 3 iii.
Syr. 3 ss.
Capiat unciam cum semisse alternis horis.

Middle diet.

August 5th.

R. Liniment. ammoniæ 3 i. pro frictione regionum dolentium.

6th.

Balneum callidum durante semihora.

7th.—Bowels costive.

R. Olei ricini, ... 3 yi.

Tinct. rhei. ... 3 iss.

Aq. menth. pip. 3 vi. Misce pro haustu quamprimum sumendo. Habeat balneum calidum cras mane.

9th. The patient says that she is more relieved within the last six days than she was, during the nine weeks of her previous treatment elsewhere.

Pil. cathart. iii. Repetr. balneum cras mane. She is allowed her diet.

- 11th. She is free from all pain, and is well; she gets the usual diet and a tumbler of strong porter.
- 13th. She continues well, and is daily recovering her strength; she is transferred to the recovery.

CASE IX.

Catherine Martin was my patient in May; she had much cephalæa with her fever. She attributed the head symptom to a fall which she got some time previously; the head was shaved, and washed twice a day with two parts of water to one part of vinegar; she got well after twelve days' treatment. She was again admitted into one of my wards on the 13th of September. I then learned, on interrogating and examining her, that very soon after her recovery in May, she became, and since continued afflicted with considerable numbness, loss of feeling, and occasional pain of her left thigh, from the trochanter to her knee. She did not, while under my care before, complain of this affection; she was cured in less than a fortnight, principally with camphorated oil in friction, and warm baths, employed on alternate days.

CASE X.

Anne Malone, æt. 65, a street vender of glass, who was badly clad, and was often exposed to all the vicissitudes of the weather, suffered much during twelve years from repeated attacks of rheumatism. malady, which I consider an acute or subacute muscular and nervous affection, ceased three months and a half ago, and has been promptly succeeded by the present complicated internal disease of the lungs, bronchii, heart, and alimentary canal. A cough and oppressed respiration commenced about fourteen or fifteen weeks back. The symptoms have been daily on the increase. The patient is in the following state this 3d of August, 1839: pulse almost imperceptible at the wrist; cough distressing; respiration laborious, bronchial and suffocative; a dull sound generally all over the chest, but it is less dull at the superio-anterior part of each side, than at the back and inferior regions of the

thorax; ægophony of the voice immediately under the inferior angle of the right scapula, and to some distance forward, in a horizontal line from the last mentioned point. There is a constant clapping, and a rasp sound of the heart through a soft medium, [probably a liquid The trunk is kept propped up, half erect in bed. An horizontal posture cannot be endured, in consequence of the suffocation which it would induce. The patient often dozes for a short time, and is awaked out of each short slumber in a start, with pain that shoots up inside the sternum to the top of the chest, and with a loss of breath and a sense of stifling. The window sashes must be occasionally let down, to assist her respiration and relieve her suffocation. There is no appreciable difference in volume, between the right and left sides of the thorax. There is redness of the centre of each cheek; feet and knees purple; edema of the entire inferior extremities; abdomen tympanitic; no perceptible ascites; liver enlarged; much soreness excited by moderate pressure at the serobiculus cordis; scarcely any passage from her bowels, except by medicine.

R. Pil. coloc. c. gr. x. Hyosciami - gr. i. m. pro pil. ii.

Aug. 5th. Applicr. epispastm. inter scapulas.

August 7th.

R. Mucil. gummi arab. 3 vss.

Œther. sulpbur. ... 3 ss.

Tinct. digitalis 3 i.

Syr. 3 ss. M.

Sumatur 3 ss. omnie hora.

Omittantur cætera.

8th. The patient says that her bottle agrees well with her.

Repetr. mistura heri præscripta.

August 11th.

Repetr. mistura ultime præscripta. To have beef tea.

August 12th. The patient finds her respiration and chest considerably easier within these last few days; she sleeps much better, and does not start with pain and suffocation, or pant for the external air half so much as she used to do before; her pulse is perceptible; it is very weak, confused, and intermitting; it is better felt at the axilla than at the wrist.

The ædema of the inferior extremities is considerable. The abdomen is large and prominent, and at the samo time without fluctuation; percussion is sonorous over all the intestines, but there is absence of sound for the space of an inch and three quarters below the cartilaginous edges of the ribs of the right side, and at the scrobiculus cordis where there is appearance of enlargement of the liver: the urine is hot and high coloured; bowels confined. The patient likes the beef tea, and says that it strengthens her.

R.	Inf. lini Ziv.
	Aq. fæniculi dulc 3 iii.
	Oxymelis scillæ 3 iss.
	Tinct. digitalis 9i.
	Syrupi tolu 3 iii.
	Syrupi papaveris albi 3 ss.
	Misce. Capiat 3 ss. omnie hora.

August 14th. The patient is generally oppressed, and was so all last night. The damp and sultry state of the atmosphere seems to aggravate her suffering.

Repetr. medicamina. Beef tea.

16th. She continues very ill. Her respiration is as bad as possible.

Repetr. mistura pector. Omittatur electuarium.

August 18th.

Repetr. mist. pector. Applic. epispasticum sterno. Beef tea. Airow root.

September 1st.

Applier. epispastm. inter scapulas. Repetr. mistura pector.

The front of the chest is to be covered with a large piece of flannel.

September 6th.

R. Pulv. ipecæ. comp. ... gr. vii.
Ipecæ. gr. iii.
Pulv. antimon. gr. iv. m.

Divide in partes tres, sumr. i. ter die. Beef tea. Arrow-

8th.

9th. Inferior extremities enormously swollen. The feet and lower part of the legs have an erysipelatous redness. There is partial vesication of the skin of the upper part of each foot; there is ascites.

R. Digitalis pulv. gr. ii.
Scillæ gr. ii.
Submur. hydrarg... gr. i.
Bitartratis potassi... 3 ss.

Pulv. aremat. gr. ii. Misce et divide in partes quatuor; quarum sumr. i. sexta quaque hora. Beef tea. Arrow root.

10th.

Repetr. ut heri.

11th.

Repetr.

12th.

Repetr.

September 13th.

Repetr. pulvis sexta quaque hora; applicr. epispastm. sterno.

September 14th.

Repetr.

September 16th.

Repetr. ut antea, et habeat vin. 3 ii.

The respiration continues very short and hurried. The pulse is intermitting, and extremely weak.

R. Mucil. gummi arab. ... 3 vii.

Nitratis potassæ gr. xii.

Oxym. scillæ 3 ii.

Ether. nitrosi 3 i.

Syrupi cort. aur. 3 m. m.

Capiat 3 i. omni hora cum semisse. Applicr. epispastm. inter scapulas. Vin. 3.

September 20th.

Repetr.

21st. Her tongue is clean, and the appetite is good. The pulse is intermittent, feeble, and compressible. The patient does not seem to suffer much with her breath at this moment; but to procure relief in this respect, she is obliged to keep her trunk erect; she is more inclined to doze when she is half reclined; her respiration then becomes uniformly worse. The inferior extremities are greatly swollen; so also is her abdomen.

Repetr. mistura ultimè præscripta.

22nd.

Repetr.

23rd. Her respiration is less distressing these last two days. Watery serum runs gradually from one of her feet.

Repetr. mistura ultimè præscripta.

R. Submur. hydrargyri gr. i.
Sillæ pulv. gr. i.
Fol. digitalis gr. i.
Sulph. quininæ gr. vi.
Succi hyoscyami gr. i.
Conservæ rosarum q. s.
Fiant pilulæ tres; sumatur i. ter die. Food allowed, including arrow root. Habeat vini 3 iii.

24th. She rests better at night.

Repetr. ut heri.

25th.

Repetr. pilula i. ter die ut antea. She gets sufficient food, including arrow root; wine three ounces.

- 26th. She gets occasionally into a state of increased perspiration, and then into weakness approximating to syncope.
- - 27th. Pulse imperceptible; percussion quite dull all

over the posterior and inferior regions of the thorax. The respiration is bronchial in those parts; but it is interrupted and partly stifled by a strong mucous rale. There is a subtumultuous struggling beating of the heart conveyed along the stethoscope to the ear. The patient requires to have her trunk kept mostly erect. Her sleepless distressing dozes take place very often; her forearm, hands, nose, and cheeks are purple; dropsy general: tongue of cineritious colour, but not heavily loaded; one black stool almost every day.

