FEVER HOSPITAL

CORK STREET.

REPORT

OF THE

MANAGING COMMITTEE

OF THE

HOUSE OF RECOVERY

AND

FEVER HOSPITAL,

IN

CORK STREET, DUBLIN,

FOR ONE YEAR, FROM 1ST APRIL, 1844, TO 31ST MARCH, 1845:

WITH THE

Medical Report Annexed,

FROM 1ST JANUARY, 1844, TO 31ST DECEMBER, 1845.

BY

GEORGE A. KENNEDY, M.D., M.R.I.A.

LATE PRESIDENT OF THE COLLEGE OF PHYSICIANS; PHYSICIAN TO THE HOUSE OF RECOVERY AND FEVER HOSPITAL, DUBLIN.

DUBLIN:

PRINTED FOR THE COMMITTEE,

BY WEBB AND CHAPMAN, GREAT BRUNSWICK STREET.

MDCCCXLVI.

House of Recovery Cork Street Fever Hospital

Annual Report and Medical Report

From 1st April 1844 to 31st March 1845

With medical report annexed

1st January 1844 to 31st December 1845

A STATEMENT

OF

THE NUMBER OF PATIENTS ADMITTED

INTO THE

FEVER HOSPITAL, CORK STREET, DUBLIN,

FOR ONE YEAR,

FROM 1st APRIL, 1844, TO 31st MARCH, 1845.

TOGETHER WITH THE AGGREGATE NUMBER OF DAYS SPENT BY THE SAID PATIENTS IN THE HOSPITAL; ALSO THE TOTAL EXPENSE OF PROVISIONS; BY WHICH IS SHOWN THE AVERAGE NUMBER OF DAYS EACH PATIENT REMAINED IN THE HOSPITAL, AND THE AVERAGE EXPENSE OF EACH PATIENT.

Patients admitted - - - - -				2,863
Aggregate number of days in Hospital - -				63,064
Average number of days of each Patient - -				22
Total Expense of Hospital this Year - -	£4345	16	0	
Expense of Provisions for Patients and Servants	1430	13	7	
Average expense of each Patient - - -	1	10	4¼	

Patients:

Admitted from 4th May, 1804, to 31st March, 1845, inclusive - - - -		141,257
Discharged, cured, or relieved -	131,271	
Died - - - - - -	9,822	
Remaining in Hospital, on 31st March, 1845 - - -	164	
		141,257
In Hospital, 1st April, 1844 -	175	
Admitted to 31st March, 1845 -	2,863	
Total - -		3,038
Discharged from 1st April, 1844, to 31st March, 1845 - -	2,651	
Died from do. to do. - -	223	
Remaining in Hospital on 31st March, 1845 - - -	164	
Total - -		3,038

MONTHLY STATEMENT OF PATIENTS,

From 1st April, 1844, to 31st March, 1845.

Years.	Months.	Admitted.	Discharged.	Died.	Monthly Aggregate.
1844	April	186	211	14	4673
	May	201	176	14	4883
	June	195	202	17	4291
	July	236	191	17	4612
	August	219	204	14	4496
	September	228	206	16	4863
	October	240	227	15	5149
	November	228	200	18	4825
	December	306	247	20	5815
1845	January	305	281	18	6955
	February	301	263	22	6313
	March	218	243	38	6189
		2863	2651	223	63064

Account of Income and Expenditure of the FEVER HOSPITAL *and* HOUSE *of* RECOVERY, *Cork-street, Dublin, for one year, from 1st April, 1844, to 31st March, 1845.*

EXPENDITURE.

	£	s.	d.
To Rent and Insurance	75	9	0
Provisions	1430	13	7
Clothing	120	19	7
Furniture	242	11	0
Salaries and Wages	1333	9	10½
Fuel, Soap, and Candles	370	17	11
Printing and Stationary	41	5	11
Medicines	317	1	10
Horses	20	2	7
Repairs	269	10	0
Incidents	9	7	0
Whitewashing	112	9	2½
Coffins and Interments	1	18	6
	£4345	16	0

INCOME.

	£	s.	d.
By Parliamentary Grant	3000	0	0
Interest on Government 3½ and 3¼ per cent. Stock	228	13	5
Interest on Grand Canal Debentures ...	200	0	0
Subscriptions	125	10	6
Donations and Legacies	120	0	0
Seven years Arrears of George Burrowes' Annuity	193	16	10
Annuity of Lady Hutchinson	16	3	0
Over Computation in last year's Account ...	0	1	3
	£3884	5	0
Excess of Expenditure over Income ...	461	11	0
	£4345	16	0

Managing Committee:

* EDWARD ALLEN
JOSEPH ALLEN
* EDWARD BARRINGTON
* FRANCIS A. CODD
FRANCIS CODD
* THOMAS CROSTHWAIT
JAMES W. CUSACK, M.D.
* WILLIAM DISNEY
* THOMAS DISNEY
* WILLIAM ENGLISH
JOHN ENGLISH
* ARTHUR GUINNESS
* JAMES HAUGHTON
* JOSEPH HONE
* DAVID C. LATOUCHE
WM. DIGGES LATOUCHE
* JAMES PIM (Greenville)
JOHN POWELL
* GEORGE RENNY, M.D.
* GEORGE ROE
* RICHARD WATKINS, Esq.

* *Thus marked are Trustees.*

Physicians:

JOHN O'BRIEN, M.D.
PATRICK HARKAN, M.D.
JOHN O'REARDON, M.D.
JOHN EUSTACE, M.D.
G. A. KENNEDY, M.D.
GORDON JACKSON, M.D.

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THOMAS BRADY, M.D.

Surgeon:

LEONARD TRANT, M.R.C.S.I.

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REGISTER	JAMES MONTGOMERY,
APOTHECARY	RICHARD STEPHENSON,
HOUSEKEEPER	MARGARET MONTGOMERY,
COLLECTOR	JAMES M. KNIGHTING,
HEAD NURSE	MARY CARROLL.

Servants usually employed at the Hospital, who are increased or decreased according to circumstances.

Three Porters, three White-washers, (who whitewash the Hospital and the apartments from whence Patients are removed to it, when ordered by the Physicians) twenty Nurses, more or less, as the case requires, ten female Servants, and one Engineer attendant on washing apparatus.

List of Subscriptions and Donations,

RECEIVED FROM 1st APRIL, 1844, to 31st MARCH, 1845.

	£	s.	d.
Allen, Edward	2	2	0
Allen, Joseph	2	2	0
Ballast Office	6	6	0
Barrington, Edward	2	2	0
Bigger, William	1	1	0
Boileaus, Brothers	2	2	0
Bruce, Halliday	1	1	0
Calvert, Adam	1	1	0
Codd, Francis	2	2	0
Codd, Francis A.	2	2	0
Croker, John	1	1	0
Crosthwait, Thomas	2	2	0
Crosthwait, Leland	2	2	0
Cusack, J. W. M.D.	2	2	0
Disney, William	2	2	0
Donagh, John	1	1	0
Dunne, Josias	2	2	0
English, William	2	0	0
English, John	2	0	0
Ferriers and Co.	4	4	0
Fitzpatrick, Messrs.	1	1	0
Foot, Simon	1	1	0
Franks, Matthew	1	0	0
Glorney, Samuel	1	1	0
Guinness, Arthur	5	0	0
Guinness, Benjamin Lee	2	2	0
Haughton, James	2	2	0
Haughton, William	1	1	0
Hone, Nathaniel	5	0	0
Hone, Miss Eliza	2	2	0
Hutton, Thomas	1	1	0
Hone, Joseph	2	2	0
Hunt, Thomas	2	2	0
Jackson, Richard	0	10	6
Jameson, James	3	3	0
La Touche, Messrs.	21	0	0
Law, Robert	1	1	0
Maxwell, Thomas	1	0	0
M'Kenny, Aldrm. Sir T.	1	1	0
Moran, James	1	1	0
O'Connell, Daniel, M.P.	2	0	0
Paine, H. R.	1	1	0
Perry, James	1	1	0
Perry, Henry	1	1	0
Pike, Wight	1	1	0
Pim, Thomas	2	2	0
Powell, Michael	1	1	0
Powell, John	2	2	0
Purser, Tertius John	1	1	0
Pim, James (Greenville)	2	2	0
Renny, Doctor	2	0	0
Roe, George	2	2	0
Sheils and Scott	1	1	0
Thompson, Henry	1	1	0
Watkins, Messrs.	2	2	0
Watson, Solomon	1	1	0
West, Alderman Jacob	1	1	0
Williamson, R. and S.	1	1	0
Wilson, Thomas	1	1	0
	£125	10	6

Donation:

Bank of Ireland, per Collector £20 0 0

REPORT

OF THE

MANAGING COMMITTEE

OF THE

HOUSE OF RECOVERY

AND

FEVER HOSPITAL,

IN

CORK STREET, DUBLIN,

FOR ONE YEAR, FROM 1ST APRIL, 1845, TO 31ST MARCH, 1846:

WITH THE

Medical Report Annexed,

FROM 1ST JANUARY, 1844, TO 31ST DECEMBER, 1845.

BY

GEORGE A. KENNEDY, M.D., M.R.I.A.

LATE PRESIDENT OF THE COLLEGE OF PHYSICIANS; PHYSICIAN TO THE HOUSE OF RECOVERY AND FEVER HOSPITAL, DUBLIN.

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MDCCCXLVI.

A STATEMENT

OF

THE NUMBER OF PATIENTS ADMITTED

INTO THE

FEVER HOSPITAL, CORK STREET, DUBLIN,

FOR ONE YEAR,

FROM 1st APRIL, 1845, TO 31st MARCH, 1846.

TOGETHER WITH THE AGGREGATE NUMBER OF DAYS SPENT BY THE SAID PATIENTS IN THE HOSPITAL; ALSO THE TOTAL EXPENSE OF PROVISIONS; BY WHICH IS SHOWN THE AVERAGE NUMBER OF DAYS EACH PATIENT REMAINED IN THE HOSPITAL, AND THE AVERAGE EXPENSE OF EACH PATIENT.

Patients admitted - - - - -				2,954
Aggregate number of days in Hospital - -				69,279
Average number of days of each Patient - -				23½ nearly.
Total Expense of Hospital this Year - -	£4475	16	2	
Expense of Provisions for Patients and Servants	1587	17	1	
Average expense of each Patient, nearly -	1	10	3½	

Patients:

Admitted from 4th May, 1804, to 31st March, 1846, inclusive - - - -		144,211
Discharged, cured or relieved -	133,925	
Died - - - - - -	10,082	
Remaining in Hospital, on 31st March, 1846 - - -	204	
		144,211
In Hospital, 1st April, 1845 -	164	
Admitted to 31st March, 1846 -	2,954	
Total - -		3,118
Discharged, cured or relieved, from 1st April, 1845, to 31st March, 1846 - - - -	2,654	
Died from do. to do. - -	260	
Remaining in Hospital on 31st March, 1846 - - -	204	
Total - -		3,118

MONTHLY STATEMENT OF PATIENTS,

From 1st April, 1845, to 31st March, 1846.

Years.	Months.	Admitted.	Discharged.	Died.	Monthly Aggregate.
1845	April	242	220	23	5174
	May	239	208	18	5252
	June	208	191	24	5522
	July	201	177	27	5097
	August	222	210	15	5446
	September	240	228	13	5669
	October	254	203	22	5521
	November	229	207	21	5827
	December	256	236	19	6070
1843	January	303	275	18	7030
	February	275	227	27	6173
	March	285	272	33	6498
		2954	2654	260	69279

Account of Income and Expenditure of the FEVER HOSPITAL and HOUSE of RECOVERY, Cork-street, Dublin, for one year, from 1st April, 1845, to 31st March, 1846.

