

FEVER HOSPITAL
CORK STREET.

House of Recovery Cork Street Fever Hospital

Annual Report and Medical Report 1841.

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REPORT
OF THE
MANAGING COMMITTEE
OF THE
HOUSE OF RECOVERY
AND
FEVER HOSPITAL,
IN
CORK-STREET, DUBLIN,

FOR ONE YEAR, FROM 1st APRIL, 1841, TO 31st MARCH, 1842.

WITH THE

Medical Report Annexed,

FROM 1st JANUARY TO 31st DECEMBER, 1841.

BY

GORDON JACKSON, M.D.

ONE OF THE PHYSICIANS TO THE HOSPITAL.

DUBLIN:

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

JULY, MDCCCXLI.

A STATEMENT

OF THE

NUMBER OF PATIENTS ADMITTED

INTO THE

FEVER HOSPITAL, CORK-STREET, DUBLIN,

FOR ONE YEAR,

FROM 1ST APRIL, 1841, TO 31ST MARCH, 1842.

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	-	-	-	-	-	-	2,872	
Aggregate number of days in Hospital	-	-	-	-	-	-	51,568	
Average number of days of each Patient, nearly	-	-	-	-	-	-	18	
Total expense of Hospital this	}	£	3694	14	11			
Year								
Expense of Provisions for Pa-	}	-	1352	17	3			
tients and Servants								
Average expense of each Pa-	}	-	1	5	8	½		
tient, nearly								

Patients.

Admitted from 4th May, 1804, to 31st March, 1842, inclusive	-	-	-	133,490
Discharged, cured, or relieved	-	-	124,173	
Died	-	-	9,205	
Remaining in Hospital on the 31st March, 1842	-	-	112	
				<hr/> 133,490
In Hospital, 1st April, 1841	-	-	228	
Admitted to 31st March, 1842	-	-	2,872	
				<hr/>
Total	-	-	3,100	
Discharged from 1st April, 1841, to 31st March, 1842	-	-	2,783	
Died from do. to do.	-	-	205	
Remaining in Hospital, 31st March, 1842	-	-	112	
				<hr/>
Total	-	-	3,100	
				<hr/>

MONTHLY STATEMENT OF PATIENTS,

From 1st April, 1841, to 31st March, 1842.

Years.	Months.	Admit- ted.	Dis- charged	Died.	Monthly Aggre- gate.	
1841	April.....	304	351	14	5665	
	May.....	221	235	21	4974	
	June.....	221	212	17	3903	
	July.....	258	219	14	4262	
	August.....	237	246	19	4196	
	September....	236	223	13	4427	
	October.....	255	224	20	4378	
	November....	310	259	18	5061	
	December....	205	219	16	4305	
	1842	January.....	198	183	19	3020
		February.....	211	182	12	3801
		March.....	216	230	22	3576
	TOTAL.	2872	2783	205	51,568	

Account of Income and Expenditure

Cork-street, Dublin, for

EXPENDITURE.

To Rent and Insurance	...	...	...
Provisions	...	...	...
Clothing	...	...	...
Furniture	...	...	...
Salaries and Wages	...	...	...
Fuel, Soap, and Candles			...
Printing and Stationery			...
Medicines	..	...	...
Horses	...	...	...
Repairs	...	...	...
Incidents	...	...	...
Whitewashing		...	...
Coffins and Interments	...		...

Excess of Income over Expenditure

Managing Committee :

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

* Thus marked are Trustees.

Physicians :

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

Temporary Physicians :

SAMUEL HANNA, M. D.	THOMAS BRADY, M. D.
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Surgeon :

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

Resident Officers :

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 white-wash the Hospital and the apartments 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.

MEDICAL REPORT

OF THE

HOUSE OF RECOVERY

AND

FEVER HOSPITAL,

CORK-STREET, DUBLIN,

FOR ONE YEAR,

FROM 1ST JANUARY TO 31ST DECEMBER, 1841,

By GORDON JACKSON, M. D.

UNIVERSITY OF EDINBURGH, MEMBER OF THE ASSOCIATION OF THE
COLLEGE OF PHYSICIANS IN IRELAND, AND ONE OF
THE PHYSICIANS TO THE HOSPITAL, ETC.

DUBLIN:

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

1842.

MEDICAL REPORT.

METEOROLOGY.

THE influence of atmospheric vicissitudes in producing disease, whether sporadic or epidemic, is now admitted by most persons; hence the obvious necessity on the part of medical men of paying attention to meteorology, which has been hitherto much neglected in Ireland.* Epidemic diseases are by many solely ascribed to some deleterious matter diffused through the atmosphere, commonly designated malaria, sensibly affecting the health of man; but the study of whose phenomena strictly attaches to the science of meteorology. The writer cannot forbear observing in this place the diary of the weather, given in the Dublin Medical Press, which, in his opinion, adds much to the interest of that deservedly popular hebdomadal periodical. In the following meteorological table for 1841, the average heights of the thermometer and barometer for each month are merely given, as the insertion of the whole diary would swell the table to too great a size.

* Mr. Wakefield's Statistical Account of Ireland, vol. 1, page 91.

METEOROLOGICAL TABLE

SHOWING THE MEDIUM HEIGHTS OF THE THERMOMETER AND BAROMETER, AND THE GENERAL STATE OF THE WEATHER FOR THE YEAR 1811.