R. Olei ricipi ... 3 vi. Tinct. sennæ 3 ii. Aq. cinnamoni 3 vi.

Fiat haustus. Repetatur mistura heri præscripta. Food, including arrow root, and five ounces of port wine.

28th.

Repetr. mistura.

29th.

Repetr. Half diet and three ounces of wine.

30th. The respiration is as bad as usual; there is heat and an erysipelatous purplish redness of the left foot; the external side of it is broken and gangrenous. The right foot is equally much swollen, and is cold and of a purplish colour.

Repetatur, mistura ut antea. Applicetur ter die cataplasma effervescens pedi sinistro.

She takes very little bread and milk; she likes the arrow root; four ounces of wine.

October 1st, 1839.

Obiit hodie hora nona matutina.

Pathological examination of the body performed on the morning of the 2nd of October.

The integuments and collular membrane of the trunk and limbs are infiltered with scrum. Both cavities of the thorax, and the pericardium contain a considerable quantity of clear scrum. There are many points of adhesion, apparently of long duration, caused by strings of coagulated lymph between the left pulmonary and costal plcura. The anterior parts of the lungs are nearly natural; but the posterior half of each of them cut into, has a semicarnified appearance, and is infiltered with sanguinolent scrum and mucus. It crepitates imperfectly under the scalpel. The entire of the mucous membrane of the trachea and bronchii is inflamed and thickened; and the bronchii contain sanguinolent scrum and mucus. There is an appearance of general dilatation of the heart, and hypertrophy of the left ventricle, as well as softening of its substance. The sortic semilunar valves are studded with several points of osseous depo-There is considerable dilatation of the origin of the aorta above these valves. There is a bony ring at the base of the mitral valve. All the cavities of the heart are filled with clotted blood, which state of sanguineous repletion has contributed to the bulky aspect of this organ. The coronary veins are distended with coagulated blood. A broad white patch, the result of chronic inflammation, is seen on the outside of the

heart. The liver is of very large size, but it is not diseased in its substance. The entire villous coat of the stomach and intestines is suffused with blood, and is of a crimson colour, from the injected state of its numerous blood vessels. There was gangrene of some of the broken part of the skin of one of the feet.

CASE XI.

Eliza Kelly was in Cork-street Hospital from an early period in the month of July, till her decease on the 12th of September, 1839. She was seen by mo for the first time on the 3rd of August, when I found her afflicted with an incurable chronic pulmonary disease, consisting principally of many abcesses in the left lung, and tubercles in the right lung. Her symptoms then were: cough; respiration greatly hurried, short, and suffocating. It was, according to the patient's word, at times ready to cease, or on the point of going away every minute, especially at night. The door and windows were on these occasions necessarily thrown open to enable the patient to breathe. Upon employing auscultation, I ascertained a strong bellows-like cavernous respiration from all points of the left lung; bronchial respiration from some parts of the right lung; and an imperfectly vesicular movement, accompanied with a mucous rale from other neighbouring points; a bronchophonous sound of voice, bordering on pectoriloquy between the base of the left scapula and the spine; pulse 100, and very weak. She was much emaciated. Under these circumstances, no permanent benefit could be expected, recovery being impossible. But as it is the physician's duty to combat urgent symptoms in every reasonable manner within his power, and to endeavour to

alleviate the patient's suffering, I directed the emplastrum lyttæ to be applied for a few hours on the scrobiculus cordis, and lower part of the sternum; and in some days afterwards had one applied between the scapulæ; and she at the same time got six ounces of a simple pectoral mixture, with one scruple of tinct. digit. in it, to be used in the course of twenty-four hours. In two days subsequently, viz. on the sixth of August, the prescription was as follows:

R. Mucil. gummi arab. 3 vss.

Æther. sulphurici 3 ss.

Tinct. digitalis 3 i.

Tincturæ opii gtt. vii.

Syr. 3 ss. M.

Sumatur 3 ss. omni horâ cum semisse.

At my visit on the morning of the seventh, I asked her how she was; she replied in the following words: "My cough and oppression are not so bad as they were, and I enjoyed better rest and sleep last night than for two months before." Pulse 94, and small; bowels regular. The patient dines with a pretty good appetite.

Repetatur mistura heri præscripta.

August 9th.

10th.

Repetr. mistura. To have two ounces of port wine.

11th.

Repetr.

12th.

Repetr.

17th.

Omittatur mistura jam præscripta.

R. Ipecacuanhæ gr. iv.
Pulv. Antimon. ... gr. vi.
Zingiberis gr. i. Misce.
Capiat dimidium bis die.

18th.

Repetr.

19th. She is not latterly troubled with her former fits of suffocation at night.

Repetr.

20th. She takes her food, and is allowed arrow root.

Repetr. mista.

234.

R. Pulv. ipecæ. comp. gr. v.
Pulv. antimon gr. v.
Rhei gr. vi.

Zingiberis gr. i. Misce et divide in partes duas; quarum sumr. i. bis die. Arrow root. Half diet; vin. 3 ii.

24th.

Repetr. pulvis bis die, ut heri præscriptum est.

The usual food is allowed, and arrow root. She likes the powders given hor, as they promote sleep.

25th.

ilepetr.

26th.

Repetr. To have food, including arrow root.

27th.

R. Inf. cinchonæ 3 v.

Mucil. g. arab. ... 3 ii.

Æther. sulphur. ... 3 ss.

Tinct. digitalis ... 3 i.

Syr. 3 ii. Misce.

Capiat 3 i. alternis horis. Habeat vini 3 ii.

28th. The patient tells me that her bottle, though bitter, agrees well with her. She conceives that it contributes to cause sleep, and that it induces more free expectoration than she otherwise would have. Her bowels are sufficiently free for some days past; she has been four turns at the night chair since yesterday's visit.

Repetr. mistura heri præscripta.

She gets food every day, as her appetite is tolerably good; two ounces of wine.

29th.

Repetr.

To get beef tea.

30th. Respiration greatly accelerated; and short pulse, weak, and somewhat quick; considerable emaciation.

R. Mucil. g. arab. 3 ii.
Mist. camphor. 3 ivss.

Aq. acet. ammæ. 3 i.

Syr. 3.ss. Misce. Sumr. 3 ss. omni hora. Beef tea.
mb. 2.

31st.

Repetr. mistura heri præscripta. Beel tea. Vin. 3 iii.

From the 1st to the 5th of September, she got the simple pectoral bottle, with one scruple of tinct. of digitalis, and a sufficiency of food. She became troubled with diarrhæa on the fifth and sixth of September, for which the following prescription was given on the 6th:

R. Inf. catechu 3 viss.

Tinct. hyoscyami 3 i.

Tinct. opii gtt. x.

Syr. 3 ss. M. sumatur 3 i. post singulam sellam.

On the 7th the bowels were better.

The last directed mixture was repeated on that day; arrow root was allowed.

8th. Cessation of the diarrhæa; no amendment in the state of the lungs.

R. Mucil. gumm. arab. 3 ii.

Aq. acet. ammæ. ... 3 i.

Mist. camphor. ... 3 iii.

Sesqui carbonatis ammoniæ gr. x.

Tinct. hyoscyami 3 ss.

Syr. aurantii....... 3 ss. M.

Capiat. 3 i. tertia q. q. hora.

9th.

Repetr.

10th. She is very weak; emaciation extreme.

To be allowed some mulled wine and chicken broth.

Death at eleven on the night of the 11th September, 1839. Post mortem examination of the body performed at the end of thirty-seven hours after the demise: general disorganization of the respiratory system; strong adhesion between the entire of the costal and pulmonary pleura of the left side of the thorax; thickness and chronic inflammation of each of these mem-

branes; many abcesses in the substance of the left lung, the most of which are connected with the bronchial ramifications. During the separation of the two adhering pleura, the parietes of a large abscess was torn farther back than the middle of the external side of the left lung. The right lung is unattached to the ribs, save that there are anteriorly many slender bands of adhesion between its investing membrane and the costal pleura. There are very numerous small tubercles throughout the substance of the right lung. The bronchia of both lungs are generally filled with mucus tinged with blood; nearly half a pint of limpid serum in the pericardium; a good deal of coagulated dark blood, and also coagulable lymph in all the cavities of the heart.