EXPENDITURE.

	£	s.	d.
To Rent and Insurance	75	2	9
Provisions	1587	17	1
Clothing	266	10	11
Furniture	141	6	6
Salaries and Wages	1340	1	4
Fuel, Soap, and Candles	373	1	5
Printing and Stationary	21	1	7
Medicines	377	16	2
Horses	42	19	5
Repairs	138	8	3
Incidents	30	7	6
Whitewashing	124	11	2
Coffins and Interments	16	12	2
	£4475	16	2

INCOME.

	£	s.	d.
By Parliamentary Grant	3540	0	0
Government Stock—Interest for one year ...	291	5	1
Grand Canal Debentures do. ...	200	0	0
Subscriptions	125	13	6
Donations	20	0	0
Annuities	15	13	4
One Quarter's Wages of Margaret Dunne repaid	1	11	6
	£4154	3	5
Excess of Expenditure over Income ...	321	12	9
	£4475	16	2

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MEDICAL REPORT

OF

THE HOUSE OF RECOVERY

AND

FEVER HOSPITAL,

CORK-STREET, DUBLIN,

FOR TWO YEARS,

FROM 1ST OF JANUARY, 1844, TO 31ST OF DECEMBER, 1845.

BY GEORGE A. KENNEDY, M.D. M.R.I.A.

LATE PRESIDENT OF THE COLLEGE OF PHYSICIANS; PHYSICIAN TO THE HOUSE OF RECOVERY AND FEVER HOSPITAL, DUBLIN.

DUBLIN:

PRINTED FOR THE COMMITTEE

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MDCCCXLVI.

MEDICAL REPORT.

THE Medical Reports of the House of Recovery and Fever Hospital, which have been published annually by the physicians, in conformity with one of the by-laws of the original subscribers, were only intended to afford a detailed account of the medical occurrences of the institution itself; but from the great extent of hospital accommodation supplied by it, and the facilities provided for the conveyance of the sick from their habitations in all parts of the city, those reports may be regarded as presenting a tolerably accurate view of the nature and prevalence of febrile and inflammatory diseases throughout the city generally, during each succeeding year. Hence, in these successive publications, we can trace the gradual rise, the progression, the prevalence, and the decline, and likewise compare the characters of the different epidemics by which this city has been visited since the commencement of the present century, the period at which the hospital was established. The peculiar interest thus attached to the medical reports of this institution, is most strikingly manifested in the periods during which extensive epidemical visitations have prevailed. In the intervals that elapse between such occurrences, it has been observed that for a series of years, more or less, the course of febrile diseases, both

as regards their frequency and their forms, presents, with some exceptions, a certain uniformity of character, which leaves the reporter little more to do than copy his immediate predecessors. This has been remarkably exemplified in the period that has elapsed since the termination of the last epidemic by which the city was visited, and which, commencing very gradually in the end of the year 1835, attained its greatest intensity in the beginning of 1837, and disappeared towards its close. The fever that has prevailed during this interval has exhibited very little variety in its symptoms or course, being a mild form of synochus, occasionally assuming the typhoid type, from, probably, some peculiarity of constitution or residence, or from mismanagement or neglect. It has been more prevalent during some parts of this period than others, but has never taken on an epidemic character. At one time indeed, in December, 1844, the applications for admission into hospital so far exceeded the average for some years, as to create an apprehension that the disease was beginning to spread epidemically; in consequence of which, the following correspondence took place between the physicians and the managing committee of the hospital:—

"The committee, observing that the numbers in the hospital have increased very much during this month, (December, 1844,) request to know from the physicians, if they have any special remark to make on this subject to them."

In reply to the above, "the physicians beg to state, that fever of an inflammatory type has been prevalent during the last three or four weeks, which has caused the increase in the number of admissions, but which does not appear to call for any special remark."

The increase, however, was merely temporary, and in the course of March, 1845, the applications returned to their ordinary standard.

Dr. A. Duncan, Jun., in the Edinburgh Clinical Re-

ports for 1818, has some remarks on the best mode of registration of patients in hospital, which are so judicious and so peculiarly applicable to this institution, that I think it may be useful to quote them here.

"In the general register, the sex and age of each patient should be marked, as well as the profession and the alleged cause of the affection. Each of these particulars throws much light upon the predisposing and exciting causes of diseases, and may enable us to take measures to counteract them.

"Another circumstance, seldom attended to, but occasionally of great importance, especially during epidemic diseases, is to mark down the exact place, and even house, where the patient resided when he was first affected with the disease, or before he came into the hospital. By this means we shall be sometimes able to trace the introduction of contagious diseases, their progress from one part of a town or country to another, and the limitation of others to particular districts.

"It is, lastly, of great importance, in an economical, as well as a medical point of view, to register the number of days each patient remains in the hospital. Connected with the average rate of mortality, it furnishes a criterion for estimating the general success of the treatment; and it is almost indispensable to enable the managers and public to judge of the zeal and activity of the medical officers, in not permitting the hospital to be abused by the lazy and worthless, and to compare the amount of benefit derived by society in proportion to the expenditure."

In the House of Recovery the registry has been invariably kept upon this plan, and the committee have thus been enabled to see at once, and call for an explanation of any changes that presented themselves in the medical management of the institution. Thus, in October, 1844, it appearing from the registry that the average duration of the patients was longer than usual,

the following communication was made to the physicians :—

"The committee request the medical officers to report on the causes which have tended to increase the average number of days which patients have passed in hospital for the last three years."

In reply, the physicians state "that, in their opinion, there are several reasons sufficient to account for the increased average, during the last three years, of the number of days patients remained in hospital. On a general analysis of the cases, they have ascertained the fact, that there has been a much greater number than formerly of relapses *in hospital* during this period; many patients have been for several months in hospital. When it is considered that the admissions were at the same time a third less than before, the average number of days must have been proportionally increased, being of course in the inverse ratio of the number of admissions. The different type of fevers must necessarily cause fluctuation in the average. In cases of great exhaustion, of which there was a large proportion, the fevers were tedious, relapses frequent, and required nutriment in the very commencement and progress. This has, in a great proportion of such cases, induced the physicians to retain the patients longer than usual, there being ample accommodation, to insure their perfect recovery; an advantage they often regretted they could not fully secure to them in former years when epidemics raged, and the number of extern applications was so great and urgent, that patients were frequently removed, in order to make room, before their strength was sufficiently established."

By a reference to the table showing the number of applications for admission to the Fever Hospital from 1839 to 1845, it will appear that this city has enjoyed a considerable immunity from fever during the last three years. On a former occasion the writer stated his

reasons why a more correct judgment as to the prevalence of fever is to be formed from a comparison of the number of applicants for admission, than from an estimate of those actually admitted.

I.

Number of Applications for Admission to the Fever Hospital, Cork-street, for Seven Years, commencing 1st January, 1839.

MONTH.	YEARS.							
	1839	1840	1 41	1842	1843	1844	1845	Total
January	648	963	720	401	318	328	395	3773
February	761	1051	672	312	325	329	416	3866
March.....	703	1049	608	292	291	356	307	3606
April.....	514	752	486	297	218	251	324	2842
May	421	510	298	239	219	255	325	2267
June	391	411	290	269	354	238	265	2218
July	394	468	346	262	217	268	256	2211
August	459	352	365	265	215	269	288	2213
September.....	458	358	358	257	242	300	310	2283
October.....	510	332	364	239	231	303	330	2309
November	821	422	442	250	292	277	302	2806
December.....	952	584	374	280	214	373	345	3122
	7032	7252	5323	3363	3136	3547	3863	33516

The character or type of almost all febrile diseases when they occur as epidemics, is very generally more or less modified from that exhibited by them in sporadic cases. The type of fever which prevailed generally in this hospital during the period included in this Report was the Typhus, which may be divided into the Typhus mitior, and Typhus gravior, a division which, as already remarked by many writers, however useful in a practical point of view, is quite inadequate to express the numerous varieties which exist in the scale, from the mildest to the most malignant type of this species of fever.

The second variety was the Inflammatory Fever, in which inflammations of the cellular tissue, the serous membranes, and organs of respiration were the most prominent characteristics.

Thirdly, Rheumatic Fever, attended with deep seated pains of the bones and joints.

Lastly, the Gastric Fever, having its seat in the mucous membranes of the stomach and intestines, and comprehending the Gastro-Enterite of the French writers.

The most remarkable circumstance, however, connected with the medical records for the past year was, the unusual prevalence of the Exanthemata or eruptive fevers, particularly Scarlatina, and Variola or small pox, the former of which on several occasions presented a truly epidemic character.

Of the several varieties of fever above enumerated, the first or Typhus may be affirmed to be indigenous to this country, and to exist at all periods of the year; for no season is free from its ravages, although it varies considerably in intensity; the fever being mild or fatal, sporadic or epidemic in different years.

The phenomena of fever are stated more usually to consist in shivering, heat, and in an increased frequency of the pulse. These symptoms, however, although they may be all present, are frequently, as is well known to practitioners, all wanting in Typhus: the rigors, for example, are occasionally absent, the temperature of the body, more particularly in the severe forms of Typhus gravior, is frequently below the natural standard, and the pulse in some instances preternaturally slow. The writer, on a former occasion, has recorded a number of observations on the temperature in fever, and the rapidity of the pulse and respiration.

The Typhus mitior which prevailed in February and March, had frequently its origin in cold, was short in its duration, mild in its symptoms, with great tendency to diaphoresis, which in numerous instances was decidedly critical, and was seldom accompanied by petecchiæ. The chief peculiarity of this fever was, that after a complete remission of the symptoms, such as seemed to promise a speedy convalescence, relapses frequently took place, and these in some cases more than once in the same patient. During this apparent amendment, which was generally

preceded by profuse sweating, the pulse was reduced to the natural standard, the tongue was clean, the secrétions natural, and the patient was anxious for food, and in some instances was put upon diet. These relapses, however, proved almost always more severe than the original affection.

On the other hand, the cases admitted in the latter end of May, June, July, and November were of a more severe form, and characterised by more distinct typhoid symptoms, such as, greater prostration of strength; petecchiæ; muttering delirium with somnolency; subsultus; tympanitic abdomen; involuntary alvine dejections of an intolerable fœtor, and which were sometimes malænous, sometimes hæmorrhagic. In many cases there were chest complications; in some, spasmodic rigidity of the muscles of the superior extremities; and in a few instances, particularly in individuals of an advanced period of life and of broken down constitutions, anthrax occurred: yet these cases may be considered as sporadic and endemic, the number of admissions being so much below the average standard, as to relieve the managers of the Institution from any apprehension of fever of an epidemic character.

The symptoms of Typhus, no doubt, vary in different epidemics, whether in relation to the period of invasion, to the mode of succession, or in their combinations: but their nature is almost always the same. Into the details of these, however, the writer does not deem it necessary to enter. An abstract of the following cases may not be altogether uninteresting:—

A female aged 40 was admitted 10th May, 1844, being then seven days ill; there was great prostration: suffused eye: confused intellect: petecchiæ: delirium at night. She died on the fourth day from her admission. In this case, the tongue commenced cleaning from the edges, and evidently announced, I may say, amendment; but as the other symptoms did not keep pace

with this improvement, a favorable issue was not to be expected.

A male aged 45, shoemaker, brother to the above, was admitted on 14th June in the low typhoid form of fever: he was uncertain as to the date of his illness, but attributed it to depression of mind caused by the death of his sister: the symptoms varied but little from the preceding case: he died on the third day after his admission into hospital.