MONTHS.	THERMOMETER.			BAROMETER.			PREVAILING WIND.	GENERAL OBSERVATIONS.
	HIGHEST.	LOWEST.	MEDIUM.	HIGHEST.	LOWEST.	MEDIUM.		
January....	49	29	39	30.500	29.000	29.75	E.N.W.W.	{ Snow and frost up to the 9th, rain on 10th, | followed by frost and snow.
February...	53	27.5	40.25	30.560	29.000	29.78	W.N.E.	Hazy and wet.
March.....	59	31	45	30.450	28.900	29.675	S.W.E.W.	{ Wet, cloudy, and hazy—5th, 20th, 21st, | 24th, stormy.
April.....	70	35.5	52.75	30.226	29.150	29.688	N.W.S.E.W.	Rain on ten days, stormy on 26th.
May.....	77	35.5	56.25	30.500	28.950	29.725	S.W.S.E.N.E.	{ Rain on seven days, stormy on 5th, 9th, | 17th, and on 27th thunder and lightning.
June.....	77	45	61	30.450	29.050	29.75	S.W.N.E.	{ Fair,—hazy with some rain on the last | days of the month.
July.....	71.5	47	59.25	30.300	29.400	29.85	W.N.W.	Hazy and wet on the 31st—cloudy.
August.....	78	46	62	30.300	29.550	29.925	W.S.W.	Fair—cloudy and wet on a few days.
September..	74	41.5	57.75	30.150	30.325	30.325	S.E.N.W.	Rain twelve days—hazy.
October....	59.5	34.5	47	30.150	29.100	29.620	W.S.W.	Rain and storm on 17th, and 19th wet
November..	56	27.5	41.75	30.400	28.576	29.538	S.W.E.	{ Fair—9th and 20th wet and stormy— | hazy and foggy.
December..	56	25	40.5	30.100	29.050	29.525	W.S.W.	Rain—intensely foggy and hazy.

It having fallen on me to write the Medical Report of this great hospital for the past year, 1841, I shall in the performance of the duty which has thus devolved upon me, be as brief as I possibly can, compatible with the subject; making it purely clinical, and bearing a reference to the cases which came under my own immediate observation, without stopping to dilate upon the various doctrines of fever, being a topic of more interest to the medical than the general reader, and in my opinion, practically speaking, of very little importance.

Since my appointment to the Fever Hospital, (Oct. 1836,) I have attentively noticed the phenomena of fever, and, when practicable, compared the morbid appearances after death with the symptoms during life; in this way alone can inferences be deduced in order to be practically useful at the bed-side.* I do believe that in too many instances, fever has been studied more in the closet than in the sick chamber, as fully attested by the partial and erroneous views which have been taken by many of this general affection.†

The functional disturbance, so often observable in one or more organs when fever sets in, is soon followed by vascular excitement, and this again, in many instances, by inflammatory action. The state of innervation so remarkable at the onset of fever, as manifested by the functional disturbance in the brain and nervous system, is generally soon followed by a change in the circulation of the blood, evidenced by the quickened pulse and increased heat of skin; to which, owing to the previous

* By the rules of the hospital, no body can be examined without the written concurrence of the nearest relative. The unclaimed alone are rendered available to science in the way of pathological anatomy.

† Fever may be said to be an epitome of all other diseases — Frank de Morbis Hominum.

condition of the sensorium, succeeds a vitiated state of the secretions. Hence the insatiable thirst, the furred tongue, the depraved taste, the altered state of the urinary secretion observed in fever. Most persons have some one organ of their frame more predisposed to disease than another; in such, the blood, from the increased impetus given to its transmission, will cause in such organ or organs a state of inflammatory excitement, modified as to its intensity and period by concurrent circumstances in each individual case.

In one person we shall have the brain engaged, in another the respiratory organs, in a third some part of the abdominal viscera, most frequently the mucous membrane of the intestines, and it often occurs that several of these organs are simultaneously engaged.

It is difficult satisfactorily to explain why it is that the attendant or intervening inflammation in fever should differ in intensity of type from the ordinary phlegmasiæ; such I believe to be in most instances the case. It is obvious, therefore, that the physician who treats fever as he would pure inflammation, and loses sight of the modifying circumstances in the inflammatory symptoms, will commit serious errors.

Fever primarily may be regarded as a general disease in most instances, becoming in its progress complicated with some local inflammatory affection, the danger being in proportion to the importance of the organ engaged, and to the early adoption of efficient measures.

The able and graphic reports which have emanated from the pens of the several physicians connected with Cork-street Fever Hospital, since the institution was established in 1804, in which the construction of the building, together with its judiciously chosen site, have been dwelt upon, render it superfluous for me to say one

word on that point. The hospital possesses the advantage of most salubrious air, there being nothing in the shape of wood intervening between it and the Dublin mountains.

The facility sailors in the Dublin Harbour and other strangers, when ill of fever, have of obtaining the benefits of the institution, (this I maintain,) gives to the hospital a national character, as its advantages to society cannot be said to have merely a local bearing. Hence, in the contemplated Medical Charities Bill for Ireland, the large seaports should be excepted, otherwise the exclusion of sailors and other strangers from the fever hospitals will be attended with awful consequences to the individual sufferers, as well as to the community at large. Great have been the benefits to the sick poor, as well as to every class of society, by the establishment of distinct hospitals for the treatment of fever cases. Physicians, I believe without a dissentient voice, agree that fever commits the most extensive ravages in close situations, while in well ventilated rooms the febrile poison becomes comparatively harmless. A decrease of fever has in every instance taken place in towns where fever hospitals have been erected.

In case of any sudden irruption of fever in the shape of epidemic, the governors of Cork-street hospital* are provided with all the apparatus for tent accommodation, which experience has proved to be well adapted for the recovery of the sick. It will therefore be seen that in Cork-street Fever Hospital there is every material in constant readiness for the cure and prevention of fever ;

* Some of the original founders of this hospital still exist,—Joseph Hone, Edward Allen, and William English, Esqrs. It must be a source of delight to those gentlemen to have witnessed the happy results of their benevolent philanthropy.

a sanitary arrangement of the most vital consequence to the gentry, merchants, and traders of a city like Dublin, abounding as it does in a dense pauper population, whose poverty and wretchedness are too harrowing to be dwelt upon. The physicians have often to deplore the hopeless state in which patients are too often admitted, arising from the protracted period of the disease when application is made for admission: many die a few hours after their reception, as proved by a reference to the hospital registry.

The utility of speedily removing cases of fever to hospital in its early stages must be obvious, for however appropriate the treatment adopted may be, the miserable habitations of the poor must in most instances render abortive the best directed measures for their relief. If fever can be arrested, it is only, in my opinion, within the first forty-eight hours; it is therefore an act of mercy to the poor sufferer, as well as protective to the other inmates, to admit the patient at once into hospital, on the order of any one of the physicians vouching for the diagnosis of the case on careful examination. The writer, without any motive on earth save that of public duty, has always used his influence with the poor to go to hospital when ill of fever, and congratulates himself on having been in this way instrumental in saving many a valuable life. In chronic medical disease, a few days or hours delay may not be a matter of life or death; but in fever, I again repeat that the ultimate issue of nine cases out of ten, will turn on the remedial means adopted within the first few days, if not the first forty-eight hours.