CASE XII.

Mary Farrel, æt. forty-one, came under my care on the 5th of August, 1839, in 7th day of typhus cephalæus petechialis. Her pulse was 114, weak, and very small; cheeks red; an incessant noise like clapping in her head; a cough; liver somewhat enlarged, but not painful; bowels costive.

Radr. caput et applr. hirudines xii. temporibus; pil. cathart. iii. quamprimum. Mist. cathart. mane; babeat mistaram pector.

6th. Pulse quick and weak; tongue broad, and covered with sordes of a cineritious appearance; cheeks flushed; skin slightly mottled with brownish-red, blunt, small, superficial elevations; cephalæa unmitigated, notwithstanding the application of twelve leeches to the temples; an injected state of the inside of the eye-lids;

general heaviness; speech somewhat faltering; respiration somewhat hurried and short; sternum tolerably sonorous; three stools by the pills and mixture.

Tegr. caput rasum epispastices quinque.

Injiciatur enema cathart, cras mane.

7th. The emplastrum lyttæ produced good vesication and discharge of serum on some portions of the head, but not on all; the countenance and speech are much improved; the head suffers considerably less; there is still noise in it and a little pain; five stools, of which some took place previously, and some subsequently to the enema.

Repetr. mista. camphorata cum ammoniæ sequicarbonate et syrupo, ut heri præscriptum est.

Thermometer 65½°.

- 8th. She is much better; she is to get fresh flummery and milk for dinner.
- 10th. At noon, thermometer 61½°; wind westerly and pretty strong. The patient vonited her drink this morning.

Pil. cathart. iii.

12th. She is convalescent.

The medium allowance of food is given her, and a tumbler of good porter.

- 13th. She is on full diet; a tumbler of strong porter.
- 16th. She is transferred to the recovery side of the house.

CASE XIII.

AMENTIA OF FOUR WEEKS DURATION, RESULTING FROM TYPHUS.

Julia Deegan, aged nineteen years, came under my care on the 5th of August; she became convalescent eight days previously from typhus, for which she was treated by one of my colleagues. Her imbecility was first noticed on the second or third day of her convalescence. I took the following note of her state on the fifth:—Pulse natural, but rather slow; cheeks constantly much flushed and pretty warm; coolness of the surface of the rest of the body; tongue clean. The patient makes no complaint; she is childish, stupid, and stubborn; she eats little or nothing; she appears unthankful when food is given to her; she leaves it by her.

Applicentur hirudines sex temporibus.

 R. Aquæ acetatis aumoniæ
 3 iss.

 Aquæ cinnamomi
 3 iii.

 Syrupi
 3 ss. m.

Capiat 3 i. alternis horis. Injiceatur enem. catharti'cum matte.

6th. It was necessary to force her to take her medicine, and to put on the straight waistcoat while the leeches were being applied; she gets fits of crying every morning; she drinks very little, and refuses to eat; she displays a delirious silliness and mulishness of manner; she passed dark brown fetid stools, consisting partly of solid lumps.

In jiceaturenema catharticum. Radetur caput et tegatur epispasticis quinque.

7th. Very good vesication of, and discharge from the head; very little effect produced by the enema; the patient seems to be somewhat better.

8th. Bowels costive.

R. Mist. cathart. 3 viii.

Antimonii tartar. gr. ii. m.

Capiat partem quartam alternis horis.

9th. She vomited twice, and had three alvine evacuations; she is slowly recovering her intellects and animation; she takes some food.

She is allowed the usual meals.

10th. There is as yet only slight amendment.

She is allowed to remain quiet, and to be helped to the customary food.

- R. Antimonii tartar. gr. v.

 Aquæ cinnamomi 3 x.

 Tincturæ opii 3i. m.

 Sumatur 3 iss. alternis horis.
- 14th. Two stools. The patient had nausea in two minutes subsequently to the taking of each potion, each hour and-a-half, but she did not vomit.
 - R. Infus. valerianæ 3 x.
 Antimonii tatarisati gr. iii.
 Tincturæ opii gtt. xii. Misce.

Capia 3 iss. alternis horis. She is allowed three moderate repasts in the course of the day.

- 18th. She is tardily advancing towards recovery.
- 22nd. The improvement is slow; bowels confined.
- R. Mist. cathart. 3 ix.

 Antimonii tartar. gr. ii. m.

 Sumatur 3 im. alterois horis donec alvus responderit.
- 23rd. She is better.
- 25th. She is considerably better than she has been as yet; she takes her usual meals.

Mist. cathart. cras mane.

26th. She sleeps well at night; she freely takes a sufficiency of food; she is well in body and mind.

Full diet.

28th. She continues well; she is rational and in good spirits.

30th. She is transferred to the recovery.

Pill. cathat. ii.

She has been slowly advancing in her recovery till its completion.

The leeches applied to her temples, the vesication of her head, the purgatives, consisting principally of inf. of senna and sulphate of magnesia, with generally some potassio tartrate of antimony, assisted nature to effect a cure.

TYPHUS GRAVIOR.

The following short notice may be considered interesting, relatively to fever, for the most part typhoid and petechial, having attacked in December, 1839, and January, 1840, fourteen persons in two families—the Byrnes and Keatings. The greater number of these persons became sick in succession, and a few were seized simultaneously. Some of the Byrnes became my patients in the hospital: the sickness was introduced among them by Catherine, one of the daughters, who was employed at needle-work with the Keatings, in Goldenlane, of whom six were afflicted with fever. Catherine Byrne having become ill at Keating's, came to her own family in Longford-street, where she stopped some days, sleeping in the same bed with her father and mother, previously to her admission to hospital.

CASE XIV.

The father, Thomas Byrne, aged fifty-one years, was seized on the 24th of December, with severe petechial

typhus, under which he unfortunately remained at home a fortnight. He entered Cork-street Hospital on the 8th of January, in the last stage of his malady, presenting the following symptoms:—Pulse 120, very small, weak, and confused; much cephalæa; continual delirium; tremulous twitchings of wrists and hands; picking of bed-clothes; soreness of epigastrium; intestinal tympanitis; dark-purplish petechiæ; hands, feet, and cheeks purple. The pulse afterwards became weaker and more accelerated; blackish-purple broad patches appeared on various parts of the body; some of them progressing to sphacelation.

Death took place on the 12th.

PATHOLOGICAL EXAMINATION OF THE BODY.

There is a thickened state and considerable vascularity of the pia mater; all its large veins are greatly gorged with dark blood throughout its whole extent; and the small arterial vessels in the tissue of this membrane are distended. Very numerous blood-red dots are visible in every part of the substance of the cerebrum and cerebellum, where I make cuts with the scalpel; the sinuses are also overcharged with dark blood.

A plentiful quantity of offensive gas issues out of the first opening made into the intestines.

There is increased vascularity, and a dark red suffused condition of the greater part of the villous membrane of the large or cardiac division of the stomach; there is no discoloration or alteration of the interior of the small or pyloric division of this organ. Many portions of the peritoreal coat of the small intestines are dark red. There is considerable arborescent vascularity throughout

the most part of the interior of the jejunum and ilium, and the entire of the cœcum. This vascularity is less in the lower end of the duodenum, and there is almost none of it in the upper half or two-thirds of the interior of this intestine. The whole intestinal mucous membrane is free from ulcerations.

CASE XV.

Francis Byrne, æt. twenty-one, son to the above mentioned Thomas, was first seen by me in the hospital, on the eighteenth of January, 1840, in the tenth day of his illness, and the sixth of his taking to his bed. He had a very bad fever, similar in appearance to his deceased father's illness; he had continual cephalæa and subdelirium; his pulse was weak and very quick; face and conjunctiva suffused; surface of tongue dry, rough, raspy, and of a rusty-reddish colour; purplish hands, feet, and cheeks; purplish dull red petechiæ all over the surface of the body. The respiration, though not greatly hurried, was bronchial; the bowels were costive.

Sumatur uncia omni hora cum semisse. Radetur caput, et lavetur ter die aceto et aqua tepida.

19th. Some diminution of the ccphalæa, though it is still distressing; breathing better.