A female aged 14, daughter of the first case, also died on the fourth day after admission; she also attributed her illness to the depression of mind caused by the death of her mother. In this case the head symptoms were most severe, with a perfectly clear eye and clean tongue, accompanied by numerous dun coloured petecchiæ. She died on the 10th day of fever.

The fourth was the case of a boy aged 12, admitted in June, 1844. On the 9th he felt chilly on his return home from bathing; on 11th, at breakfast, he let the teakettle fall from his hand, which was the first decided indication of his illness; from this moment he took to his bed and a most severe form of typhus set in, accompanied by urgent head symptoms; petecchiæ; and followed by a tedious convalescence. He was dismissed on the 28th of July.

It is not a little remarkable that the above cases were admitted from the same street, although not from the same house. Another family of the name of Fox, consisting of twelve individuals, were admitted in succession in the latter part of 1845, labouring under typhus; the disease commencing with the youngest child; then the mother; last of all the father, who had the worst symptoms and longest convalescence: all however eventually recovered.

Another case of Typhus fever succeeding despondency and great depression of spirits occurred in a female, aged 17, of a full habit, florid complexion; admitted 2nd

September, 1845, and seventh day of her illness: great prostration of strength; prominent papular petecchiæ; severe head-ache; eyes suffused; respiration difficult, with slight dulness on the right side; abdomen soft. On the 3d, she was bled to the extent of eight ounces; head shaved and ordered to be repeatedly sponged with vinegar and water; antimonial mixture every third hour. On the 4th, the chest symptoms appeared to be relieved; from this period, nothing very remarkable occurred until the 9th, when there appeared great tendency to coma; epispastics were applied to the head and a blister to the dorsal spine; on the 10th, there was more consciousness; petecchiæ were observed to be declining; she was ordered four ounces of wine on the 7th, which was continued until the 12th, when it was increased to six ounces, with beef-tea; on the 22nd a slight inarticulation in her speech was observed, with partial paralysis of the muscles of the right side of the face; these paralytic symptoms had disappeared on the 25th, from which date she continued to improve, and was discharged perfectly convalescent.

Epidemics of Typhus are frequently developed under the influence of causes which are evident, and which probably possess the common character of introducing into the system some deleterious principle, which not only acts on the blood, the nature of which it alters, but also on the functions of innervation, which it considerably modifies. Nevertheless, epidemics of typhus often arise, without it being possible to trace them to any appreciable cause. The typhoid poison is supposed by some pyretologists to exist at all times diffused through the atmosphere of certain countries, from the fact, as they say, of typhus fever being peculiar to countries of a certain latitude, and entirely unknown between the tropics, and diminishing in intensity in proportion as we approach them; but we cannot at all times refer these visitations to the state of the atmosphere, since we have seen them occur in all possible conditions of the air.

The author would refer to the different Reports emanating from this Institution, detailing the history of the several epidemics, more particularly those that have occurred since the foundation of this hospital in the year 1804: also to the extremely valuable and highly interesting work on the causes of epidemic fevers in Ireland, by Dr. Harty of this city.*

It has been considered by many that when individuals have suffered from the more severe forms of Typhus, accompanied by an eruption of petecchiæ, those individuals derive an immunity not only from a second attack of the typhoid fever, but also a considerable degree of exemption from the eruptive fevers, as for example, Rubeola and Scarlatina: but I have elsewhere stated, that there is no ground for this assertion, as extensive observation has led me to think there is no such security; and since the publication of my last report, abundant proofs to the contrary have occurred. I shall on the present occasion add one remarkable instance, which was noted by me at the time. A girl named Stafford, aged ten years, was admitted on the 12th May, 1840, in continued fever, during the progress of which, an extensive crop of petecchiæ was well developed. She was discharged convalescent on the 24th of June. On the 8th of November this patient was re-admitted labouring under Scarlatina, and dismissed convalescent on the 20th of the same month.

The second variety of fever, to which I have given the name of Inflammatory, prevailed chiefly in January and December, 1844, and also in March and April, 1845. It was distinguished from the preceding by the absence of the great prostration of strength, of somnolency, of petecchiæ, and of any marked disturbance of

* Historic Sketch of the Causes, Progress, Extent and Mortality of the Contagious Fever epidemic in Ireland during the years 1817, 1818, and 1819: By William Harty, M.B. Dublin, 1820.

the nervous system. The most frequent, and in very many instances, the most formidable complication of this inflammatory fever, during the above period, was bronchitis, and to this concurrent affection is to be attributed the greater mortality during these months, than before or subsequently, as exhibited in the table. This complication, however, presented itself with very different degress of severity in different cases. On some occasions, though it accompanied the fever throughout its entire course, and sonorous or sibilant *rales* were all along audible over a considerable portion of both sides of the chest, yet the breathing was but little hurried, the cough was trifling, and the pectoral symptoms neither required or received any particular attention. But in its severe forms, and without any marked difference in the physical signs, the bronchitic affection formed the prominent and unmanageable part of the disease; the respiration was high, laborious, and frequent; the cough very distressing, occurring in paroxysms or kinks more or less prolonged, and attended with expectoration of thick, ropy, viscid, but colourless, mucous sputa; the countenance was suffused, dusky, and somewhat tumid; and the patient was heavy, dull, drowsy, without, however, the stupor or confusion of intellect that characterises typhus. These cases were not benefited by bloodletting, not even by local bleeding, though employed at an early period of the attack; neither did they bear depressing treatment, as the solution of tartar emetic, well. When the disease was somewhat advanced, blisters to different parts of the chest, with the administration of stimulants internally, as wine, camphor, ammonia, and polygala constituted the most efficient remedial measures; in the earlier stages, great benefit was derived from calomel and hippo in small doses frequently repeated, but not continued so long as to produce mercurialization, and followed by blistering. The aspect of the patient, and the urgency of the pulmonic symp-

toms, in those severe forms of the disease, might suggest the idea of the existence of pneumonia or pleuropneumonia, and mislead an inattentive or inexperienced observer; and this mistake was the more likely to occur, as stitches and pains in the chest, no doubt pleurodynic, were often loudly complained of. But the widely diffused and intense bronchitic *rales* indicated the real nature of the affection, while the absence of any marked dulness on percussion, of crepitating *rale*, or signs of solidification, and, it may be added, of the characteristic pneumonic sputa, excluded the existence of pneumonia.

These cases afford a striking exemplification of the advantage to be derived from the employment of auscultation, for the purpose of determining the precise nature of the thoracic complications in fever, as if Pneumonia were present a totally different line of treatment would have been required. In fact, a few cases of fever complicated with Pneumonia, in which not only bloody sputa, but, in two instances, considerable hœmoptysis existed, occurred at this same period, and were greatly benefited by bleeding,—sometimes general, but more frequently local bleeding,—followed by the use of tartar emetic.

A third case occurred in a man, aged 22, a coachmaker, who was admitted on the 16th of May, 1844, suffering from considerable thoracic hæmorrhage; he was relieved by venesection and the use of acetate of lead and opium. He was removed to the convalescent side of the hospital on the 22nd of June. On the 29th he relapsed, and the most severe form of typus gravior set in, of which he died on 19th of July.

The following case, which was in hospital a considerable length of time, under the successive care of myself and several of my colleagues, and at length terminated in my wards, seems to me to deserve a place in this Report.

A. B. a female, not married, aged 27, was admitted from 103, Thomas-street, into hospital, December 6th, 1843, labouring under a recent attack of suffocative dyspnœa. She was instantly bled largely from the arm, and put on solution of tartar emetic; these measures produced such immediate relief, that, at the visit the following morning, she stated she was quite well, and. indeed, presented the appearance of the most perfect health; she was middle-sized, rather fleshy, but well-formed and robust, face florid, hair dark. A few days after, she called my attention to a painful swelling in the upper part of her chest, for which she said she had been under medical treatment during the whole of the previous month; that the treatment, leeching, fomentation, and poultices to the part, had so completely removed the pain that, towards the end of the month she was considered cured, but that a day or two before admission, it had again become troublesome. On examination, the region of the cartilages of the second, third, and fourth ribs on the right side of the chest, and the adjacent edge of the sternum, appeared to be pushed forward, forming a slightly elevated but distinct oblong swelling, somewhat more prominent between the second and third cartilages than elsewhere. The skin covering it presented a slight pinkish tint. A strong shock was felt by the hand placed on it. On applying the stethoscope, a loud double sound was found to accompany the impulse, and both to be most strongly marked at the most elevated point of the tumour. Both the impulse and double sound were also perceptible over the whole front of the right side of the chest, from the clavicle to the mamma, but with diminished intensity. In moving the stethoscope from the tumour towards the left side and precordial region, the impulse became gradually insensible, and the loud double sound was replaced by that of the heart, which was feebler. The tumour was exceedingly tender on pressure, so much so, indeed, as to

render an examination of it very difficult; it was, however, ascertained to be remarkably dull on percussion.

The pain was referred chiefly to the tumour, but she described it as extending occasionally into the axilla, and through the chest to the infra-spinal region of the right scapula, and as being aggravated from time to time in paroxysms. The respiratory murmur was very feeble throughout the entire of the right side; in the left, on the contrary, it was distinct and even loud, especially superiorly. Besides the pain, she complained of a feeling of stuffing in the chest, and of cough. The pulse was regular—80, and equal in both arms. She stated that she had felt pain or soreness in the part, for the first time, about four months previously; this gradually increased, and was followed by a pulsation there, which was apparent to the eye; at this time also she had some difficulty of swallowing, which, however, soon disappeared, and her breathing, which had previously been excellent, began to be short.

The nature of the disease was at once diagnosed from this examination. It was subsequently ascertained that, a day or two before she first complained of the pain, she had, in a squabble in the street, received a severe blow of a policeman's baton in the part of the chest where the swelling existed. During the remainder of her life, a period of about four months, the symptoms underwent little change except in intensity. The feeling of stuffing and oppression in the chest gradually increased; the cough became more teasing and troublesome; the expectoration, always scanty and generally mucous, was occasionally tinged with blood, and sometimes small dark clots of blood were spit up; the pains, which were sometimes described as burning, sometimes as lancinating, became more severe and continuous, but were still occasionally greatly aggravated in paroxysms; the recumbent position, and especially on the left side or on the back, brought on and increased the pains, and

also the sense of stuffing in the chest, so that, for the last three months, she almost constantly sat up in bed. The protrusion of the chest gradually increased, until, at length, the whole superior part of the right side of the chest and the mammary region projected in the form of a large globular tumour. About three weeks before death, the face, neck, chest, and superior extremities became gradually œdematous; this œdema increased during the last week with great rapidity, so that in the end those parts were enormously distended. For the last twenty-four hours she was in a semi-comatose state, which continued to become more and more marked till death, which took place, without any agony, in the night of the 25th April, 1844.

The treatment adopted was merely palliative; the pains were relieved by occasional applications of leeches, and by opium internally; and the cough by sedatives and demulcents.

On opening the chest, which was effected by dividing the cartilages of the left ribs and separating both clavicles from their sternal articulations, the aneurismal tumour was found to be intimately adherent to the upper half of the sternum, and to a considerable portion of the anterior parts of the first, second, third, and fourth ribs on right side. Being detached from its connexions with these parts, it was seen to be nearly as large as the head of a new-born child, and quite full of coagulum, which was soft and apparently recent, presenting but slight appearances anywhere of laminated arrangement. It arose from the aorta, midway between its valves and the origin of the arteria innominata, by an opening that would admit three fingers. Posteriorly it was connected by loose cellular tissue to the œsophagus, and to the trachea just at its bifurcation; but neither tube was flattened or distorted. The sternum, where the sac adhered to it, was completely excavated and rendered rough and thin; and, in two places on its right side,

between the attachments of the first and second, and second and third cartilages, the bone was altogether removed; the bony structure of the ribs also, with which the sac was connected, was denuded and corroded.