The following table exhibits the principal statistical events of the hospital for the year 1841.

MONTHLY RETURN									
Of the admissions, discharges, and deaths in the Fever Hospital, Cork-street, distinguishing the sexes, from 1st January to 31st December, 1841.									
1841.	ADMITTED.			DISCHARGED.			DIED.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
January.....	116	345	461	94	365	459	11	13	24
February.....	121	323	444	110	273	383	10	15	25
March.....	126	273	399	107	266	373	11	10	21
April.....	92	212	304	104	247	351	5	9	14
May.....	72	149	221	67	168	235	5	16	21
June.....	75	146	221	86	126	212	6	11	17
July.....	75	183	258	73	146	219	6	8	14
August.....	88	149	237	73	173	246	8	11	19
September.....	71	165	236	67	156	223	5	8	13
October.....	75	180	255	68	156	224	8	12	20
November.....	89	221	310	79	180	259	5	13	18
December.....	63	142	205	62	157	219	8	8	16
Grand Total...	1043	2488	3531	990	2413	3403	88	134	222
<i>General mortality 1 in 16.</i>									

For a long time Dublin has not enjoyed, comparatively speaking, a more remarkable immunity from fever of the typhoid type, than during the past year. It is true, sporadic cases presented of great intensity; but when we consider that fever hitherto has been endemic to Dublin, we have much reason for thankfulness at the paucity of our numbers when contrasted with former years.

As a summary, it may be stated that the prevailing diseases during the different seasons of the year were as follow; namely, in winter and spring we had pectoral affections in preponderance; commencing in influenza,

and ending in pleuritis, pneumonia, and pleuro-pneumonia; the typhus cases being in general complicated with pulmonic symptoms. As the spring advanced, malignant scarlatina became prevalent, and continued during the summer months with awful malignity; it however declined in severity and numbers, as the autumnal season approached. The newspaper obituary during the year afforded lamentable evidence of the ravages this dreadful disease committed in private practice. With the exception of the past year, influenza has generally preceded the manifestation of fever or other disease. The Asiatic cholera of 1832 was not only preceded but followed by an epidemic influenza. The influenza of 1836, as we all recollect, was followed by a severe epidemic fever in Dublin, requiring extraordinary measures for arresting its progress. During the summer months some cases of Asiatic cholera appeared, happily few in number.

Since the appearance of this disease in 1832 amongst us, I am free to confess that our English or indigenous cholera has evinced a tendency to merge into the Asiatic form of the disease, nestling itself, as it were, in these countries. The shades of difference, however, between the two affections are so strikingly obvious, that it appears singular how any physician, with ordinary perception, can be at a loss to discover at one glance the dissimilarity between the two forms of disease. In the Asiatic cholera we have, in nine cases out of ten, a premonitory diarrhæa for an indefinite time, the alvine discharges being in very many instances devoid of fœculency, and quite inodorous, followed speedily by prostration in the vital powers. The secretions are completely suppressed; the aged and sharpened appearance of the countenance cannot be mistaken; the icy coldness of the tongue and general surface, with the washer-woman's shrivelled hand, and remarkable integrity of

the brain, will serve to distinguish the Asiatic from the English cholera. Often have I seen the intellectual powers of the patient perfectly clear within a few minutes of death.

So much has been said and written about the treatment of Asiatic cholera, that it would be out of place here to say much on that subject. The writer holds the opinion he did in 1832, that the grand secret in the treatment of cholera rests in the early adoption of remedies calculated to avert collapse, by stopping the premonitory laxity of bowels. The writer has found saturnine enemata, calomel and opium by the mouth, and hot spirits of turpentine to the walls of the abdomen, singularly useful in fulfilling the above indication.

The epidemic catarrh, that prevailed during the spring months, was characterized by no particular circumstances different from those detailed in former influenzas. The prostration of strength was rapid, the head-ache was exquisitely severe; but notwithstanding the intensity of head-ache, the cases where this symptom prominently prevailed were the freest from danger, being in such confined to the naso-frontal mucous membrane. In some instances, however, the disease passing downwards to the bronchia, became dangerous in the extreme, especially to the old and infirm, in whom previous asthmatic or bronchitic disease having existed, rendered them the more liable to the suffocative stage, if not promptly arrested. Amongst such the mortality was considerable, not however as relating to the hospital cases, but as affecting the community at large. The writer exhibited, with the most happy results, an emetic either of hippo or mustard; the latter he preferred. He, at the same time, applied hot spirits of turpentine to the chest. The decoction of senega was also found useful in combination with ammonia, æther, and hippo

wine.* The senega is a most excellent medicine in such cases; but it is more adapted to the chronic form of bronchitis than to the acute, that is, after the acute symptoms have more or less subsided.

It is curious to observe that a disease at this time prevailed amongst horned cattle, pigs, goats, and sheep; it was (I fear from ignorance) dreadfully fatal, and the cause of much distress to numerous poor families.—It was a pleuro-pneumonia to all intents and purposes, divisible into two stages—primary and secondary. In the first there was ulceration of the feet, lining membrane of the mouth, nose, &c. with slavering of a frothy saliva; the fauces became swollen, like the strangles in horses; in cows, the teats became inflamed; the lacteal ducts, as a consequence, suffered obliteration, rendering the animal useless as a milker. In the secondary form of the distemper, we had inflammation of the pleura and lungs, demanding active sanguineous depletion, followed by purgatives, calomel, tartar emetic, &c.†

To what are we to ascribe the comparative absence of malignant fever from Dublin during the past year? The same indigence in some respects existed amongst the poor. The writer has no doubt but the moral improvement in the habits of the people, owing to temperance, has tended much to the happy circumstance; together with the relief afforded in the two union work-houses. This may be too hasty a conclusion to come to: a few

* This drug was lately added to the hospital list of medicines; it was first introduced from America into European practice from analogy; bronchitic symptoms being the most prominent after the bite of the rattle-snake, and the polygala senega having acquired character from the Americans in the bronchitis thus induced, European practitioners have found it useful in bronchitic affections.