Tegatur caput epispasticis quinque per horas duodenum. Repetatur mistura heri præscripta, et injiceatur enema catharticum eras mane.

20th. The headache is considerably diminished; the pulse is very quick and very weak; the tongue is hard and rough, and of a rusty reddish colour along its centre and left side, while it is whitish yellow on its right border; face and conjunctiva suffused; petechiæ numerous and of dull purplish red colour; extremities purplish.

R. Mist. camphoratæ 3 viii.

Aquæ acetatis ammæ. ... 3 ii.

Ætheris sulphurici 3 ii.

Sunatur 3 i. omni hora cum sem'isse. Injiceatur enema catharticam vesperi. Habeat vini 3 ii.

21st. Respiration hurried; other symptoms as yesterday.

Applier. epispasticum sterno. Repetatur mistura heri præscripta.

Low diet. Two ounces of port wine.

22nd. Pulse 114 and weak, though not exceedingly weak; red patches on the face, especially on the malar processes; petechiæ a littlediluted.

Repetatur mistura antea præscripta.

Low diet. Four ounces of wine.

23rd. The patient is rather better, except that his pulse is quick, and very small and weak, and his respi-

ration is not satisfactory; epigastrium rather full; tongue foul.

R. Pulv. ipecacuanhæ comp. ... gr. iv.
Pulveris antimonialis gr. vii.
Hydrargyri chloridi gr. i. Misce et divide in
partes duas; quarum sumatur j. bis die.

Low diet.

Habeat vini rubri unc iasquatuor.

24th. Francis Byrne had sleep last night; his bowels are sufficiently free; there is evident amendment.

Low diet. Five ounces of port wine.

25th. He is better.

Repetantur medicamenta.

Beef tea. Middle diet. Four ounces of wine.

27th.

Repetantur medicamina.

Beef tea. Middle diet. Four ounces of wine.

28th. Daily improvement.

Reptr. medicamina.

Middle diet. Beef tea. Four ounces of wine.

29th. He is convalescent.

Repetatur mistura. Omittatur pulvis.

Beef tea. He is to be allowed his breakfast and dinner, and a light supper. Three ounces of port wine.

30th.

Food, and a tumbler of strong porter.

January 31st. He is quite well, but his bowels are costive.

Mist. cathart. bis.

From this young man's appearance at the time of admission, I felt convinced that he would have shared his father's fate if he had remained two days longer at home. His mother, as well as his brothers and sisters, were all in Cork-street Hospital, except one brother who died in the County Infirmary. They all had bad fevers. One of the sisters, as well as the father, died in this hospital. The deceased sister was not under my care.

CASE XVI.

TYPHUS GRAVIOR CEPHALICUS ET PETECHLALIS.

Thomas Durrivan, æt. fifty-two, a labourer, is in the thirteenth day of fever. Pulse very quick, small, and

weak; forehead very hot; head confused and painful, though the pain thereof is less acute than it was a few days ago; dark petechiæ; breath hot and typhoid; tongue dry, rough, and of a rusty-red colour; abdomen full and tympanitic; but the sound by percussion is dull at the upper end of the epigastrium and at the adjoining parts of the hypochondria, below the cartilages of the ribs; no cough; bowels costive.

Radetur caput et lavetur ter die aquâ et aceto.

R. Rhei turc. ... 9i.

Bitartratis potæ. 3i.

Zinziberis gr. ii.

Syr. q. s. pro bolo quaniprinium sumendo.

31st. Three stools by the medicine. There is confusion of ideas, and some delirium; much doziness; pulse quick and weak.

September 1st. There is vertical corrugation of the skin of the forehead, between and above the supercilia; respiration rather hurried and high; it is somewhat stertorous and subapoplectic; it also seems to be bronchial; percussion dull on all parts of the thorax; eyes mostly shut; ideas very confused; there is a good deal of delirium, and at the same time some rationality; skin generally dark; pulse quick, and very weak; the surface of the tongue is dry, rough, and chopped, and of a brownish-red colour; it is of a brownish-green and filthy

aspect as soon as the patient moistens it, by taking a drink of whey. Stools passed unconsciously in bed.

Tegatur caput rasum epispasticis quinque.

R.	Pulv. antimonialis gr. vii.
	Ipecacuanha gr. iii.
	Rhei gr. vii.
	Misce; divide in partes ii. Capiat j. bis die.

Whey or barley water for drink. Two ounces of port wine to be given in divided potions.

2nd. The pulse is quick, very weak, confused, and it has an uneven, broken-down feel, which suggests to my mind the idea of a corresponding altered condition of the blood. The other symptoms are the same as they were yesterday.

R. Misturæ camphoratæ 3 viiiss.

Aquæ acetatis ammoniæ ... 3 i.

Ætheris sulphurici 3 iii.

Syrupi cort. aurantii ... 3 iii. Misce.

Capiat 3 i. omni hora cum semisse.

Repetatur pulvis bis die ut heri præscriptum est.

Applicetur epispasticum sterno raso.

Light drink. Wine two ounces.

3rd. No intelligible answer to any question; the

pulse continues very weak and confused; the petechiae and vibices are numerous and of purple colour; bowels not free.

Repetatur mistura heri præscripta.

R. Olei ricini 3 vi.

Tinct. rhæi 3 ii.

Aquæ cinnam. 3 ss. Misce pro dose. Omittatur pulvis.

Whey or barley water. Three ounces of port winc.

4th. The patient lies horizontally upon his back; he sometimes draws and raises up his knees, which, as the nurse properly observes, is so far a favourable sign. pulse is weak, but it is not worse; it is not even so bad as it was yesterday and the preceding day; there is starting of the tendons of the wrists; tremor of the hands, and picking of the bed-clothes; the spots on the surface of the skin are large, numerous, and of a dirty brownish-purple colour; tongue arid, rough, and of an obscure dark red colour. The patient is slow to answer the few questions put to him. He only attempts to give half answers, in a low, indistinct, muttering tone; he passes his feeces and urine in bed; frequent vertical corrugation of the skin between the eye-brows; also alternate horizontal corrugations from one side of the forehead to the other; the abdomen is generally soft and less tympanitic than it was, but the epigastrium is rather tense.

Applicetur epispasticum scrobiculo cordis.

8th. Pulse accelerated, very small, excessively weak, and barely perceptible; coldness and a completely

purple colour of the hands and wrists; a shrivelled state of the skin of the backs of them; they are outside the bedclothes for some time. One stool after yesterday's visit; none since. There is a cadaverous odour from the entire surface of the body.

R. Olei ricini 3 vi.
Tinct. rheæ 3 iss.
Aq. menth. piper. 3 iss. Fiat haustus.

R. Mist. camphor. 3 ix.

Ætheris sūlphur. 3 iii.

Syr. aur. 3 iii. Misce.

Sumr. 3 i. omni hora cum semisse.

Habeat vini rubri 3 x.

Capiat 3 iss. tertia quaque hora.

9th. Pulse barely perceptible; body cool; the tongue and teeth are covered with black sordes, to the colour of which the port wine contributes. The patient is not worse; he has had one stool, and has passed more urine than his drink would seem to warrant. The petechiæ are much diluted; the abdomen is soft and slack, and not in the least meteorised.

Repetatur haustus olei ricini.

Repetator mistora ultime præscripta. Habeat vini uncias decem.

10th. The pulse is 110, and easily counted; it is not near being so miserably weak as it was; the tongue is beginning to become clean at its point and edges; the hands and wrists have lost much of their purple

colour. The petechiæ are becoming daily more and more diluted; the abdomen is soft and sufficiently tender; the skin of the sternum is healing; there is seemingly a deficiency of the natural warmth of the body. The patient has woollen stockings on him, with lamb's wool inside. The poor man is more sensible to what is said to him than he has been; he does not speak except when he is urged to do so by questions put to him; his face is acquiring its natural expression. One liquid stool passed in bed.

R. Pulv. antimonialis ... gr. vii.

Ipecæ. gr. iii.

Rhei gr. viii. Misce.

Divide in partes duas, quarum sumatur una quamprimum, et altera cras mane.

To get a cup of beef tea at two p. m., and a little fresh flummery with his whey this evening.

To get his wine 3 x. as usual.