The heart was large, but healthy. The valves of the aorta were also healthy, but the vessel itself was much diseased to some distance beyond the origin of the aneurism. Its coats were thickened; its lining membrane was highly vascular in patches, some of which were of a deep dusky red, others of a florid red colour; and it was at the same time uneven and rough from deposits beneath it of various degrees of firmness, some of which had the hardness and sharpness of spiculæ of bone. These alterations were most marked around the opening that led into the sac.

The preparation is in the possession of my colleague Dr. Thomas Brady, by whom the existence of the aneurism was diagnosed.

Delirium was not a usual symptom in this form of fever, till near its termination, when it was of the low muttering kind, and accompanied with stupor and somnolency. There were, however, some remarkable exceptions. In January a woman was admitted with febrile symptoms which were apparently slight, with the exception of headache, which she described as intense and distressing; there was not the slightest suffusion of the eyes. Delirium set in during the evening of the day on which she was admitted, and she died on the following.

In the case of a man of temperate habits, who was admitted about the same time, delirium also occurred suddenly and unexpectedly, and was followed by death in a very short space of time.

The following case appears to be an example of fever with delirium produced by fright or mental emotion:—

J. N., aged 26, chimney-sweep, left his house in the morning, in perfect health, to assist in sweeping chimnies

at Beggar's-bush barrack; while engaged at his work he lost his balance, and was in the act of falling from the roof of a high building, when he saved himself by clinging to a spout, from which he remained suspended until his strength was almost exhausted, before assistance arrived. On his return home, about 2 o'clock, he appeared quite well, detailed to his family with perfect calmness all the circumstances connected with the accident, but continued to recur frequently, from time to time, during the course of the evening, to the 'providential' escape he had from death. In the night he awoke from sleep excited, and talking somewhat incoherently on the same subject. The following morning he was admitted in high fever, with violent delirium. He lived twenty-eight days, having become completely paralysed for some time before death. The delirium continued from the time of his admission till a short time before he died, when consciousness returned for a little, and he recognised his wife.

The disease, in the suddenness of its onset and in the course of its progress, exhibited some features of delirium tremens; but on inquiry it was ascertained that he had always been a man of remarkably temperate habits.

Having alluded to delirium tremens, the writer may take this opportunity of stating, that the cases of this disease, admitted into hospital during the two years included in this report, though by no means numerous, exceeded, in point of number, those admitted during the whole preceding period since the temperance movement began to exercise its beneficial influence on society.

Dr. Cless of Wurtemburg has called the attention of practitioners to the remarkable, and, according to him, truly specific effect of digitalis in this disease. Of thirteen patients labouring uuder this affection, and treated by the infusion of digitalis, two only proved unsuccessful. It would appear from the accounts, that the favourable results were owing to the narcotic effects of

the remedy. As the writer has not prescribed the medicine except in combination with other narcotics, he is unable from actual observation to bear testimony to the value of the medicinal virtues of the drug in this disease.

Rheumatic fever, or acute rheumatism, with a high degree of febrile reaction, occurred at all seasons indiscriminately; but the cases in hospital were more numerous towards the close of 1844 than at any other period. It prevailed more amongst females than males, which is the reverse of what usually happens. In several instances, the patients were below the age of puberty. One little girl, admitted at the age of thirteen, had suffered from repeated attacks of the disease since her ninth year, to such an extent that she now presents the aspect of premature old age, and her fingers are distorted and crippled by complete nodosity.

The connexion between acute rheumatism and disease of the heart and its fibro-serous covering, first perceived by Pitcairn in 1788, has been placed in so clear a light by the researches of Bouillaud, that no physician can allow his attention to be for a moment withdrawn from that important organ, during the treatment of this disease. It must also be borne in mind, that those inflammatory affections of the heart, pericarditis and endocarditis, which constitute such common complications of rheumatism, and especially the latter, often make considerable progress before a suspicion of their existence is awakened by the occurrence of any of those general symptoms, such as præcordial pain, dyspnœa, &c., which might be expected to announce them; and that in such cases, it is only by regular and careful examination of the præcordial region, and watchful attention to the developement of their physical signs, that we are made aware of the presence of those formidable maladies. This fact, which is now universally acknowledged by those who have had much experience in the treatment of acute rheumatism, places in so strong a light the ne

cessity of constant reference to the physical phenomena of the heart's action in the course of this disease, that it is scarcely requisite to add any thing to enforce its importance.

The reporter, however, may observe that with respect to the general or rational signs, as they are called, not only may they be entirely wanting at a period that auscultation distinctly reveals the existence of pericarditis or endocarditis, or of both, but that when they are present, they do not by any means always furnish an accurate representation of the extent or severity of these affections. Thus the præcordial pain, for example, so much relied on by some, may be loudly complained of when the inflammatory complication is comparatively trifling, and, on the contrary, the pain may be but slight when the disease is advancing and extending with fearful rapidity. The same observation is, to a certain extent, applicable to the dyspnœa, to the palpitations as felt by the patient, and to the faintishness. Besides, not unfrequently in such cases very severe pain is complained of in the left side of the chest, which is merely rheumatic or pleurodinic, but being mistaken for an inflammatory affection of the heart, excites much unfounded alarm, and hurries the practitioner into the adoption of a line of practice which is not only quite unnecessary but often highly prejudicial.

The writer has in a former report of the hospital detailed the case of a patient, who, after having suffered from a severe attack of acute rheumatism complicated with pericarditis, became, while in the convalescent ward, affected with Typhus of the most severe form, from which he recovered.

The writer has at present under his care a female, aged 27, who was admitted into hospital, labouring under an attack of severe rheumatic synovitis. During the progress of the disease, metastasis took place, and seized on the digestive organs, with vomiting and pain referred

to the stomach and duodenum; although the cases are rare, yet there can be no doubt that the muscular portion of the digestive organs, may be affected equally with the other muscles of organic life. In Haygarth's Clinical History of Diseases, only two cases attended with vomiting are noted, and one where the rheumatism appeared to be translated to the stomach. The rarity of such a connection, the author states, confirms rather than confutes Dr. Cullen's opinion, that the stomach was not affected by rheumatism, but only by gout.

In Dr. O'Brien's Report for the year 1829, there is an interesting and instructive case of this disease detailed, in which metastasis to the brain took place, and proved fatal in twenty-four hours.

The fever which was chiefly prevalent during the greater part of the year 1845, was a mild form of inflammatory fever, of which indeed we have at all times some cases in hospital, and which, from the stomach and digestive apparatus being the organs that appear chiefly implicated, may be called gastric fever. It was almost invariably ushered in by a distinct rigor, followed by vomiting or at least nausea, and loathing of food; pain in the head, more or less severe, and pains in the back of the neck, along the entire spine, and in the inferior extremities, were seldom absent; the countenance was flushed, the tongue loaded with a white moist fur in the centre, and florid red at the tip and edges, the pulse frequent and firm; there was much thirst and a desire for cold drinks. In many cases diarrhæa was a very early symptom, and in some cases this appeared to have been brought on by large doses of saline, and even more drastic purgatives, taken on the first appearance of the symptoms, a practice which is almost invariably adopted amongst the poor. This form of fever was in general very mild, and, except in children, was scarcely ever, in itself, fatal or attended with bad consequences. It seldom required or was much influenced by active treatment

of any kind. The headache and pains, though often loudly complained of, usually diminished, and gradually disappeared within the first week; if the pain of head continued, or was very severe, a few leeches to the temples were sufficient to remove it; the diarrhæa, in the early stage, seldom required any active interference, and when it did not exist, mild aperients, castor oil draughts, or enemata, were given with advantage; simple febrifuge remedies, as the aqua acetatis ammoniæ, with great attention to cleanliness and ventilation, and to keeping the patient cool by frequently sponging the forehead, face, and arms, formed the chief treatment in the majority of these cases. Children and young persons constituted a large proportion of those affected, and in the former, as we have already indicated, it sometimes proved not only severe, but fatal. In such cases, after the fever had run its sual course for five or six days, signs of cerebral inflammation appeared, and the child died with well marked symptoms of hydrocephalus. In persons more advanced in life also, very serious symptoms occasionally complicated this simple form of fever, and, considering its more sual progress, very unexpected results occurred. One or two cases may serve as illustrations. The diarrhæa, as has been remarked, in the earlier stages, could scarcely be considered an unfavourable sign, unless indeed it were very profuse; but in some instances it came on at a period when the fever seemed about to terminate, and rendered the convalescence very tedious and troublesome.

A hairdresser, aged 20, No. 135,835 in registry, was admitted to hospital, March 28th, labo ring under this form of fever; he had been eleven days ill at the time of admission, and neither then nor for some days after was there any thing in the case to excite apprehension. Indeed he appeared to be recovering when he was attacked with bilious diarrhæa, the pulse at the same time increasing in frequency, and the tongue, which was fast clean-

ing, becoming dry and covered with a brown fur. The diarrhæa for some time obstinately resisted all treatment, and during its continuance an ulcer formed on the sacrum; when the bowel complaint at length ceased, it left him very feeble and greatly emaciated. He however began to improve, and for some time he appeared to be gaining ground steadily, but slowly, so that it was obvious his convalescence must be tedious. In the latter part of April he complained for one or two days of soreness of the throat, but it had passed away and was forgotten, when on the 20th of May he was attacked with stridulous breathing and dyspnœa; leeches to the region of the larynx, followed by a blister, completely relieved him for a time; but a few days after, the symptoms returned in a much more aggravated form, and he died on the 2d of June.

The day before his death it was proposed to make an opening into the trachea, but from the broken down state of the man's health, the impossibility, in the state he then was, of ascertaining with any precision the real condition of the lungs, and a doubt as to the nature of the disease of the larynx, it was deemed, in consultation, not advisable to do so.

On examination after death, the glottis was found œdematous, the mucous membrane of the upper part of larynx thickened, and lymph effused over it in some places; the rest of the larynx was free from disease, and the lungs were healthy.

The following case, though it did not occur at the precise period to which we are now referring, will serve to show the untoward results that occasionally attend this mild form of fever.

M. W. æt. 12, a fine, robust, well formed girl, was admitted into hospital from Golden-lane on the 25th of June. On the 22nd of June, three young persons, aged 11, 13, and 16, were removed in the hospital carriage from the house she lived in, and on seeing them go

away, she was seized with severe pain in the head. On admission, the prominent symptom was pain in the forehead and anterior part of head; there was no marked prostration, no delirium, no stupor or confusion of mind. Her head was shaved, cold embrocations kept constantly applied to it, and purgatives administered. The following day leeches were applied to the temples, and subsequently a blister to the nape of the neck; small doses of calomel, frequently repeated, were ordered. Under this treatment, the pain in the head was completely removed; the other febrile symptoms rapidly subsided, so that about the eighth day after admission she was quite free from fever, and anxious for food. On awaking the following morning, she found she could not see, and, in fact, she was quite blind. On examination, she was found completely amaurotic; she had not a trace of vision; she did not seem to be able to distinguish her passage from complete darkness into the strongest light, although, at times, she thought she observed some difference between them. A great variety of treatment was employed without the slightest benefit; and as her health was beginning to suffer from confinement in the hospital, her friends removed her to the country. The writer saw her many months after, on her return from the country; she was then in excellent health, but still nearly quite blind; she could, however, distinguish light from darkness, and even the colour of some objects placed close to her. He has not seen her since.

The following case, which appears to have commenced with an attack of the form of fever above described, may naturally find a place in this report.