† The reader is referred to the Dublin Medical Press, for 22nd Dec. 1841, in which will be found an excellent account of the disorder, from the pen of Surgeon William Fawcett of this city.

years will determine whether the supposition be borne out or not.

The human family in this country owe a debt of gratitude to the Rev. Mr. Matthew, as having been instrumental, under Providence, in establishing habits of sobriety amongst the poor—the blessed consequences of which, it is to be hoped, when once felt, will be fully and permanently appreciated.

The poor Irish, who are proverbially a shrewd people, will soon perceive the difference between the squalid, unhealthy aspect of the starving naked drunkard, and the well-fed, well-clothed, and healthy look of the sober.—Who, however careless, can mistake the marked contrast between the keen appetite for wholesome and simple food, and the want of all appetite, with the parching thirst of the drunkard, who not only voluntarily deprives himself of his health and property, but what is more precious still, his immortal soul?

The sad effects of drunkenness do not rest here: an offspring, diseased both in mind and body, is handed down to posterity. No problem in Euclid has been more clearly demonstrated, than that the children of drunkards are frequently imbeciles. If the public and private lunatic asylums were explored, the writer hesitates not to say that the majority of the cases would be found traceable to inebriety, either on the part of the patients themselves, or their progenitors.

It is gratifying to observe, in connection with the foregoing observations on the baneful effects of drunkenness, that for the last year the writer had but one case under his charge in hospital practice of delirium tremens.—Formerly, there was scarcely a month during the year, that cases of this formidable affection were not admitted into hospital. This form of brain and nervous disease may occur, however, in individuals not drunkards: but

such is rarely the case, for in ninety-nine instances out of one hundred, it can be referred to the *poisonous* influence of ardent spirits on the nervous system.

This form of brain disease commences in general with gastro-enteric symptoms, which continue for a day or two; then sets in a tremour of the hands, with a gradual disturbance in the mind, which increases until the patient is completely delirious; hence the very appropriate name of 'delirium tremens' as given to the disease. The delirium differs from that of typhus fever so widely, as to be at once distinguishable by the experienced physician.

We have, in the delirium tremens of drunkards, optical illusion in co-existence with mental delusion. There is likewise an occasional lucid interval: this seldom is the case in the delirium of typhus. The patient in delirium tremens is more tractable than in typhus—the former being in general characterized by a state of timidity rather than violence: the writer has met with some cases, however, affording an exception to this rule.

The patient's mind in delirium tremens is, for the most part, engrossed with imaginary enemies, whom he fancies to be getting over the door of his room, with deadly weapons ready to destroy him. He will sometimes occupy himself in writing to those in authority, for military aid to assist in expelling his supposed foes. The writer, a few years back, on visiting a patient late in the evening, in delirium tremens, found him and his nurse on their knees in fervent prayer. Sometimes this religious turn will continue for a few days; in fact, the mental delusion and false vision which exist during the state of insomnolency, give rise to a train of ideas in the unfortunate patient, well worth the serious attention of the physician.

Much contrariety of opinion obtains amongst medical men, as to the treatment which should be adopted in the

cure of this disease—some advocating the lancet, while others hold views quite the opposite. The writer, from observation and experience, is decidedly opposed to the general detraction of blood in this disease. If bleeding be at all admissible, it should be topically from the epigastric region, by means of a few leeches; and that only at the onset, when there is pain upon pressure in that region, or when complicated with pneumonia, or some other inflammatory affection.

The writer having adopted the following treatment with marked success in the cases of delirium tremens, which have come under his own immediate superintendence, has no hesitation in recommending the same line of practice to others, namely, shaving of the head, and on the shaven scalp the cold douche, the lower extremities being at the same time immersed in a hot bath up to the knees. The affusion and pediluvium to be repeated twice or thrice in the course of the day, the feet kept warm, and the head constantly cool, by means of cloths wetted with cold lotion. The light being a stimulus to the brain, should be carefully excluded from the patient's chamber. In addition to the foregoing, the writer has adopted in his practice, with manifestly advantageous results, the exhibition of tincture of opium and tartar emetic, in combination with camphor mixture as the most suitable vehicle, the dose being apportioned according to circumstances. The following is the formula:—

R. Tincturæ opii drachmam.
 Tartari Emetici gr. vi.
 Misturæ Camphoratæ. ℥ viii.
 Dosis ℥j. 2is. horis donec somnus supervenerit.

Local stimuli, as blisters, &c. the writer disapproves of, as not being productive of benefit, but, on the con-

trary, tending to increase the nervous disturbance. When opium fails by the mouth to induce sleep, anodyne enemata, as recommended by the French, will often succeed in procuring rest. The rectum, it is now admitted, is a good absorbing surface.

The hospital physician is often at a loss, with respect to his patient's peculiar idiosyncrasy and general habits; for instance, new milk will purge some persons as actively as jalap. The most powerful astringents will act as cathartics upon some persons. A quantity of opium that could be administered with impunity, either by the mouth or enema, to one person, would narcotise another.

The writer has been led to the above observations respecting idiosyncrasy, in consequence of a case that occurred in his female ward a few years back. It was a case of low fever, complicated with dysenteric symptoms. There was in this case much tenesmus with pain. A starch euema, with thirty drops of the tincture of opium,* narcotised this woman; at least, by the nurse's account, sleep supervened for several hours. The writer mentioned the circumstance at the time to the apothecaries of the hospital, as an instance of idiosyncrasy with respect to opium. The bowel affection having existed long antecedently to the typhoid febrile accession, renders it probable that the death of the woman arose not from narcotism, but from fœcal effusion, the result of old ulceration. The abdominal tension and other circumstances served to confirm this opinion. A post mortem examination would have cleared up all conjecture on the subject; but it would not be allowed, notwithstanding the most urgent importunities to obtain permission.