11th. No evacuation from the bowels; pulse less weak and less accelerated; some general amendment; intellect slowly returning. The patient's manner is childish.

Habeat cras mane haustum olei ricini ut autea.

Beel tea at two p. m. A little flummery and new milk in the evening. Ten ounces of wine as usual.

12th. Pulse 86, and considerably less weak; bowels once operated on yesterday. The patient is progressing in his convalescence; his rationality and capability of answering questions are slowly but steadily improving; tongue pretty clean; the vertical corrugations of the skin between the patient's eye-brows described a week ago, are still observable, but in less degree.

Repetr. mistura cum æthere sulphurico.

R. Pulveris antimon. ... gr. v.

lpecacæ. gr. iii.

Rhei gr. viii. Misce.

Capiat dimidium bis die.

Middle diet. Beef tea.

Habeat vini uncias octo.

A few drops of oil of turpentine are to be poured on the black spots of the sternum, previously to the application of each poultice.

Let the patient have ten ounces of port wine, of which two ounces are to be drank every fourth hour.

7th. Face of a muddy, sallow paleness; the petechiæ are still very numerous, and of a dark purple colour; a few of them are somewhat larger than the rest; the pulse is exceedingly weak; but less imperceptible than it has been for the last three days. The patient's deglutition is good; he seems less insensible to-day, and to have a little more feeling. His breathing does not seem

to be affected, save that the respiratory movement and its stethoscopic sound are weak.

Bowels sufficiently free.

Repetatur mistura ut antea.

Capiat 3 i. omni hora cum semisse.

To have his ordinary drink and ten ounces of wine.

5th. Pulse exceedingly weak, and nearly extinct; hands, wrists, and fore-arms cold and of a blueish-purple colour; same state of the feet and legs. There is a black gangrenous patch on each side of the vesicated surface of the sternum. The patient often moves his hands in different directions in bed.

Repetatur mistura heri præscripta.

Applicetur cataplasma effervescens ter die sterno.

Habeat haustum olei vicini, ut antea præscriptum suit. Vini Zviii.

6th. A large quantity of urine passed, but no stool; pulse more perceptible to-day.

Repetatur haustus olei ricini.

Repetatur mistura ut heri.

Applicetur cataplasma effervescens sterno ter die.

R. Cerati calaminæ et ung. spermatis ceti ă ă partes equales fiat unguentum pro curatione sterni.

13th.

Repetr. medicarnina ut heri.

Beef tea. Middle diet. Wine 3 viii.

13th. Pulse nearly natural, but weak; tongue yellow, posteriorly.

Habeat haustum olei ricini mane.

Habeat olei terebinthimæ q. s. pro lotione trochanteris nigricantis.

R. Cerati calaminæ et unguenti cetacei a apartes æquales pro uuguento occipiti et sterno applicando.

Middle diet. Wine 3 viii.

15th.

R. Mist. camphor. 3 viii. Ætheris sulphur. 3 i. Syr. aurantii 3 iii. M. Capiat 3 iss. alternis horis.

Beef tea. Middle diet. Eight ounces of wine.

16th. This man is nearly free from all fever. There is some yellow matter on the back of his tongue.

Reptr. omnia ut heri. Wine 3 viii.

17th.

Reptr. mistura. Habeat vini rubri 3 viii.

Middle diet.

18th. Durrivan is progressing in convalescence.

Reptr. mistura. Habeat vini 3 viii.

Beef tea. Middle diet.

19th. This man's appetite is good; he wishes to get more food.

He is to get his breakfast and dinner, and is to get for supper some fresh flummery and new-milk. Six ounces of wine.

Radetur barba.

20th.

Bol. rhei. Vini 3 vi.

He is to be allowed half of the usual full breakfast, and half of the allowance of meat, on meat days.

22nd. Bowels rather confined.

Habeat 'quampi mum bol. rhei comp. et habeat cras mane misturam catharticam si opus sit.

He is allowed a sufficiency of food; four ounces of wine; also a half-pint of strong-porter.

26th. Thomas Durrivan is quite well, though rather weak. Light brown vestiges of the petechiæ are still visible; there are also numerous small acuminated, but blunt pointed, white elevations of the cuticle all over the surface of the body. The state of the respiration and the sound by percussion on the thorax are natural, though the respiratory crepitus is still weak, in accord-

ance with this man's general want of strength. He had not, from his first coming under my care to his recovery, and pain in the region of the cocum, or in any other part of the abdomen. There was for a time, fulness and dulness of sound of the upper part of the epigastrium, and a general tympanitic state of the rest of the abdomen, which were removed by the vesication of the scrobiculus cordis and its vicinity, and by aperient and antispasmodic medicines, as well as by the return of the patient's health. He is to remain a few days longer to be well nourished in the hospital.

I could easily furnish very many cases of typhus gravior similar to the above, and similarly treated with the same successful results, if the limits of this report could admit of giving them insertion here. We are all aware of there being instances of spontaneous recovery from mild typhus, with little or no treatment, save rest and simple diluents. But it is evident, that a person labouring under such unfavourable typhoid symptoms as Thomas Durrivan did; with his pulse almost lost during some days; his subsultus tendinum; his low delirious and semi-apoplectic state; his bad, darkcoloured, thickly set petechiæ and vibices; his extremities cold and purple; the incipient gangrene on the sternum and hips; the black encrustations on the tongue and teeth; his fæces and urine passed inconsciously in bed; the cadaverous scent from the surface of the body. It is self evident that a patient so severely afflicted, and reduced to so low a state of existence, could not recover-or that his sinking, and nearly departing pulse could not be revived without constant good management-without a prudent alternation and combination, according to circumstances, of the antiphlogistic, alterative, derivative, antispasmodic, diffusible,

stimulant, mildly tonic, and restorative modes of treatment. The quantity of wine given was a good deal for a poor man previously unaccustomed to it. It was, however, here indispensably necessary.

CASE XVII.

TYPHUS GRAVIOR.

A man named Ward suffered now and then, during the last six years of his life, with pain at the pit of his stomach, which was principally felt at the end of many hours abstinence from food; and was commonly removed for a time, or alleviated by food. He was also occasionally affected, during the same number of years, with a flatulency and fulness of stomach, which was often corrected by the use of a few grains of pepper. man was attacked on the 8th of June with fever, of which continual cephalea was one of the symptoms. He was first seen by me on the 16th of June. His state then was as follows: face sallow; conjunctiva suffused; pulse 116, and extremely weak and confused; subsultus tendinum; picking of bed-clothes; very numerous dark purple petechiæ; also dark purple blotches of various parts of the skin; black sordes on tongue and lips; respiration somewhat hurried; it is bronchial at the interscapular spaces, and is more particularly so at the subspinal fossa of the left scapula; the sound by percussion is dull in these regions. Death took place on the twentieth. The pathological examination of the body was performed at 9 A. M. on the 22nd: face of a sallow paleness; the whole surface of the trunk and members of the body is studded over with numerous dark purple petechiae; and large, dark. bluish and purplish patches are manifest,—such as they were observed before the patient's demise. Each petechial discoloration is confined to the cuticle, and does not affect the subjacent cutis. The recently vesicated calves of the legs are of a dull dark-red colour, not unlike the appearances left by blisters in cases of scorbutus. The pia mater, with its adherent arachnoid, is of increased thickness, and presents to view numerous blood-vessels much distended; all its large vessels are full, dark, bluish veins; but the small arterial vessels, with which the tissue of the pia mater is closely interspersed, are red. This thickened and vascular state of the pia mater prevails throughout all the processes of this membrane, round the cerebrum and cerebellum, and along its lobules and anfractuosities. The internal pia mater or thin membrane, lining the lateral ventricles and the thalami nervorum opticorum, is vascular. The choroid plexus is more red than it would be in its natural state. The right lateral ventricle contains more serum than usual. The medullary substance of the brain is somewhat softened; it is dotted, especially in its superior and external layers, with numerous blood-vessels.

THORAX.