J. K. aged 35, a labourer, was admitted to hospital after being a week ill, and very badly cared during this time; the previous symptoms, as detailed by himself, appeared to be those of gastric fever. When seen the day after admission, he was dull and heavy, and there was more prostration of strength than was usual in such

cases, so that at first his appearance suggested the idea of Typhus; but his intellect was clear, and on inquiry it seemed probable that his sunken and prostrate state might reasonably be regarded as the result of the miserable and neglected condition he had been in, previous to admission. His face was pale, his pulse frequent and feeble, and his tongue dry and covered with a thick yellow fur; he complained of suffering pain in the left elbow and wrist, which he had first felt the day before. On examination, these parts presented the following appearances; the elbow was much swollen, especially posteriorly, and of a rose red colour; the colour was most intense in the posterior part, where also the tumefaction was greatest, and extended all round the joint, with the exception of an inch in breadth in the front of the arm, in which place the skin retained its natural colour; the swelling was very firm and resisting. From the swollen part a diffused, but much fainter redness extended half way up towards the shoulder, and down nearly to the wrist along the posterior aspect of the arm, unaccompanied by any tumefaction. On the back of the wrist of the same arm a circumscribed swelling existed, about the size of a crown piece, and quite like the former in feel and colour. He complained of pain in those parts, but they were not tender on pressure, nor was there any increase of pain from moving the articulations. No such inflammatory patches existed at this time on any other part of the body. Leeches were applied in the neighbourhood of both joints; pills of calomel, antimonial powder, and opium were directed every sixth hour, and he was allowed four ounces of wine in the twenty-four hours. The following day the elbow and wrist were free from pain, although not changed in other respects, and he felt better generally, and was much less depressed. He now however complained of pain at the top of the right shoulder, and on examination, another inflamed patch similar in colour to

the former, nearly regularly circular and about an inch in diameter, was found there; the part was tumefied, and soft or doughy to the touch. In the course of the next four or five days, similar inflammatory patches formed in succession over the outer ankle of left leg, at two places on the inside of the same leg, over the outer ankle of right leg, on two points a small distance above the inner ankle, and on the inside of the knee of the same limb, and on the top of the left shoulder. In some of the smaller patches, a single vesicle, about the size of a pea and circular in form, existed at the centre of the patch at the time it was first observed; these vesicles soon filled with purulent matter, and gradually shrunk, leaving a slight scab. On the larger patches several such vesicles appeared, and followed the same course. All the inflamed parts also, with the exception of two, gradually returned to their natural state; but the inflamed patches on the inside of the right knee and the top of the left shoulder continued to extend, accompanied with much tumefaction, till both these joints were surrounded by a large diffused swelling of a faint red colour, very tender to the touch or on motion of the joint. Active antiphlogistic measures were employed; the inflammation, however, proceeded, and fluctuation becoming very distinct, an opening was made in each, giving exit to much pus, which continued to come away for a considerable time afterwards. During all this time, scarcely any constitutional disturbance was manifested. In the end, the swellings completely disappeared, the openings closed, and he was dismissed quite well, having been one hundred and forty days in hospital.

In the autumn some cases of dysentery were observed, chiefly of a sporadic character, and which the writer was unable to trace to any manifest cause. This disease, in combination with, or as a sequel of fever, under peculiar circumstances, commits greater ravages than the sword. For example, in an account of the sickness among the

troops in Scinde, dated January, 1844, it is stated that, of a troop of horse artillery, one hundred and fifty strong, fifty returned alive, and of these, eight only fit for duty; of a company of infantry, one hundred strong, forty returned, and of these, four only fit for duty. One regiment had only one hundred and thirty-five out of nine hundred and fifty, fit for duty. At Sukkur, in December, 1843, only one in ten, out of a force consisting of three thousand five hundred men, were able to bear arms.

In a communication, also in the *Military Gazette* for May, 1844, it is stated that, 'the Rattlesnake, 2-troop ship, arrived at Portsmouth, on Sunday, 12th of May, from China, with two hundred and two invalids out of two hundred and sixty-eight originally embarked, dysentery having carried off sixty-six. One died on Monday, while the Echo steamer was taking the others out of the ship; thirty have gone to hospital. Of a party of thirty of the royal artillery, fifteen, including the commanding officer, died.

In Mr. Wilde's report upon the tables of deaths in the census of Ireland for the year 1841, dysentery is ranked as the eighth most fatal disease of the epidemic class, having carried off 10,744 individuals during ten years, in the proportion of 100 males to 68.42 females; being 1 in 110.51 of the deaths from all causes, and 1 in 35.48 of those from all epidemic diseases.

A case of cholera occurred in one of the nurses, ætat. 50, who was attacked on the evening of the 24th July, 1845, and who it appears had a slight diarrhæa for a few days previous, without having applied for any relief. The symptoms did not vary from those observed by the author in the epidemic of 1832, with the exception of the tongue not feeling as cold to the touch. She died on the fourth day of her illness.

In the class of Eruptive fevers, next to Variola, Scarlatina prevailed to a considerable extent, as I have already

remarked, within the period embraced by this report. This disease, in its extent and fatality of late years, has far exceeded any epidemics recorded by our ablest physicians. An abstract of the following cases will afford a view of the great diversity which prevailed in this exanthem, during the period alluded to. The first seven, although all cannot be included under the head Scarlatina, occurred in the same family.

1st.—A girl, aged 8, attacked February 15th with severe head-ache, intense redness of the throat, succeeded on the following day by the rash well developed; in this case there was extensive desquamation of the cuticle—convalescence.

2nd—A boy, aged 3, on the 22nd of the same month, with slight rash in the first instance, then the throat with enlarged tonsils, and tumefaction of the glands of the neck—convalescence slow.

3rd.—A girl, aged 10, on the 28th, with sore throat only, having had Scarlatina well developed when an infant.

4th.—An infant, aged 7 months, same time, with a slight rash only.

5th.—The mother, at the same period, with severe cynanche—no other symptom.

6th.—A boy, aged 5, suddenly with drowsiness and vomiting on 2nd of March.; rash appeared same evening; aphthæ on the uvula, with darker coloured erythematic redness on the uvula than on other parts of the fauces; convalescence extremely slow, viz.: not until the 23rd, leaving great emaciation.

7th.—The father, attacked with sore throat on the 23rd of March, and returned to his occupation convalescent on the 26th.

Of this number, the 4th, an infant, died of hydrocephalus at the age of 11 months.

8th.—A female, aged 24, admitted on the 18th May, with the eruption of Scarlatina extremely vivid; she

was quite well on the 14th; attacked with rigors and sore throat on the evening of 15th; rash appeared on morning of the 18th; severe muscular pains on the 24th, when the eruption was still vivid on the chest, with slight desquamation; 25th, declining on the extremities. Dismissed convalescent in June.

9th.—Case reported to me by Mr. Trant, of a child, aged 5, attacked with the most malignant form of the disease, followed by gangrenous stomatitis, and in whom the femoral artery was laid bare to the extent of some inches by sloughing.

Although great diversity obtains in Scarlatina, yet in practice it is highly important to ascertain when the disease is of an inflammatory nature, and when there is a tendency to typhoid symptoms even from the commencement. When the disease begins with great severity in the inflammatory type, the efflorescence is observed much earlier than in the milder forms of this exanthem.

Several mild cases occurred in July, 1845, but followed in numerous instances by anasarca; two of these were fatal. These observations were strongly confirmatory of a remark made in a former report, to wit, that the more severe forms of the disease, and in which the desquamation was most extensive, although accompanied by a longer convalescence, yet were more seldom followed by anasarca or by general dropsy.

The author thinks it unnecessary to enter into any details respecting other unfavourable sequelæ of this disease; he cannot, however, avoid referring to an interesting communication by M. Barrier, on a remarkable case of œdema of the glottis, occurring in a child attacked with hydrops, the consequence of scarlatina.*

In cases of Scarlatina, but little attention, until of late years, seems to have been paid to the alterations in the condition of the renal secretion; towards the decline of

* Encyclograhie des Sciences Medicales, vol. xi. of the 4th series.

the disease, the urine will sometimes be found quite normal in the morning, while it is more or less decidedly albuminous in the evening. Professor Schoenlein of Berlin has, in a late publication, called the attention of practitioners to the state of the urinary organs in Scarlatina, which seem to me to merit notice. Among other judicious remarks he says, "There is a peculiar phenomenon that occurs in the convalescent state of this exanthem, which is interesting and worthy of notice in many points of view. That there is an exfoliation of the mucous membrane of the mouth and fauces, is known to every medical man; but few are aware that a similar process not unfrequently takes place along the whole course of the urinary organs. That such is the case may be discovered by examining the urine with the microscope. If this be done, we shall often find an innumerable number of epithelial scales, which to the unassisted eye look, in the mass, like a mucous sediment or opalescent muddiness." He is of opinion that this exfoliation of the mucous membrane of the uropoietic organs is the real cause, that predisposes the patient to that form of dropsy which is so apt to occur after Scarlatina, and in which the urine is so well known to frequently contain a number of blood globules, as well as a quantity of albumen. Such a condition of the urinary secretion may very reasonably be regarded, as indicating a state of high irritation of the mucous surface along which it flows. It is therefore a very natural and obvious deduction that a patient should never be pronounced quite convalescent by his physician, until not only the cutaneous desquamation has entirely ceased, but the urinary secretion also has resumed its healthy condition in every respect. If this rule were more uniformly followed in practice, many of the most unpleasant *sequelæ* of Scarlatina might unquestionably be avoided. The patient should be strictly guarded from cold. and the state of the urine be sedu-

lously watched for several weeks after the decline of the eruption.*

During the prevalence of Scarlatina, numerous cases of inflammatory sore throat were observed, in a few individuals resembling the diphtheritic inflammation described by Bretonneau and other French writers. One case occurred in private, which is so illustrative of the nature of these attacks, that the author is induced to give a sketch of it. He was a gentleman, æt. 28, of a robust constitution, who, after a fatiguing journey in the early part of November, 1844, was seized with rigors, followed by an increased acceleration of the pulse and intense head-ache; he was bled to the extent of sixteen ounces, which afforded some mitigation of the symptoms; in a few days after, he complained of sore throat, to which little attention was paid at the time. On the 15th there was considerable exacerbation of the febrile symptoms; pulse 130: head-ache; great thirst; difficulty in deglutition, and sleepless nights. On examining the throat, there did not appear to be any swelling, unusual redness, or any derangement of the functions of the parts, with the exception of a very slight inflammatory blush on the back of the pharynx, which, in a day or two, was covered with a thin membranous pellicle. Leeches were applied externally; antimonials exhibited; gargarismata acidulated with nitro-muriatic acid prescribed, and the fauces were touched with a strong solution of nitrate of silver. The febrile symptoms continued with various degrees of intensity for the space of six weeks, during which period repeated examinations with the stethoscope were made, when no trace of disease, either of the lungs or of the bronchial tubes, could be detected. About this time the patient, after having taken a dose of his antimonial mixture, and while in the act of gargling the throat, vomited up a pseudo-membranous concretion

* Vide Medico-Chirurgical Review, vol. 3, N. S., p. 184.

of a tubular form, and of considerable length, which at first appeared to be the lining membrane of the œsophagus; from this date he rapidly recovered. The author has no doubt that, in this case, the diphtheritic inflammation extended from the internal tunic of the pharynx to the œsophagus.

In an interesting communication in the Medical and Physical Journal, Dr. Gregory of London, has detailed three fatal cases of croup, where the disease evidently began as cynanche, the inflammation spreading down into the larynx and trachea, and destroying life. These cases are of great importance in a practical point of view, showing the extension of inflammation from the fauces to the air passages.