The several inflammatory affections of the organs

* Half the strength as ordered in the Pharmacopœia of the College of Physicians.

within the thorax, were more than ordinarily prevalent during the past year, particularly as already stated in the winter and spring seasons. Bronchitis, pneumonia, and pleuro-pneumonia increased as the influenza subsided. The stethoscope was found by the writer invaluable as an auxiliary in diagnosing the various forms of chest disease, as by it he was enabled to ascertain the precise state of the respective tissues, as to whether the affection extended to the mucous or serous membrane, or over the parenchymatous substance of the lung; in the first, constituting bronchitis; in the second, pleurisy; and in the third, pneumonia, or inflammation of the lung itself. The fixedness of the pain or stitch, the absence of expectoration, with the small hard and incompressible pulse, will serve to distinguish pleurisy from pneumonia. The rusty plastic expectoration of pneumonia cannot be mistaken. Hæmophony, the writer could only discern in one of his pleuritic patients.

It is supposed that the right lung, from its greater extent of surface, is more obnoxious to inflammation than the left. The writer cannot speak decidedly on this point, having found in his own practice both equally liable to inflammatory disease. It is curious, however, to observe, that the inferior lobes of the lungs are almost always the seat of inflammation, whilst the upper lobes are those attacked by tubercular disease. The superior lobes do not enjoy an immunity altogether from inflammation, as it is well ascertained that inflammation will pass from lobe to lobe, differing in this respect from pleurisy, which is most commonly localized.

In bronchitis, blood-letting must not be carried too far, lest effusion might thereby be promoted. The writer has treated the acute forms of bronchitis by an emetic, and bleeding followed by slight mercurialization, or otherwise, as the case might be. Calomel and hippo, in com-

ination, and given in suitable doses, the writer has adopted with much benefit. Blistering prematurely, the writer disapproves of, preferring counterirritation to the lower extremities. In the chronic forms of bronchitis, the polygala senega, with æther, hippo, and the volatile alkali, cannot be too highly extolled as a remedial agent. The management of pneumonia in its several stages is so well known, as to require no observations in this place; the lancet, calomel and opium, and tartar emetic being the sheet anchors in the treatment. The writer having observed that profuse ptyalism tends to retard convalescence, prefers slightly touching the gums with mercury to full mercurialization, tartar emetic fulfilling, after judicious depletion with the lancet, every necessary indication.

Amongst the numerous scarlatina cases that were admitted into the writer's wards, but three deaths occurred, and these were the cases of children who were admitted in a hopeless and moribund state. The recoveries from scarlet fever in Cork-street hospital have been unusually great, considering the malignant type this disease has assumed for the last few years in this country. The good air, cleanliness, &c. of the hospital have conducted much to this happy result.

For the information of non-medical readers, it may be necessary to state, that authors have made a three-fold division of scarlatina, namely, scarlatina simplex, scarlatina anginosa, and the scarlatina maligna. In the first form there is merely a lobster-coloured efflorescence over the entire body; in the second there is superadded to the rash an affection of the throat; and in the third, or malignant form, there is not only an affection of the throat, but also a typhoid and septic state of the system.

The writer regrets to state, that for the last few years back, the last form of scarlet fever has been the most

general type of this disease as presenting in this country, or a state of disease intermediate between the scarlatina anginosa and the malignant. The usual concomitant lobster-coloured efflorescence was absent in several of the scarlatina cases that were admitted into the writer's wards during the past year. In this latent form of scarlatina, there was merely a swollen state of the internal fauces, extending to the upper part of the pharynx, the tongue at the same time exhibiting the red and pointed appearance so remarkable in scarlatina. The sequelæ supervening on this form of scarlatina were found to be, both in hospital and private practice, more severe than when the disease was marked by a greater intensity of symptoms. In some instances otalgia occurred, which increased much the sufferings of the poor patient. This symptom was altogether attributable to the propagation of disease through the Eustachian tube to the internal ear.

It is to be feared that in many instances cerebral congestion has been produced by the premature retrocession of the eruption consequent upon the too early and injudicious use of purgatives, producing a tendency to coma and convulsions. The writer observed, that in cases where, early in the disease, brain symptoms co-existed with bad sore throat,* the efflorescence being at the same time well marked, a disposition to coma and convulsions became manifest. In such, the impending mischief has been happily averted by the prompt application of re-lays of leeches to the temples, behind the ears, and to the nape of the neck—the cold dash being at the same time occasionally adopted on the shaven scalp.

The following was the treatment adopted by the writer in his scarlatina cases, varied of course according to circumstances :—

* Parturient women bore the disease badly—confirming the observation of that able Pyretologist, the late Dr. Bateman.

In anticipation of brain symptoms, at once shaving the head—anemetic—numerous leeches to the external fauces, followed by the application of a poultice from ear to ear—the hot-bath to favour the rash—tepid sponging of the surface—nitrate of silver in strong solution to the internal fauces, or the hydrochloric acid mixed with honey—(the latter application particularly in cases of a chronic character)—mercury, to equalize the circulation, as calomel in combination with James's powder—moderate attention being paid at the same time to the state of the bowels. The writer has, in a few cases, adopted cold affusion with benefit. This can seldom be used in hospital practice, the cases not in general coming under medical observation at the proper time for its adoption. There should be due precaution observed in the measure, as a remedial agent; the skin should be pungently hot, and sensibly above the natural standard; there should also be no local or internal inflammation present at the time. If the patient, although having a hot skin to the feel, at the same time should be acutely alive to the external impression of cold, this circumstance would, with the writer, contra-indicate cold affusion. Plentiful draughts of whey should be given immediately to the patient upon being placed in bed. Diffuse cellular inflammation occurred in several of the writer's patients in scarlatina. Abscesses formed in many; however, with the co-operation of Mr. Trant, the able and humane surgeon of the hospital, the cases did well.