There are no adhesions between the pulmonary and costal pleura on either side. The entire posterior part of the left lung is externally of a very dark purplish colour; and its parenchymatous substance being cut into, has nearly the aspect and soft consistence of the interior of the spleen; it is of a blackish purple colour, and is broken down in its substance like putrefied flesh, but it has no offensive smell; its divisions by the scalpel give out much decomposed dark blood; the back

part of the right lung is similarly altered, though in a much less degree. The mucous membrane of the trachea and bronchii is of a dark red colour. The heart is almost totally empty of blood, in consequence of the lungs and large blood-vessels having been separated from it previously to its examination; but there is a thick albuminous substance known by the name of polypus. lodged at the entrance of the cava, and in the right auricle, as well as in the adjoining part of the ventricle.

ABDOMEN.

The omentum is thin, and its blood-vessels are somewhat injected. The peritoneum, lining the anterior parietes of the abdomen, scarcely seems to be inflamed; but on the separation of the cellular matter in the lumbar regions, between the psoæ muscles and the neighbouring intestines, numerous dark purple bloodvessels are seen on each side, and dark blood is exuded, which presents in these places an appearance similar to what I often saw in subjects who died of scorbutus. The entire mucous membrane of the stomach is completely discoloured; the greater part of it is of a dark red purplish colour, while a good portion of it, particularly at the centre of this organ, has a deep dark green colour, incapable of being effaced by ablution. The lining membrane of the lower end of the œsophagus is of a dark crimson colour. The mucous membrane of the lower half of the descending colon is completely purple; so likewise is the inner coat of the bladder. The mesentery and exterior of the intestines present only a slight increase of vascularity. Much offensive gas, principally sulphurated hydrogen, escapes from the stomach and intestines. The spleen is of double its ordinary

size; it creeks a little under the scalpel, and a good deal of dark broken-down blood is seen in the interior of it. The liver is of its usual size; it is of scirrhous appearance and consistence; it is externally knobby, and is throughout its substance interiorly, firm, gritty, and granular, not unlike pudding-stone. The bile is thick, viscid, and brownish. The kidneys are imbedded in dark red cellular matter.

CASE XVIII.

I was called on the 20th of October, to visit a young gentleman, aged 17 years, who was in the eighth day of typhus gravior. The symptoms then observed by me were the following: high temperature of body; numerous dark purple petechiæ; frontal cephalæa; the "brain in a flame," according to the patient's expression; some delirium; pulse 120 in a minute, and extremely small and feeble; the tongue presents on its surface a brownish rusty red rough scruff, in form of a pretty large cone, of which the base is near the point of the tongue, and the apex almost as far back as the root of this organ; this cone is bounded at its margins by yellowish white matter; lips and teeth covered with a blackish brown matter, resembling a dry vegetable extract; diarrhæa since the commencement of the fever; slight uneasiness at the pit of the stomach; abdomen full and resisting.

October 21st. 8, A. M. Complete delirium; heat of body pretty high; tongue very dry and rough; lips and front upper teeth covered with perfectly black matter; abdomen full; subsultus tendinum. 7 P.M. Increased elevation of the temperature of the body since

morning; tension of the abdomen; some loose alvine evacuations in bed.

22d. 9½ A.M. Heat of body tolerably high; pulse 132, and exceedingly feeble; eyes sometimes closed, sometimes open; they are quite inexpressive; countenance of a sallow cineritious aspect. There is a sour smell from the breath. 6½ p. m. Temperature of the skin only little elevated beyond its natural state; pulse from 152 to 160 per minute; respiration high and precipitous; the quantity of intensely black matter on the tongue, lips, and teeth, is unusually great; the gums of the upper jaw are bedaubed with blood, which issues either by exudation from the gums themselves, or from the borders of the black incrustations of the lips.

October 23d. He has passed all this day in the agonies of death, till this moment, when he ceases to exist, at half-past four in the afternoon.

The pathological examination of the body discloses the following appearances: an injected state of the veins of the surface of the cerebrum; a thickening and inflammation of the pia mater; all the sinuses distended with black blood; there is a slight blush of the mucous membrane of the ventricles of the larynx; lungs well conditioned, except that the upper part of the left lung is slightly carnified, and the incisions made into it with the scalpel, give vent to a considerable quantity of sanguinolent serum; there is inflammation of the mesentery and of the peritoneal coat of the intestines, and distension of this canal by sulphuretted hydrogen gas; epiploon very thin; the spleen is of double its usual size; and it is a little softer than usual; the black matter which incrusted the patient's tongue and lips was con-

fined to the surface, and did not penetrate into the substance of these parts.

CASE XIX.

H.EMATEMESIS SUPERVENING ON OR ACCOMPANIED BY CHRONIC INFLAMMATION OF THE LEFT LUNG.

I assisted at the examination of the body of a youth of fifteen years of age, who died under the care of another physician, of vomiting large quantities of dark coloured blood. He had a pain in the stomach during some days before his demise; and he also laboured under disease of the left lung. The principal morbid appearance connected with the immediate cause of death, was in the centre of the stomach, where the diameter of about four inches of the villous coat was distinctly of a deep red colour,—an appearance that I look upon as a local congestive inflammation. There was no abrasion or erosion of this part. We found five ounces of altered grumous blood of a dark brown aspect in this organ,-blood which of course exuded from the above diseased patch. A good deal of flatus escaped by the first incision made into the stomach.

There was extensive adhesion in the left side of the thorax, between the pulmonary and costal pleura. The substance of the left lung was in a semicarnious condition. Some of its bronchial glands were tuberculous and filled with pus. The mucous membrane of the trachea and bronchia of the left side was of a dark red colour. The pericardium contained five or six ounces of serum. The aorta was in its normal state: and with the exception of the lesions above described, the other viscera of the thorax and abdomen were sound.

CASE XX.

PURPURA H.EMORRHAGICA.

Anne Masterson, aged six years, had psora, for the removal of which she was treated in the usual manner with sulphur ointment. She was delicate at the time of the disappearance of this eruption as well as subsequently thereto. She was very soon afterwards, viz. on the nineteenth of June, observed to have symptoms of fever,-such as heat of skin, flushings, thirst, drowsiness and heaviness of head, and loss of appetite; circular red spots appeared over the surface of the body on the twentieth. They became more numerous the following day. I saw her for the first time at noon on the twenty-fourth of June, when I took the following note of her state: -She has frequent vomiting of blood since yesterday morning, and she voids blood by stool and with her urine. The blood thrown up yesterday is represented to have been florid; it is dark to-day; there is extreme debility; the voice is feeble; the pulse at the wrist is imperceptible; the surface of the body is cold; it is studded with numerous dark purple circular spots of the diameter each of from one third to one half of an inch; it is said that in place of being now dark, they were of a vivid red colour two days ago. They evidently consist of blood extravasated under the cuticle. The patient frequently throws up dark blood from the stomach, and passes similar blood by the rectum and urethra; she is in possession of her reason notwithstanding her extreme weakness. She complains of abdominal pain. The tongue is of a light brown and rather tanned colour; face pallid and sallow; no natural fœces have been passed these last three or four days.

R. Decocti cinchonæ 3 vii.
Acidi sulphur. diluti ... gtt. xiii.
Syr. cont. aur. 3 iii. M.

Capiat cochleare unum medium omni hora, incipiendo post misturæ consumptionem. The skin is to be rubbed over twice a day with a linen cloth, or a sponge wet with vinegar and tepid water, in the proportion of two parts of the latter to one of the former. Two ounces of sherry wine diluted with four ounces of water, are to be given in divided doses.

June 25th. She is better since yesterday; her speech is less weak; the pulse is perceptible; it is small, feeble, and somewhat accelerated; tongue moist and of an ash colour; the patient is perfectly collected; she says that the abdominal pain has subsided; she does not complain of thirst; she vomits only very little blood; her urine is but slightly sanguinolent; no blood is passed this day by stool; the purple spots remain unaltered.

Repetr. decoct. cinchens heri prescriptum. Butternilk is allowed her in compliance with her own desire.

28th. 1 P. M. There is febrile heat of body, and a quick sharp pulse; there are discharges of dark blood from the mose, and none from any other part of the body.

She is allowed buttermilk and also oranges; and two ounces of sherry wine-

29th. Pulse accelerated and sharp, not weak; skin of an elevated temperature; tongue of a dull pale colour; no discharge of blood from any part of the body this day; no pain; the bowels are costive. The little patient is more animated to-day than she was yesterday.