It has been remarked, that there is a considerable analogy in the formation and development of the false membrane, in cases of croup, and the pseudo-membranous concretion of the diphtheritic inflammation. Nevertheless, these diseases differ not only in their nature, but also as to the parts affected. In the first, the affection is almost always local, while in the second it is often symptomatic, either preceded by, or concomitant of fever. The one has its seat in the aeriferous tube, the other in the mucous membrane of the alimentary canal; and we never observe either of these affections attack, at one and the same time, the pharynx, œsophagus, larynx, and trachea.

During the summer and autumn of 1844, as also in the latter part of the year 1845, Erysipelas occurred frequently, both in private practice and in hospital; many persons were attacked after their admission, some during convalescence from the worst forms of maculated fever. The disease exhibited different characters in different individuals; thus, of two adults, both in the employment of knackers, as they are termed, and who were admitted from the same house, although at a considerable interval of time, the one was attacked with the

phlegmonous erysipelas, terminating in the formation of numerous abscesses, which proved fatal in the course of some weeks; the second individual, who had some abrasions of the skin and chaps on his fingers, was attacked with early delirium, considerable tumefaction of the scalp, eyelids, and face, gradually diffusing itself to the throat and chest, which rapidly assumed a gangrenous appearance, and proved fatal on the fourth day from admission. In neither of these cases did there appear any vesications or pustules; the second, however, might more properly be considered an erythema gangrenosum. In the one case, the constitutional condition was unhealthy; in the other, the habits of the individual were reported to be intemperate.

Gangrenous erysipelas also proved fatal in a child in whom it was found necessary to open a small tumour in the neck.

Another instance which proved fatal on the third day from admission, occurred in a female, aged 20, admitted from Chancery-lane, with diffuse inflammation of the face, throat, and chest; lividity of the nose and parts of the inferior extremities. On the face and different parts of the trunk there were a few phlyzacious pustules, giving rise to the supposition that the case was one of glanders. No satisfactory history, however, could be obtained, as to the origin or cause of the affection. There was no abrasion of the cuticle, or any wound to account for the absorption of an animal poison. True, these are not always necessary, as it is ascertained that each tissue of the body has the property of absorbing poisons; so much so, that the poison of the plague proves infectious through the medium of the skin, and even without any abrasion of the cuticle.

Mr. Travers, in his work on Constitutional Irritation, has made some judicious observations on this affection. He remarks, that gangrenous erysipelas is distinguished from gangrenous inflammation by the prior existence of

the erysipelas, and its confinement to the integument, though diffused over a large extent of surface, as the entire or the half of a limb, for example. In gangrenous inflammation, there is no such diffused swelling and redness as belongs to erysipelas, prior to the appearance of the phlyctenæ or sphacelated spots. When actual death has taken place in erysipelas of the trunk or limbs, the signs of distinction become faint, and would vanish altogether, but that the extent and circumstances of origin of gangrenous erysipelas seldom permit of the maintenance of life long enough to observe the phenomena peculiar to it.

About the same period, Erysipelas prevailed in different hospitals in the city. Professor Wilmot informed the writer that he operated on a man for cancer in the lip, when general erysipelas followed, and carried off the patient in a few days. This, and some similar instances, rendered a suspension of surgical operations necessary, except in cases of great emergency.

Whilst erysipelas might be said to be epidemic in the several hospitals in 1844, puerperal fever prevailed in the lying-in institutions. Dr. Gordon, in his account of an epidemic puerperal fever which prevailed in Aberdeen, has directed attention to the analogy between this affection and erysipelas, and states, from unquestionable proofs, that the two epidemics, viz.: of puerperal fever and erysipelas, began at the same time, and afterwards kept pace together; they both arrived at their *acmé* together, and they both ceased at the same time.

That erysipelas accompanied the epidemic disease of lying-in women, of the years 1787 and 1788, described by Dr. Clarke, would appear from the following observation, in which it is stated that, "Inflammatory diseases have been extremely unfrequent, or if they have occurred, they have been principally of the erysipelatous kind.' Mr. Travers, in his observations on erysipelas of the reflected membranes, seems to be of opinion that a large

proportion of the puerperal cases are cases of erysipelas. The diffusion of the inflammation over the cavity, the non-production of adhesions, and the presence of flakes of albuminous matter floating in a curd-like serum, the sudden prostration of power, and the strongly-marked property of communication, whether by contact or atmosphere, lead him to consider it as of this description. There seems to be little doubt that puerperal women are subject to two kinds of peritonitis, one of a simple inflammatory kind, the other erysipelatous; this view of the matter, Dr. Forbes observes, will furnish some explanation of the various and opposite modes of treatment which, at different times, and by different practitioners, have been practised and recommended. The erysipelatous form of peritonitis is not confined to the puerperal state; in confirmation of which, the writer would refer to the case of a nurse, ætat 45, who had been engaged in attendance on several fatal puerperal cases, and who herself fell a victim to the erysipelatous form of peritonitis, which proved, on dissection, to be of the same character as that occurring in lying-in-women. Some interesting examples of the same nature are noticed by the author above-cited.*

A case of Pemphigus occurred in a child, admitted into hospital along with his mother, who was in continued fever, in February, 1844; the disease commenced about six weeks previous with febrile irritation, which was considered to arise from teething, followed by the formation of a vesicle or 'white blister' on the left shoulder, succeeded by two others on the left arm, which suddenly became black; these were followed, in some weeks after, by similar vesicles, distended with a pellucid serum on the left foot and right cheek; these latter, on the sloughs falling off, left a more irregular ulcerated surface than those on the arm, which were circular, with defined edges,

* See British and Foreign Medical Review, vol. 2, p. 25.

and had the appearance of ulcers caused by burns. Attention was principally directed to the constitutional symptoms; the cold infusion of bark administered, with chicken broth and a moderate quantity of wine; cataplasms of yeast were applied with advantage to the gangrenous sores, and when the sloughs came away, the ulcers were dressed with the mildest unguents, by which means, they in a short time, put on a healthy appearance, and the child was finally dismissed convalescent.

The following case of Pemphigus Gangrenosus occurred some years since, of which the accompanying drawing exhibits a very faithful representation. A girl, ætat 4, was attacked with erysipelas of the face, which terminated in the formation of an abscess behind the right ear, extending down the neck, and which was opened, and exit given to a large quantity of matter. In a few days after, small white blisters or phlyctænæ were observed to form in succession on the back, behind the left ear, and on the back of the head, at first about the size of a pea, circular, and which, in forty-eight hours, increased in dimension to the extent of half an inch in diameter, then filled with a pellucid, yellowish, lemon-coloured serum; afterwards the cuticle suddenly became gangrenous, and the slough began to be detached at the circumference, which gradually formed a cone towards the centre, and ultimately came away, leaving a tolerably healthy ulcer, with well defined edges. In some of the spots, the phlyctænæ became at once gangrenous, without the intervention of the sero-purulent pellicle; in no instance did the ulcers spread beyond the circle delineated in the drawing. At the expiration of three weeks the child was removed to the country. The author regrets he has not any note of the ultimate termination of the case; but as well as recollection serves him, he thinks that from the constitutional irritation and the cachectic habit of body, the disease terminated fatally.

Pemphigus is a disease of very rare occurrence, and either in its acute or chronic form is accompanied by considerable constitutional disturbance. Although this curious disease, the symptoms of which have been long known to the people in this country, was first described by Dr. Stephen Dickson in the first volume of the Transactions of the Royal Irish Academy, Dr. Whitley Stokes, however, has the merit of calling the attention of the profession to the disease as it occurs in children, and to which he has given the nomenclature adopted by the writer in this report.* He recommends the use of the ointment of scrophularia, as a substitute for the complex preparation taken from the codex of nurse-tenders. No doubt many topical remedies may be employed with different degrees of success, but from the numerous instances met with many years since when engaged in dispensary practice, the author would observe, that the practitioner must principally look to the regulation of the disturbed state of the constitution which generally precedes the local disease. In the history of the disease described by Dr. Stokes, the various denominations are given, under which this affection is known in Ireland, such as, 'white blisters,' 'eating hives,' 'burnt holes;' but on reference to the case as delineated above, these different synonymes only express the several stages of the same disease.

Since the author's last report, Variola or small pox has prevailed to a greater extent, both in the confluent and modified forms, than formerly. From the subjoined table of the cases, there would appear to exist among the poorer classes an increasing carelessness or aversion to vaccination, from a belief that it does not afford adequate protection against the occurrence of the small pox. Nevertheless, the last report of the Cow-pock Institution in this city affords satisfactory evidence of the undiminished

* See Dublin Medical and Physical Essays: Dub. 1803.

confidence of the public in vaccination. According to the last Census returns, the mortality from small pox is about one half that of fever; the total number of deaths from this cause during the ten years amounted to 58,006, in the proportion of 100 males to 96.45 females; and as the characters of this disease are perfectly well known to all the inhabitants of this country, it may be safely inferred, that although this number may not include all who died of that affection, yet the deaths specified under this head do not include those from other diseases.

The proportion of this to the general mortality appears from the returns to be 1 in 20.46, and compared with all of the epidemic class, 1 in 6.57, being, next to fever, the most fatal epidemic affection in this country.' Mr. Wilde observes, "it is remarkable that, in proportion to the general mortality, small-pox has proved most fatal in the country parts, while fever has principally raged in towns and cities, although the same influences tended equally to the propagation of both diseases. This fact still further proves the great importance of an extension and general adoption of vaccination in this country, for it is chiefly in the rural districts that the natural pock is still maintained.

APPENDIX.

ABSTRACT OF ONE HUNDRED AND EIGHTY-SIX CASES OF SMALL POX.

No.	Sex.	Age.	Nature of Disease.	Whether Vaccinated.	Result.
1	Female ...	17	confluent	not vaccinated	died.
2	Female ...	8	distinct	do.	recovered.
3	Female ...	5	distinct	do.	recovered.
4	Female ...		distinct	do.	recovered.
5	Male ...	15	confluent	do.	died.
6	Male ...	6ms.	distinct	do.	recovered.
7	Female ...	6ms.	distinct	do.	recovered.
8	Male ...	18ms.	confluent	do.	died.
9	Female ...	18ms.	distinct	do.	recovered.
10	Female ...	7ms.	confluent	do.	recovered.
11	Female ...	24	distinct	do.	recovered.
12	Male ...	1	distinct	do.	recovered.
13	Male ...	30	distinct	vaccinated	recovered.
14	Male ...	19	confluent	not vaccinated	recovered.
15	Female ...	20	confluent	do.	died.
16	Male ...	7	confluent	vaccinated	recovered.
17	Male ...	20	confluent	do.	recovered.
18	Female ...	22	confluent	not vaccinated	recovered.
19	Female ...	9	distinct	do.	recovered.
20	Female ...	10	distinct	do.	recovered.
21	Female ...	11	confluent	do.	recovered.
22	Female ...	8ms.	confluent	do.	died.
23	Male ...	20	confluent	vaccinated	recovered.
24	Female ...		confluent	not vaccinated	died.
25	Male ...	8ms.	distinct	do.	recovered.
26	Male ...	5	confluent	do.	died.
27	Male ...	1	distinct	vaccinated	recovered.
28	Male ...	18ms.	confluent	do.	died.
29	Male ...	5ms.	distinct	not vaccinated	recovered.
30	Male ...	7	confluent	vaccinated	died.
31	Female ...	7ms.	distinct	not vaccinated	died.
32	Female ...	17	confluent	do.	recovered.
33	Female ...	24	confluent	do.	died.
34	Female ...	1	confluent	do.	recovered.
35	Female ...	2	distinct	do.	recovered.
36	Female ...	3	distinct	do.	recovered.
37	Male ...	5	distinct	do.	recovered.
38	Female ...	9	distinct	do.	recovered.