Dropsy, after scarlatina, frequently followed during last year. This effusion took place, in a few cases, so soon as five days; the effusion seldom, however, takes place sooner than twelve days, or a fortnight after the subsidence of the rash. Dr. Wells states three weeks, in his paper on the affection, if the writer recollects rightly. Sometimes the anasarca manifests itself sooner, from incautious exposure to cold and sharp easterly winds. The

dropsical affection is generally preceded by a febrile state of the system, more or less severe; the face and upper extremities generally become first dropsical; the breathing becomes impeded, with much distressing cough, the result either of pleuritis, pneumonia, or a congested state of the bronchial mucous membrane. The bronchial membrane in some instances becomes so infarcted, and consequently swollen, as to obstruct the due transmission of air; the blood is thus prevented from being properly aerated; the pulmonary capillaries become, as a consequence, congested, the watery part of the blood is thus poured out, and serous infiltration takes place into the parenchymatous substance of the lungs.

The urine was most commonly albuminous, not from renal disease necessarily, but in consequence of a general inflammatory state of the system.

When the dropsy after scarlatina, in the patients who came under the writer's care in hospital, was manifestly associated with a phlogistic state, as indicated by the febrile symptoms, the writer has treated the affection with the lancet, followed by the exhibition of hydragogue cathartics, consisting of calomel, powdered squill, the compound powder of jalap, with a small portion of ginger as a corrector—the dose being regulated according to circumstances.

Supplementary to sanguineous depletion and catharsis, the writer has, with much advantage, administered the nitrate of potash in solution with nitrous spirit of ether, and the tincture of digitalis; the quantities and dose being regulated by circumstances. The warm-bath was also an adjuvant of much importance in the treatment. Where the dropsy, after scarlatina, assumed a chronic form, and where, from obvious reasons, depletory measures were out of the question, the writer has, of course, pursued a generous treatment, with the cautious ex-

hibition of opium to allay the cough and general irritation.

Two cases of purpura hæmorrhagica came under the writer's notice in hospital during the year ; both did well ; in one it became necessary to deplete by the lancet, the pulse and accompanying fever affording conclusive evidence of an athenic state of the system. The writer has found purgatives succeed in most of the purpura cases ; but in the hæmorrhagic form of the disease, his sheet anchor has been the spirits of turpentine administered under proper adaptation. In some patients, where much debility prevails, it becomes necessary to exhibit the mineral acids, alternated by the sulphate of quinine, either in mixture or a pillular form.

As already stated, fever of the typhoid or adynamic type did not prevail in Dublin during the past year—at least to any great extent. In the provinces, where there was a want of hospital relief, fever prevailed to a much greater extent, and was in some localities exceedingly fatal, not only to the poor, but also to the clerical and medical men whose official duties brought them in close contact with the sufferers.

The typhus cases in winter and spring were complicated with an inflammatory state of some one or other of the tissues within the chest. In summer and autumn the cases were mostly of the gastric character.

The brain symptoms, in some of the cases, became intensely severe on the subsidence of the gastro-intestinal derangement. In others, the remission of the brain symptoms was coeval with the gastric.

It would be out of place in a report, to stop to consider the divisions of fever indulged in by authors. Typhus fever may be considered as a genus ; the terms *gravior*, *mitior*, &c. &c., as so many species. The writer, with a view to simplicity, designates each individual case accord-

ing to the organ more prominently engaged, as cephalic, pulmonic, enteric, &c.

The fever of Dublin, and indeed of Ireland, in the writer's opinion, in the majority of cases is the synochus, or synocho—typhus of Cullen—that is to say, inflammatory at the commencement, and typhoid towards the end.

It cannot be too often repeated, that the hospital affords the only resource to the labouring poor, when afflicted with fever. The affluent alone can effect separation in their houses; but in the wretched habitations of the poor, they are huddled together in close contiguity, to make up for the want of bedclothes; therefore, on the very first instant that the fever is discovered, the sick should be separated from the healthy, and not restored to their families or friends until fully established in convalescence and vigour. When allowed to go out too soon, they fall often into chronic disease, rendering them useless to themselves, and a burthen on society. Much discrepancy of opinion exists amongst authors, as well as practitioners, with respect to the nature and treatment of fever. Some, with Clutterbuck and Mills, referring the seat of disease to the brain; others, with Broussais, to the abdominal viscera, constituting a state of gastro-enterite.

The tongue, in gastro-enterite, in general, is of a florid colour, the papillæ somewhat elevated. The tongue is occasionally furred towards its base, and in the centre we sometimes have a brown streak. The thirst is often intolerable, with an inability to retain fluids when swallowed. There is much distress in the region of the stomach, increased on pressure; this state is preceded for an indefinite time by anorexia, with a state of febrile anxiety. The stomach should be kept as quiescent as possible; relays of leeches over the stomach repeatedly applied, until inflammatory action is subdued; the bowels

should be kept soluble by means of laxatives—inanua and rhubarb, as recommended by Ræderer and Wagler, two German physicians, and by whom a description has been given of this disease as it appeared in 1760, at Göttingen.

As regards the treatment of fever, the physician who observes the old adage, “a happy medium between extremes,” will be the safer practitioner; not allowing his mind to be warped by the trammels of dogmatism, as inculcated by teachers and writers, but reflecting and acting for himself. The man who is determined not to bleed in fever, will commit as many errors as he who bleeds indiscriminately: every case, in truth, of fever, must be treated *per se*, with due regard to its circumstances, everything turning on the judicious adaptation of therapeutic agency. For example:—in ague, or intermittent fever, Peruvian bark will sometimes act as a specific; but let the same remedy be injudiciously administered, and the most calamitous results may follow. This is not a mere chimera, as the following fact will illustrate:—

The writer was called upon a few years back, to see a person labouring under intermittent fever of the tertian type. This patient had been taking half a drachm of powdered Peruvian bark three times a day for some time. The patient so far from improving, was passing from bad to worse every moment. I found the man alluded to with a dry and hot skin, a strong bounding pulse, a furred tongue, with insatiable thirst, &c. On careful exploration of the abdominal walls, I discovered considerable tumefaction of the hypochondria, with topical distress upon pressure being made in the epigastric region. The curative indications under the circumstances became obvious. The first thing I did was to interdict the use of the bark; I then adopted the

general and topical abstraction of blood, followed by due emulgence of the bowels; blue pill was afterwards exhibited, in combination with James's powder and hippo for a short time, until the secretions became improved, as evidenced by the appearance of the alvine discharges. The local distress in the hypochondria soon disappeared; the tongue, skin, and pulse also rapidly assumed a normal state; the patient soon recovered under the use of the sulphate of quinine. In this case, had the bark been persevered in, without first removing the abdominal congestions and consequent depravity of the secretions, it is manifest that instead of a happy recovery there would have been a fatal issue.