R. Olei ricini 3 iiss.
Olei terebenthinæ 3 ss.
Tincturæ opii...... gtt. ii.
Syrupi aur. 3 i. M. pro haustu.

July 1st. Two natural stools; pulse normal; no fever; no uneasiness; countenance much improved; the appetite is returning.

The patient is allowed a sufficiency of buttermilk, of which she is fond; she is to take a little bread with it.

- 4th. The disease has terminated satisfactorily; the spots of the skin are considerably diminished, and are diluted in colour; no pain; countenance much improved; appetite natural. This child is still thirsty; she continues partial to buttermilk.
- 8th. My little patient, though free from sickness, is pallid and delicate; she resides in a confined part of the city, and is in need of good country air.

August 10th. She continues well, but looks delicate; her friends are removing her to the country.

The patient is to take an ounce and a half of decoctum cinchonæ twice a day for a week.

The above is very interesting, not only as a severe case of purpura hæmorrhagica brought to a happy termination, but as a remarkable instance, among many others that may be adduced, of the bad consequences of hastily repelling scabies by active external applications, unaccompanied by appropriate internal remedies. A little of the specific given in the beginning internally, during a week or fortnight, would alone have probably cured the child Masterson's psora.

CASE XXI.

TYPHUS GRAVIOR.

Anne Martin, aged thirty-eight years, was brought to one of my wards on the 9th of May, 1840, in the tenth day and last stage of typhus gravior. The symptoms were of the worst description: pulse extremely weak; petechise numerous and dark coloured; caephalea constant, but less acute than it was at an earlier period of the sickness; respiration oppressed; pain excited by moderate pressure on the region of the stomach. Delirium supervened on the 11th of May. The pulse became imperceptible in the latter end of the twelfth, and it continued so. The hands were, on that day and on the thirteenth, very cold and quite purple from the upper parts of the wrists to the ends of the fingers. phalanges of the fingers were of a deeper blackish purple colour than the upper joints; nose cold and purple; upper lip in nearly a similar state; there was a dark purplish hue of the whole face and neck, and summits of shoulders. Death took place in the night of the thirteenth and fourteenth of May.

The pathological examination of the body exposed to

view the following abnormal conditions of the vascular system, and of some of the internal membranes, especially of the mucous membrane, viz:—A very injected and dark state of the numerous veins on the surface of the brain, and throughout the various folds of the arachnoid and pia mater; a distinct though slight inflammatory state of the small blood vessels of the dura mater along its whole extent; very many small injected blood-vessels are seen in all parts of the internal substance of the brain. The spaces termed ventricles, formed by the duplicatures and projecting processes of both sides of the brain, are filled, but not distended by serum. Some serum is also lodged at the base of the brain.

The heart is small and flaccid, and each of its cavities contains dark sluggish blood. The interior of the most part of each lung is gorged with blackish blood of much less density than semicoagulation, and of the same appearance with the dark blood lodged in the auricles and ventricles of the heart.

The most part of the mucous coat of the large left or cardiac division of the stomach is evidently thickened, and of a purplish red colour; but the same membrane appears to be in its natural condition at the small or pyloric section of this organ.* There is a dark purplish red

^{*} In mentioning the large and small divisions or sections of the stomach, I think it necessary to say that I consider the interior of the stomach as naturally divided into a large right and small left cavity; such is in reality the case. The tapering part of the stomach is bent backwards and downwards, and forms a curve or angle like the bagpipe curve, in the centre of the epigastrium. The portion of the villous coat, corresponding with this angle, forms a projecting transverse fold, which embraces more than two-thirds of the internal circumference of

subinflamed state of numerous portions, both exteriorly and interiorly, of the small intestines; and many parts of the mucous lining of these intestines are thickened, as well as of a purplish red colour. There are no ulcorations of this membrane, either in the execum or in any other part of the intestinal canal. There are numerous dark injected blood vessels throughout the epiploon and mesentery. The liver is of the natural size.

CASE XXII.

SEVERE CEREBRAL TYPHUS, ATTENDED WITH OR TERMINATING IN HYDROCEPHALUS.

Miss Anne Waddock, a fine well formed young woman, aged seventeen years, began to complain in the

this viscus, and which seems, notwithstanding Its flaccidity in the dead subject, to act the part of a valve in the living individual. This fold or valve divides the atomach into two compartments, viz : A large left cavity, comprising between three-fourths and four-fifths of the entire organ, and a small right cavity towards the pylorus. This valve does not extend to the superio-anterior part of the general cavity of the stomach, where the communicating passage is, under all circumstances, continuous and free. Whoever wishes to obtain a satisfactory view of this structure, must not cut through the stomach at random, and allow its divided or toren parietes to collapse and sink into the back part of the epigastrium, as it is commonly done; but let a moderate long tudinal cut be made anteriorly in that part of the stomach corresponding with the centre of the epigastrium. By then distending this opening with two fingers, the operator can easily see and observe the simple mechanism here described. In the large left compartment of the last human stomach examined by me in the hospital, I found some liquid drank by the patient in the latter end of her existence, and also solid food, partly entire, but softened, and partly broken down, while the small right division contained only a soft uniform Pulp of gelatinous appearance, or in other words, chyme mixed with mucus. This is a physiological circumstance descring of notice.

middle of December, 1839, of pain and weight of her head, which caused her to recline often in bed or on a sofa, in hope of relief. A bad typhoid fever (typhus gravior) manifested itself about the same time. lirium supervened on the twenty-fifth of December. The patient was heard to moan much every day, and to scream now and then; she was quite insensible, and had strabismus during the last three or four days of her existence. In her agony she unconsciously tossed her head, arms, and feet in bed; her sinking pulse became almost imperceptible on the morning of the 2nd of January, 1840. I observed at the same time a complete gelidity of the entire trunk and extremities, which state continued undiminished, notwithstanding the means resorted to to restore the circulation and natural temperature of the body.

Death closed the scene in the evening of the 3d of January, 1840.

Pathological examination of the body performed on the morning of the 5th of January.

The blood-vessels of the pia mater are much injected; the cerebral substance being cut into, presents a very dotted appearance, in consequence of the incision of numerous blood-vessels. The interior spaces called ventricles, formed by the foldings and projections towards each other of the great natural divisions of the sensorium, are considerably distended with serum. The choroid plexus and tela choroidea are very vascular. A part of the base of the cerebrum presents a gelatinous appearance. The cerebellum appears to be less developed, especially with regard to its medullary substance, than is usual in the adult state.

The lungs do not present any marks of disease. The pericardium contains more than the usual quantity of clear fluid.

The peritoneal cavity contains a little serum. There is slight vascularity together with many brownish red patches of the villous coat of the stomach; there is also some, though not considerable vascularity of many parts of the small intestines. There is no alteration of the colon; no ulceration exists in any portion of the alimentary canal. The liver is sound.

It is not easy to determine whether the foregoing malady was in the beginning a case of hydrocephalus, on which typhus supervened, or whether it was the consequence of typhus and its concomitant cerebral inflammation. I witnessed many instances of serous effusions into the continuous cavities of the interior of the cerebrum of young subjects afflicted with brain fever.

There prevailed in September and October, 1837, much bad typhoid fever, accompanied with dark purple petechiæ on all parts of the surface of the body, and cold purple extremities; much cephalæa, and quick weak pulse. Those cases were then numerous, and varied in intensity. One is particularly deserving of a place in this report.

CASE XXIII.

TYPHUS GRAVIOR PURPUREUS ET HEMORRHAGICUS.

William Budds, aged sixteen years, was admitted on the second floor of Cork-street Hospital, under one of my colleagues, on the 14th of February. He then presented the symptoms of typhus gravior, with numerous dark purple spots on the inferior extremities, and on the loins; and discharges, by stool, of dark pitchy blood.

His pulse was quick and weak, and he had lumbar pains. I did not note his case till the 15th and 16th, when his state was as follows: -All over the surface of the bedy and limbs, were very numerous blackish-purple circular spots, which were in appearance flat, and had interspersed between them other spots slightly elevated, and of a dark reddish-brown colour. Much black pitchy blood passed by stool during both those days; no natural foces were observable; there were abdominal pains; pulse nearly quite imperceptible; speech very weak; respiration somewhat laborious :face livid and dark. Death occurred on the 17th. The pathological examination of the body was made at 10 a.m. on the 18th. On stirring the corpse, blood is seen to issue from the mouth. The examination by the scalpel of many of the above described numerous purple spots on the surface of the body, proves that the dark purple discolorations in question, penetrate not only through the cuticle and choroid membrane, but extend through the entire depth of the cutis vera. The veins of the arachnoid and pia mater on the surface of the cerebrum and cerebellum are injected.