No.	Sex.	Age.	Nature of Disease.	Whether Vaccinated.	Result.
39	Male ...	4	distinct	not vaccinated	recovered.
40	Male ...	16	confluent	do.	recovered.
41	Male ...	8	confluent	do.	recovered.
42	Male ...	10	confluent	do.	recovered.
43	Female ...	20	confluent	do.	recovered.
44	Female ...	15	confluent	vaccinated	recovered.
45	Male ...	2ms.	confluent	not vaccinated	recovered.
46	Female ...		distinct	do.	recovered.
47	Male ...	8	distinct	vaccinated	recovered.
48	Male ...	12	confluent	not vaccinated	died.
49	Male ...	30	distinct	vaccinated	recovered.
50	Female ...	14	confluent	not vaccinated	recovered.
51	Male ...	9	distinct	vaccinated	recovered.
52	Female ...	4	confluent	not vaccinated	died.
53	Female ...	15	distinct	vaccinated	recovered.
54	Female ...	3	confluent	not vaccinated	recovered.
55	Female ...	12	distinct	vaccinated	recovered.
56	Female ...	9	confluent	do.	recovered.
57	Male ...	8ms.	distinct	not vaccinated	died.
58	Male ...	21	distinct	vaccinated	recovered.
59	Female ...	8	distinct	do.	recovered.
60	Female ...	6	distinct	not vaccinated	recovered.
61	Male ...	9	distinct	vaccinated	recovered.
62	Male ...	13	distinct	not vaccinated	recovered.
63	Male ...	14	confluent	do.	recovered.
64	Male ...	1	distinct	do.	recovered.
65	Male ...	7	distinct	do.	recovered.
66	Male ...	4	distinct	do.	died.
67	Male ...	4	distinct	do.	recovered.
68	Female ...	10	distinct	do.	recovered.
69	Male ...	13	confluent	do.	recovered.
70	Male ...	14	distinct	vaccinated	recovered.
71	Female ...	18	distinct	do.	recovered.
72	Female ...	15	distinct	do.	recovered.
73	Male ...	5ms.	distinct	not vaccinated	recovered.
74	Female ...	12	confluent	do.	recovered.
75	Female ...	8	distinct	do.	recovered.
76	Female ...	1	confluent	do.	recovered.
77	Female ...	22	distinct	vaccinated	recovered.
78	Male ...	11	confluent	not vaccinated	died.
79	Female ...	10ms.	distinct	do.	recovered.
80	Female ...	15	distinct	do.	recovered.
81	Female ...		distinct	do.	recovered.
82	Male ...	7	distinct	do.	recovered.
83	Male ...	11	distinct	do.	recovered.
84	Female ...	19	confluent	do.	died.
85	Female ...	8ms.	confluent	do.	died.
86	Female ...	2	distinct	do.	recovered.
87	Female ...	12	confluent	do.	recovered.
88	Female ...	2	distinct	do.	recovered.
89	Male ...	4	distinct	do.	recovered.
90	Male ...	7	distinct	vaccinated	recovered.
91	Female ...	8	distinct	not vaccinated	recovered.
92	Female ...	16	confluent	do.	died.
93	Male ...	16	distinct	do.	recovered.
94	Male ...	8	distinct	do.	recovered.

No.	Sex.	Age.	Nature of Disease.	Whether vaccinated.	Result.
95	Female ...	16	distinct	not vaccinated	recovered.
96	Male ...	18	distinct	vaccinated	recovered.
97	Female ...	7	confluent	not vaccinated	recovered.
98	Female ...	5	confluent	do.	died.
99	Female ...	4	confluent	do.	died.
100	Male ..	9	do.	do.	recovered.
101	Male ...	8	do.	do.	recovered.
102	Male ...	3	distinct	do.	recovered.
103	Female ...	12	confluent	do.	recovered.
104	Male ...	10	do.	do.	recovered.
105	Female ...	12	distinct	do.	recovered.
106	Female ...	3	do.	vaccinated	recovered.
107	Female ...	9	confluent	not vaccinated	died.
108	Female ...	3	do.	vaccinated	recovered.
109	Female ...	8	distinct	not vaccinated	recovered.
110	Female ...	2	do.	do.	recovered.
111	Male ...	15	do.	do.	recovered.
112	Male ...	6	do.	do.	recovered.
113	Female ...	4	confluent	do.	died.
114	Male ...	9	do.	do.	recovered.
115	Female ...	15	distinct	vaccinated	recovered.
116	Female ...	2	confluent	not vaccinated	died.
117	Male ...	6	distinct	do.	recovered.
118	Male ...	15	do.	do.	recovered.
119	Female ...	20	confluent	vaccinated	died.
120	Female ...	15	distinct	do.	recovered.
121	Male ...	13	do.	do.	recovered.
122	Female ...	17	do.	do.	recovered.
123	Female ...	9	confluent	not vaccinated	recovered.
124	Female ...	8	distinct	do.	recovered.
125	Male ...	14	confluent	do.	recovered.
126	Female ...	8	distinct	do.	recovered.
127	Male ...	7	do.	do.	recovered.
128	Male ...	9	confluent	do.	recovered.
129	Female ...	5	do.	do.	died.
130	Female ...	2	do.	do.	died.
131	Female ...	10	distinct	vaccinated	recovered.
132	Female ...	8	do.	not vaccinated	do.
133	Male ...	9	do.	do.	do.
134	Male ...	3	do.	do.	do.
135	Male ...	13	do.	do.	do.
136	Female ...	13	do.	do.	do.
137	Male ...	4	do.	vaccinated	do.
138	Male ...	10	confluent	not vaccinated	do.
139	Female ...	20	do.	do.	do.
140	Female ...	7ms.	distinct	do.	do.
141	Female ...	3	do.	do.	do.
142	Male ...	6	do.	do.	do.
143	Male ...	5	confluent	do.	died.
144	Female ...	22	do.	do.	recovered.
145	Male ...	2	distinct	do.	died.
146	Female ...	7ms.	do.	do.	recovered.
147	Male ...	8	do.	do.	do.
148	Female ...	10	do.	do.	do.
149	Male ...	13	do.	do.	do.
150	Female ...	19	do.	vaccinated	do.

No.	Sex.	Age.	Nature of Disease.	Whether Vaccinated.	Result.
151	Male ...	16	distinct	vaccinated	recovered.
152	Female ...	14	do.	not vaccinated	do.
153	Male ...	6	confluent	do.	do.
154	Male ...	4	do.	do.	died.
155	Female ...	4	do.	do.	died.
156	Male ...	2	distinct	do.	recovered.
157	Male ...	3	do.	do.	do.
158	Male ...	8	do.	do.	recovered.
159	Female ...	13	confluent	do.	do.
160	Female ...	23	do.	do.	died.
161	Female ...	16	do.	do.	recovered.
162	Male ...	5	distinct	do.	do.
163	Female ...	4	do.	do.	do.
164	Female ...	2	do.	do.	do.
1 5	Female ...	1½	confluent	do.	died.
166	Female ...	3	do.	do.	died.
1 7	Female ...	20	distinct	vaccinated	recovered.
168	Female ..	7ms.	do.	not vaccinated	do.
169	Female ...	18	do.	vaccinated	do.
170	Male ...	1	confluent	not vaccinated	died.
171	Male ...	5	distinct	do.	recovered.
172	Male ...	3	confluent	do.	do.
173	Male ...	4	distinct	do.	do.
174	Male ...	3	do.	do.	do.
175	Male ...	2	do.	do.	do.
176	Female ...	10	confluent	do.	do.
177	Female ...	11ms.	distinct	do.	died.
178	Male ...	3	confluent	do.	died.
179	Female ...	20	distinct	do.	recovered.
180	Male ...	20	do.	vaccinated	do.
181	Female ...	7	do.	not vaccinated	do.
182	Female ...	18	do.	do.	do.
183	Female ...	1	confluent	do.	died.
184	Female ...	10ms.	distinct	do.	died.
185	Female ...	25	do.	do.	recovered.
186	Male ...	9	do.	do.	do.

NOTES TO SMALL-POX CASES ACCORDING TO THEIR NUMBERS.

8. Died in the secondary fever.

10. Vaccinated seven days prior to the invasion of small pox; but had not exhibited any signs of the success of vaccination.

13. A negro—in this case there was not very satisfactory evidence of the success of vaccination.

16. Disease confluent on the face: same remarks applicable in this case.

25. Attacked in hospital.

26. Died on the twelfth day of the disease.

28. No satisfactory evidence of successful vaccination.

30. Cicatrix indistinct.

31. Died on the twenty-third day from the invasion of the disease.

34. Admitted during convalescence.

58. Attacked in hospital.

78. Number of days in hospital, seventy-four.

83. Brother to 82—The mother of these children, aged 45, was admitted into hospital, labouring under continued fever; on her admission, she had a few pustules on the face, and on the nipples of the breasts, taken from her infant, who died in the confluent form of the disease, a few days previous to her admission; she also lost another child at the same time, of the age of nine years: not one of the family had been vaccinated.

85. Reported to have been vaccinated at the South-Union Workhouse; but did not appear to have succeeded.

86. Attacked in hospital.

89. Brother to 85. Had also been vaccinated at the South-Union Workhouse; but according to the statement of the mother, there was no appearance of any vesicle having formed; there is no cicatrix from the vaccine operation.

92. Died on the 12th day of the disease. Although in the table reported to have been 'not vaccinated,' yet her mother states that this girl bad been twice vaccinated, but that she does not recollect either operation to have succeeded: there was no appearance of any cicatrix to denote vaccination.

97. Attacked in Hospital—This individual was admitted along with several members of the family in continued fever with petecchiæ, during the progress of which, the head symptoms were most severe; she is marked in my journal as convalescent in the fourth week; during her convalescence, she was seized with rigors and other febrile symptoms, which at first led me to consider her case as one of relapse; but on the evening of the third day from the first invasion of these symptoms, there appeared the distinctive eruption of variola. She had not been vaccinated—nor ever had either measles or scarlatina, although exposed to the influence of the contagion of those diseases, when attacking other members of the family.

98. Died on the twelfth day of the disease. On a *post mortem* examination, a portion of the lower lobe of the right lung was found to be hepatized: the left lung healthy: slight pleuritic adhesions on the superior portions of right and left lobes. Several pustules on the interior surface of the trachea.

105. Sister to 104.

106. Vaccinated in South Union Workhouse.

108. Vaccinated in South Union Workhouse. Scab not healed, and unhealthy in appearance.

111. Reported to have been vaccinated; but as the cicatrix is not discernible, which could afford some proof of the success of vaccination, the case on this account is marked 'not vaccinated.'

113. Died during the stage of secondary fever.

114. Remarks on 111 also applicable in this case.

116. Attacked in hospital, her mother being at the time a patient labouring under continued fever. There is no discernible cicatrix from vaccination, although stated to have been vaccinated at the Cow Pock Institution, at the age of three months. The author has searched the registry of the institution in vain for a confirmation of the statement.

118. Stated to have been vaccinated in the country, during infancy; cicatrix not discernible.

119. Vaccinated in the country. There is one indistinct and *smooth* cicatrix in right arm.

120. One indistinct cicatrix from previous vaccination.

121. Brother to 120. No satisfactory evidence of vaccination.

122. In this case the precursory fever ran very high, followed by a few and only a few pustules. Step-sister to 114, and admitted from the same house.

131. Cicatrix from vaccination indistinct.

138. Opacity of he cornea of the right eye was the unfavourable result in this case.

143. Attacked in hospital during convalescence from fever—died in the secondary fever—the pustules from the commencement were flaccid.