Did space permit, the writer could adduce numerous analogous cases to the above.

The ordinary fever of this country, as already stated, is the synochus of Cullen. Fever purely typhoid from the commencement is rarely met with. In the former, the heart and arterial system may be said to be primarily engaged; in the latter, the brain and nervous system, including the spinal chord. The stage of oppression may last for days; it is followed by a stage of excitement, and this again by that of depression. When early attention is directed to the synochoid form of fever, by the adoption of suitable depletory and other appropriate means, the disease may be shortened, and the state of typhoid depression if not averted, at least much mitigated.

There is no disease to which the human body is obnoxious, in the treatment of which, empirical as it may appear, symptomatology is of more moment to attend to than in idiopathic fever. I admit the physician should reflect seriously on the peculiarity of the prevailing type of fever, and, when practicable, to ascertain the habits of the patient, the duration of his illness,

the present and past symptoms, and so on: but the symptoms must be attended to, and at once combated as they arise, due attention of course being paid to sympathizing organs; that is, to watch well that the organ apparently engaged be not altogether free from morbid derangement, and merely sympathetically affected, the seat of disease being in a distant part; for example, how often will the patient be distressed at the beginning of fever by vomiting, thirst, and an inability to retain fluids on the stomach? The writer has frequently had patients thus circumstanced admitted into his wards, when in fact the stomach was quite free from disease, the affection being altogether seated in the brain; the cerebral symptoms being at the time latent, and, as it were, masked; hence the obvious necessity of careful and minute examination into the patient's case. The writer, under such circumstances, never omits to examine manually the region of the stomach, and when the patient can bear pressure without wincing, he looks to the brain as the organ engaged, and has been often much gratified by the train of morbid phenomena that followed, confirming his views. By a providential interposition, the proportionate mortality in the hospital has always been greater when the number of patients has been least.

When fever attacks suddenly, without antecedent disturbance in the functions, it is always severer in the symptoms, and the powers of life are more immediately depressed. In the year 1837, I had an opportunity, in private practice, of witnessing the truth of this axiom in medicine. A legal gentleman, on leaving his lodgings for the law courts, met, on his way thither, a maid servant of the house in which he resided, returning from the Hardwicke Fever Hospital. Her appearance bore evidence of having suffered much, and of having nar-

rowly escaped from death. This gentleman instantaneously sickened, was obliged to return home and take to his bed. I saw him on the fifth day of his illness. His state was so alarming, that on my first visit I requested a consultation, which was acceded to by his lady, who until then had no idea of her husband's position. Doctor Harkan's able assistance was procured; and despite of our conjoint efforts to save this gentleman's life, he fell a victim to an exquisitely appalling form of typhus gravior.

The writer treats fever according to circumstances, not allowing his mind to be prejudiced in favour of this or that remedy, but acting solely from the peculiarities of each case. When there is intense headache, with intolerance of light and sound, sharp pulse, &c. he detracts blood either from the temporal artery, or by means of leeches topically from the nasal septum, the temples, the nape of the neck, or from behind the ears. In some cases, cupping the nape of the neck has been adopted by the writer; but he prefers opening the temporal artery, when the head symptoms run high. This mode of depleting acts more immediately on the brain, and as it were locally from the anastomoses between the superficial and deep temporals, the middle meningeal artery must necessarily be influenced. In interrogating patients as to whether they have pain, it is a good plan to ask them where their pain is—the truth is thus elicited. The cold douche on the shaven head at intervals after bleeding will often be useful. Cold lotion to the head when indicated, must be sedulously applied, for if not carefully attended to, a reaction follows, which proves highly pernicious. When there is no gastro-enterite present, the writer has exhibited tartar emetic in solution, duly apportioned, after leeching; or arteriotomy, with manifest benefit; previously emulging the bowels, exhibiting at

intervals calomel and James's powder in combination, with a view to equalize the circulation.

The stethoscope will enable the physician often to detect latent pneumonia, when otherwise he could not; in fact, by its assistance the precise seat of pulmonic inflammation can be ascertained, a desideratum of great moment in conducting a case of fever. The lancet was used by the writer more generally last year, than for some time back, with a happy result. This was in consequence of the fever cases that came under his immediate care, having being mixed up in numerous instances with inflammatory complication. With a view to ascertain the patient's tolerance with respect to bleeding, I direct him to be placed sitting up in bed, whilst the blood is being drawn. If he faints in this posture, on the loss of a few ounces of blood, the inference to be drawn is, that the loss will not be horne; and, *vice versa*, if syncope should not occur, it tends to prove the patient's tolerance with respect to the evacuation.

In two instances, cancrum oris occurred in my wards during the last year. They were females, one aged eighteen, the other fourteen, in whom this gangrenous ulceration of the cheek and gums took place. This irregular and fœtid ulceration, if not speedily arrested, is sure to destroy the cheek by extensive and fatal sloughings. This ulceration may arise without mercury; in the two cases now alluded to, no mercury was given. I have seen the ulceration occur to children residing in crowded and ill ventilated cabins, during my incumbency in a county infirmary. The writer has no doubt, however, but that mercury will be sufficient to induce the disease, particularly when the constitution is depraved either by illness, bad food, or a residence in a vitiated and crowded atmosphere. The usual treatment succeeded in the cases above alluded to; it consisted in supporting the constitu-

tion by wine, &c. in restricted quantities, with good beef tea, and at the same time the internal exhibition of the sulphate of quinine. Camphorated spirits of wine was applied in each case to the cheek externally, and the nitro-muriatic acid freely to the ulcers. The nitrate of silver will be found also an excellent local application.