There is much adhesion, apparently chronic, between the pleura pulmonalis and pleura costalis of each lung. The posterior part of the left lung is dark and suffused, and semicarnified throughout its substance. On the external surface of this lung are to be seen a few dark purple spots, similar to those on the surface of the skin. The posterior part of the right lung is only slightly suffused. The pericardium contains three times the ordinary quantity of serum.

The epiploon is emaciated; but its veins, as well as those of the external surface of the intestines, are injected. There is induration of the spleen; the entire mucous coat of the stomach, colon, cæcum, and

rectum is covered with a layer of dark blood, which is thickish, though uncoagulated. This blood being removed and washed away, the whole mucous membrane appears thickened, and purplish-red, and presents in many parts, especially in the interior of the stomach, circumscribed, blackish purple spots, quite similar to these on the external skin. The stomach contains comparatively more blood than any of the intestines. The mucous membrane of the small intestines is similarly affected as that of the great, but in a much inferior degree; there is a little dark, pitchy, rather dry matter in the duodenum, and some natural yellow feeces in this and the other small intestines. There are scarcely any natural fœces in the large intestines; there is no ulceration or abrasion of any part of the mucous membrane of the stomach or intestines. There is a good deal of blood lodged in the pelvis of each kidney, particularly in that of the left, notwithstanding which, the urinerous tubes retain their natural appropriate structure and appearance, and secrete only clear urine; the vesica urinaria contains a mixture of blood and urine, derived from the pelvis of each kidney, while the internal membrane of the former preserves its natural white colour, and unbroken surface. In this, as in many other cases, the condition of the internal parts of the subject corresponds very closely with the appearance and symptoms of the patient in the last stage of the disease.

CARR XXIV.

TYPRUS ICTORODES.

Laurence Tynan, æt. thirty-four, a well formed, robust looking person, a plasterer by trade, resided for some

years in Liverpool, where, assisted by his wife, he kept a public house. He became addicted to the use of spirituous liquor, and got deeply into debt. In consequence of his embarrassment he left Liverpool in an uneasy dejected state of mind, and came to Dublin. Soon after his arrival in this city, he was employed, during a week, as a plasterer at Howth Castle, where he got a great wetting, and indulged in the use of whiskey; he immediately afterwards got work at Trinity College, where he was unable to attend to his business longer than two or three days; he laboured under fever, accompanied with severe cephalæa, yellowness of the skin, and abdominal dis-He was received into Cork-street Hospital on the 14th September, 1839, and was placed under one of my colleagues, Doctor Jackson, who did everything in the line of medical treatment that his judgment and experience dictated.

The patient was, on his admission, observed to be in a state of high fever, with quick pulse; violent headache; an elevated temperature of the body; completely jaundiced colour of skin; a peculiar wildness of countenance; an abruptness of reply, and commencement of delirium. On the third day after his admission into hospital, there supervened convulsive fits, of which he had six attacks every twenty-four hours during three days. I accompanied my colleague Doctor Jackson, to see this patient, on the 18th of September. I then noted his state as follows:-Complete delirium; respiration hurried and loud; pulse 112, and pretty strong; yellowness of the entire surface of the body; conjunctiva much suffused; the tongue, and the edges of the lips are covered with dry black sordes; abdomen full, and painfully sensitive to palpation. I next visited this patient on the 20th, at noon, and took the following note: -Three' successive

attacks of convulsions have occurred this morning; the delirium continues, but it is a little less intense now than it was during the proceding two days; it did not become confirmed till after the two first epileptic fits took place; the pulse is accelerated, and is at the same time soft and regular; the tongue, upper teeth, and the edges of the lips are covered with black incrustations: the yellowness of the skin is unaltered; a large quantity of blood passes from the bowels; it is found black, lumpy, and very ill odoured in the bed-pau.

21st. Death at four o'clock this morning.

FATHOLOGICAL EXAMINATION OF THE BODY, PERFORIVED ON THE MORNING OF THE 22ND OF SEPTEMBER.

The trunc and limbs are those of a well-formed man, with more than ordinary embenpoint. There are blackish-purple patches on many parts of the surface of the body; dura mater stained yellow; very considerable vascular congestion all over the surface of the cerebrum and cerebellum, and throughout the extent and ramifications of the pia mater; general adhesion by coagulable lymph of all the convolutions of the cerebrum to each other; a few united shreds of coagulable lymph are found loose over the surface of the right hemisphere of the brain; the medullary matter is tolerably firm; sections made in this substance present very numerous blood dots; there is a notable, but not a considerable quantity of serum in all the ventricles, and at the base of the brain.

ABDOMEN.

The liver is rather large; it is friable, and somewhat overcharged with bile and blood; the gall-bladder is distended with bile.

The stomach contains much dark brown turbid liquid, which appears for the most part to be altered and disorganised blood; the mucous membrane of this organ is very tender and soft; it is easily torn, and separates with unusual facility from its other coats; the small intestines are of a purplish-red colour internally and externally, and they are nearly filled throughout their extent with much dark blood, partly fluid and partly grumous; their mucuous membrane is inflamed but not ulcerated in any part.

REPLECTIONS.

In this case also, the morbid condition of the internal organs ascertained by dissection corresponds entirely with the symptoms observed in the course of the disease. The jaundiced state of the surface of the body seems to have been caused by the absorption of some of the superabundant bile accumulated in the liver and distended gall-bladder; the violent cephalæa, wildness of countenance, suffused conjunctiva, and delirium proceeded from the cerebral lesions. There was no ovidence of the convulsions being habitual with the patient; the disease of the brain was sufficient to produce them. The altered and dark coloured blood, partly fluid, and partly grumous, lodged in the stomach and intestinal canal, was exuded from the congested blood vessels of those parts.

The quickness of the pulse, and intense cephalæa in the sickness; the coagulable lymph found on the surface of the brain, and the adhesions of the cerebral convolutions to each other; the softness and want of cohesion of the nucous membrane of the stomach: all these circumstances, even without taking into account the arborescence of the intestines and their purple colour, are evident proofs of inflammation having existed; general vascular congestion was equally manifest.

In every such intensely bad typhoid case the phlegmasia which is at first more or less acute as well as general, merges during the progress of the disease into a congestive or peculiar chronic state. There is in those instances a physical deterioration of the blood, which greatly impairs its vital qualities, and notably deranges the whole nervous system, particularly the brain.

COROLLARY.

It may be observed that intestinal meteorism, so often observed in bad fevers, consists principally in the generation and accumulation of sulphuretted hydrogen gas. This appears the more certain, as whenever a gush of foul air is perceived to issue from an aperture made in the intestinal canal of subjects who die of typhus, the operator immediately recognises the peculiar smell of sulphuretted hydrogen gas. It is not improbable that this deleterious matter might exert its baneful influence on the circulation, and alter the colour and deteriorate the properties of the blood. It may at the same time contribute, in conjunction with the increased internal vascularity, to paralyse the nervous system, and induce lethargic symptoms and asphyxia.

The constitution is assisted to hold out against these dangerous effects, and counteract them, by the prudent use of diffusible stimulants and antispasmodics, and cor-

dial sustainers of the vis vitæ; viz. camphor, ether, musk and wine. Might not whatever service the chlorides or diluted chlorine render in these fevers be explained upon the double principle of stimulation of the system, and neutralization of sulphuretted hydrogen?

When recovery is to take place, the meteorism ceases; the blood is gradually restored to its natural vivifying quality; the brain and entire nervous system resume their normal condition; the discoloration of the skin gradually disappears; the disturbed functions of the body are being regulated; the countenance never fails to give early notification of coming health.

LEGACIES

MAY BE BEQUEATHED IN THE POLLOWING MANNER:-

"I give and bequeath to the Treasurers of the House of Recovery, in Cork-street, Dublin, the sum of (in trust) to be applied towards the benevolent purposes of the Institution."