150. A soldier's wife, admitted from the barracks—the case was extremely mild from the commencement to its termination.

152. No secondary fever in this case, or if present, so slight as to escape observation; during the progress of the disease complained of the most excruciating pains in the soles of he feet.

154. Died in the secondary fever—brother to 152 and 153.

155. Died in the secondary fever—Pneumonic symptoms most prominent feature in this case.

161. Disease confluent on the face and on the superior extremities, also on the upper part of the inferior extremities, while on the lower parts and on the body generally, very few pustules appeared. Well marked secondary fever—Had been three times vaccinated in the country during infancy, but from the statement of her mother, in no instance did the operation succeed, although there is an indistinct cicatrix in the left arm.

174. Confluent on the face.

176. Reported to have been vaccinated in the country—no satisfactory evidence of the success of the operation.

177. Died in convulsions from teething during convalescence from variola.—Number of days in hospital, 20.

179. Attacked in hospital, during convalescence from fever.

185. Stated to have been vaccinated in the country by a nurse-tender; no trace or satisfactory evidence of its success.]

The table exhibits a view of the total number of cases of small-pox admitted into the hospital during a period of six years. The majority of these occurred in the course of the past year, when variola appeared in an epidemic form in this city. It appears that one hundred and eighty-six patients, labouring under this disease, were admitted, thirty seven of which were reported to have been vaccinated, leaving one hundred and forty-nine un-vaccinated. The total number of deaths was thirty-nine, giving an average mortality of nearly one in five; seventy-four of the one hundred and eighty-six cases were of the confluent type. The number of deaths reported as occurring in the thirty seven cases after vaccination was three; while in the one hundred and forty-nine not vaccinated, it was thirty-six, showing the mortality in the former to be one in twelve; in the latter so high as one in four. On reference to the tables, however, it will be seen that the evidence of vaccination was by no means conclusive. Of sixty-five *confluent* cases

not vaccinated, thirty died. In the *distinct* form of the disease, eighty-six were not vaccinated; of these six died; whilst among the twenty eight who had been vaccinated, no death occurred.

It will be observed, that the relative mortality in the two forms of the disease varies considerably; thus, while in the one it was as low as one in nineteen; in the confluent cases the deaths amounted nearly to one half of those attacked.

In the abstract of the cases recorded, the writer wishes to remark, that the term confluent is only adopted when the pustules were confluent over the entire body, and not when they thus appeared on the face only, as usually described by writers on this disease.

Although these cases are not sufficiently numerous to enable us to draw positive conclusions, yet a perusal of them may afford many interesting points for consideration. The distinction the writer has made in the above tables, relative to the eruption, is admitted by all authors who have written upon the subject; it is of considerable importance in regard to the prognosis. In the confluent small-pox the phenomena are ordinarily much more serious than in the distinct variety; the development of the eruption is likewise more precocious; the pustules are flat, less elevated above the level of the skin, and, in many instances, seem, by their approximation, to form one continuous pellicle. With the exception of intermittent fever, perhaps, there is no disease which runs its course with more regularity than the natural small-pox. The four periods by which the disease is marked, the fever of incubation, eruption, suppuration, and the dessication of the pustules, succeed each other with a remarkable regularity. While the pathognomic characters of the genuine small-pox, however, are so well known, there is no exanthem that is so much affected by accidental influences; idiosyncrasies of various kinds seem, in numerous instances, to take off all predisposition to the disease;

while there are a number of peculiar circumstances, unnecessary to recapitulate here, which, though they do not free individuals to whom they are applied from predisposition to the disease, still exercise so controlling a power, that the general character of the affection is singularly modified, and for the most part greatly mitigated.

It appears from the table that scarcely a fourth of the number were vaccinated, and, in many instances, the evidence of the success of vaccination in those cases was by no means satisfactory. It is to be regretted that individuals often undertake to perform the operation of inoculation, who are totally ignorant of the distinctive character of the genuine vaccine virus; the development of the vaccine vesicle, no more than the variolous pustule, is not always regular; thus, we find, that, under some peculiar circumstances, the process of incubation is prolonged much beyond the usual period. Sometimes the vaccine runs its accustomed course in eight or ten days, and the preservative effect is nevertheless the same; the margin of the vesicle may be surrounded with purulent matter, while the apex will contain genuine pellucid lymph; occasionally the vesicle does not present the central, or, as it has been termed, the umbilical depression, a fact which should be noticed, as in such cases a cicatrix will be formed which differs but slightly from that of the genuine vesicle, but cannot be relied on as a proof of perfect vaccination; yet in the event of a subsequent attack of small-pox, might lead an inattentive observer to the conclusion that this cicatrix afforded undoubted evidence of the success of cow-pock inoculation.

In an interesting document lately published by the Minister of Commerce on the vaccination performed in France during the year 1843, it appears that of 910,337 children born during that year, there were 547,646 vaccinated, or rather more than one-half. That of those vaccinated, 11,779 were attaeked with the small-pox. Of the latter, 1,294 became disfigured or infirm, and

1,379 died in consequence of the disease. The report contains the following information:—"1st. Vaccination loses its efficacy with time; but the small-pox seldom attacks the vaccinated before 10, and sometimes 20 or 25 years. 2nd. The cases of small-pox are less serious in subjects who have been vaccinated than others. 3rd. The only mode of renewing the vaccination matter is to take it from the cow. 4th. Children in the womb are subject to be attacked with small-pox. They are preserved by vaccinating their mothers whilst in a state of pregnancy.

In concluding this Report of the House of Recovery for the year 1845, the writer regrets that he has to record the loss of one of his colleagues, his esteemed friend Dr. John O'Brien, who died towards the close of that year, after long protracted sufferings from a painful affection of the urinary organs. He was the senior physician of the Institution, with which he had been connected for a considerable length of time, and although his health had been for some years failing from the inroads of the disease of which he died, he continued, until within a few months of his death, to discharge the laborious duties of his office with the utmost zeal and attention. He was a highly educated, learned, and accomplished physician, and his long experience in so extensive a field for observation had conferred on him unrivalled skill and tact in the prognosis and management of fever and febrile affections; in this respect he was not excelled, indeed we may say he was not equalled by the most distinguished of his contemporaries. As a writer he was equally instructive and most trust-worthy; some of his official Reports of the House of Recovery, recording the progress of different severe epidemical visitations, may be ranked amongst the most valuable publications on fever that have appeared in this country during the last quarter of a century; yet he never ac-

quired any great extent of private practice. This was probably owing in part to his feeble state of health, but still more to the circumstance, that notwithstanding his extensive learning and experience, and his success as a practitioner, he was extremely modest and diffident, constitutionally reserved and retiring, almost to shyness. He wanted, in fact, that quality, so useful to the medical man in the competition for public favour, *boldness*. And yet, to use the words of Lord Bacon, "boldness is a child of ignorance and baseness, far inferior to other parts." It is the charm of the mountebank.

II.

Monthly Return of the Admissions, Discharges, and Deaths in the Fever Hospital, Cork-street, distinguishing the Sexes, from 1st January to 31st December, 1844.

1844.	ADMITTED.			DISCHARGED.			DIED.		
Month.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
January	99	162	261	73	116	189	9	12	21
February	98	153	251	75	152	227	7	9	16
March	106	183	289	106	171	277	11	14	25
April	63	123	186	65	150	215	3	11	14
May	63	138	201	51	132	183	6	9	15
June	83	112	195	70	123	193	8	8	16
July	106	130	236	93	112	205	12	6	18
August	70	149	219	69	129	198	5	10	15
September	70	158	228	53	154	207	6	9	15
October	78	162	240	76	143	219	3	12	15
November	81	147	228	73	137	210	5	12	17
December	125	181	306	91	150	241	8	13	21
	1042	1798	2840	895	1669	2564	83	125	208

Mortality in Males, 1 in 11¾ nearly.
——— in Females, 1 in 14½.
General Mortality, 1 in 13½.

III.

Monthly Return of the Admissions, Discharges, and Deaths in the Fever Hospital, Cork-street, distinguishing the Sexes, from 1st January to 31st December, 1845.

1845.	ADMITTED.			DISCHARGED.			DIED.		
Month.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
January	106	199	305	94	187	281	9	12	21
February	120	181	301	90	169	259	10	11	21
March	77	141	218	83	165	248	13	23	36
April	83	159	242	78	139	217	11	16	27
May	92	147	239	70	139	209	3	11	14
June	74	134	208	74	121	195	8	17	25
July	77	124	201	68	107	175	11	15	26
August	81	141	222	63	137	200	6	9	15
September	100	140	240	78	152	230	6	8	14
October	119	135	254	94	111	205	10	12	22
November	95	134	229	99	104	208	10	10	20
December	104	152	256	102	138	240	6	13	19
	1128	1787	2915	993	1669	2662	103	157	260

Mortality in Males, 1 in 10½ nearly.
——— in Females, 1 in 11½ do.
General Mortality, 1 in 11¼.

The above is taken from the Apothecary's Morning Report of the state of the Fever Hospital. There is a slight discre ancy between these returns and those published monthly in the newspapers, which are taken from the diet tables, and in which the discharges and deaths are made up from the last day of one month and the last but one of the succeeding month; whilst the returns in the former are from the 1st to the 31st of the month, inclusive.

METEOROLOGICAL TABLE FOR THE YEAR 1844.

	Barometer. Highest.	Barometer. Lowest.	Amt. of Rain. Inches.	Mean Temp.
January	30.412	29.250	1.031	41.8
February	30.214	28.800	2.308	33.6
a March	30.420	29.060	2.042	43.
April	30.500	29.200	.645	51.4
May	30.500	29.900	.316	55.3
June	30.270	29.540	1.579	59.
July	30.300	29.450	2.148	60.
b August	30.430	29.260	3.473	57.9
September	30.300	29.640	1.845	57.
c October	30.070	28.830	2.530	49.9
d November	30.280	28.940	3.742	48.7
e December	30.390	29.230	2.192	41.1
			23.711	

BAROMETER.

Greatest pressure, May 2nd.....30.500.
Lowest point, October 9th .....28.500.

THERMOMETER.

Maximum, July 23rd .....81.
Minimum, January 3rd .....26.

a Gales, 10th, 11th, 12th. Severe gale on 16th; several vessels sunk in Kingstown Harbour.

b Rain on 6th, 1.320.

c Hurricane 9th, 12 o'clock, wind E. by N.; B. 28,500, R. 1.200; considerable damage along the coast.

d Gales 1st, Hurricane 2nd, wind S. E.; several vessels wrecked in Kingstown Harbour.

e Snow 12th. 13th.

*METEOROLOGICAL TABLE FOR THE YEAR 1845.

	Barometer.		Amt. of Rain.	Mean Temp
	Highest.	Lowest.	Inches.	
a January	30.140	28.900	3.494	42.6
February	30.240	29.270	.762	40.8
b March	30.330	29.570	1.412	39.9
April	30.460	29.040	.909	46.9
May	30.450	29.370	1.680	49.8
June	30.350	29.220	3.131	57.1
July	30.230	29.100	3.170	56.8
August	30.445	29,400	2.523	57.2
September	30.352	28.970	.705	54.
October	30.450	29.170	2.677	50.
November	30.190	28.680	2.810	45.
December	30.420	28.880	3.354	40.
			26.627	

BAROMETER.

Greatest pressure, April 16th 30.460
Lowest point, November 19th 28.680

THERMOMETER.

Maximum, June 13th.....80.
Minimum, Jan. 20, March 14th .....20.

a Gales 26th; severe along coast of Liverpool. B. 29.670, wind W.
b Snow 14th, 15th, 19th.

* The author is indebted to Mr. Yeates, Optician, Crafton-street, for these tables.

LEGACIES

MAY BE BEQUEATED IN THE FOLLOWING MANNER:

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