The reader is referred to Pearson's Principles of Surgery, 2d edit. p. 287, for a description of this ulceration. Our countryman, Doctor Thomas Cuming, formerly of Dublin, and now residing in the city of Armagh, has given the best description of cancrum oris extant; to his very graphic paper the reader is likewise referred. Vid. Dublin Hospital Reports, vol. iv. p. 230.

The exhibition of wine in fever, the writer is of opinion must be attended to with extreme caution, and its effects closely watched. If the pulse under its use becomes more frequent, with increased heat of skin, its undue administration may be inferred; if, on the contrary, the pulse becomes soft and slower, it may be considered as presumptive evidence of its utility. Apoplectic seizure has often occurred in fever, from the injudicious or at least incautious use of wine; it is however sometimes our best diffusible stimulus in malignant adynamic fevers.

Retention of urine, requiring for its relief catheterism, occurred but in one instance during the past year in the writer's wards. During the epidemic of 1837 it was of frequent occurrence. There is no part of the physician's duty of more importance than that of carefully watching the state of the urinary bladder in fever. The patients, when retention occurs, are mostly insensible; and the nurse will say often that the patient makes water freely, when in truth the viscus is distended to its utmost, and that which passes off is merely what the ureters pour into the bladder. Hence the necessity on the part of

the physician to carefully explore the hypogastric region at his visits. The fundus of the bladder has before now given way, and fatal consequences have, as a matter of course, followed. The case in which the retention occurred did well: and it was interesting to observe, that as the brain symptoms improved, the bladder recovered its contractility.

The best criteria of the state of the fever patient are the pulse, tongue, skin, and, above all, the expression of the countenance. The pulse is liable to be influenced by so many circumstances, that its indications in fever are often uncertain and fallacious; the worst kind of pulse is where its undulating character is lost, giving the impression of uniform dilatation. It is of great importance to attend to the appearance of the tongue in fever. It is rightly observed by Doctor William Fordyce: "The different appearances of the tongue in fevers ascertain the state of the disease, its nature, and the proper mode of treating it, better than the pulse itself." Where the tongue is moist and covered with white mucus, we have in general a bounding pulse, a hot skin, and often some viscus engaged in inflammatory action.

The tongue is sometimes covered with a yellowish mucus, and the skin is at the same time of a jaundiced hue, with a tumid epigastrium; in such cases the liver is in a state of disordered congestion. A brown dry streak in the middle of the tongue denotes a torpid state, with defective secretion throughout the whole intestinal tube. When the tongue is tremulous, we generally have debility with sensorial disturbance. A florid glazed tongue, with eminent papillæ, denotes ulceration in the alimentary canal. We often meet with this tongue in fever with dysenteric complication.

If sweat be moderate, equally diffused, warm, and followed by a soft pulse, it augurs favourably; but if

old, clammy, profuse, and partial, we have more to fear than expect from it; and in most cases, profuse sweats at the beginning of fever prove pernicious. No words can convey to the reader the various changes of the countenance in fever; but certain it is, that the practised eye will at once discern amendment or otherwise, from the general aspect of the patient alone.

The fever cases of last year in the writer's wards, were chiefly petechial of the purpuræ and morbillous character. The latter form, as already noticed by Doctor Eustace, are accompanied with gastric distress, the former present most usually, where the brain and nervous system are concerned. It is the writer's opinion, from observation, that petechiæ are not always ominous of danger; the more early they appear in fever, the better; the more advanced the fever is when the petechial eruption becomes manifested, the more unfavourable; the more florid, the better. Petechiæ are seldom met with in fever on the face, palms of the hands, or soles of the feet. The writer has never in his practice met with them in any of those three parts of the body. The dark vibices in malignant fever would appear to depend upon the lost balance between the arterious and venous systems, together with a relaxed state of the cutaneous capillary vessels, and a torpidity of the capillary veins, so far as their absorbent power is concerned.

The delirium of fever varies much in character, and manifests itself in some instances on the third and fifth day. When it occurs chiefly at night, intermixed with occasional slumbers, it augurs favourably. On the contrary, if it be attended with persistent pervigilium, and jactitation of the upper extremities, with the eyes open, it may be looked upon as an adverse omen. The temperature of the body is less, generally speaking, in the severe forms of typhus than in the synchoid form of fever, es-

pecially in the cases accompanied with cephalic congestion; where the temperature of the body is moderately high, it is not to be looked upon as an adverse sign, but rather as indicating an active state of the vital powers.

Crisis, by sleep, with soft skin, occurred in most of the cases of last year—epistaxis in some; and in the typhus cases, complicated with catarrhal symptoms, I frequently observed the amendment coeval with the appearing of a vesicular eruption about the angles of the mouth: the 11th, 14th, and 17th were in general the critical days.

The convalescence in some of the cases was slow, owing to chronic antecedent disease. Dropsical effusions took place in a few cases after protracted fever; to such I have exhibited the hydriodate of potash in solution, with manifest benefit, at the same time adopting iodine frictions to the abdominal walls.

The worst symptoms of typhus are pervigilium, anxious and hurried respiration, singultus, or hiccup, picking at the bedclothes, involuntary discharges, and coma, with stertorous breathing. Amongst the most favourable may be considered sleep, soft pulse, a moist tongue, deposit in the urine, with a solvent state of the bowels.

When there exist weakness of the heart's action, torpor of the capillary and nervous systems, with coldness and lividity of the surface, the topical and diffusible stimuli will be found serviceable. Hot stupes, and terebinthinate frictions, I have also adopted under such circumstances with manifest benefit.

In the advanced stage of typhus, and where there existed floccitation, delirium, and a concatenation of the most appalling symptoms, with a state of insomnia, the writer has, in former years, to patients thus circumstanced, and where due depletion had been previously

adopted, exhibited a mixture consisting of tartar emetic, tincture of opium, and camphor mixture, with truly miraculous results.

The writer, for a series of years, acted as clinical clerk in a fever hospital, under the late Drs. Leahy and M'Loughlan. The latter of those eminent and much regretted physicians was in the habit of directing ten drops, or so, in mixture with tartar emetic—say ʒi. to ʒʒ, and ten drops of the tincture of opium; the opium was merely added to prevent the tartar emetic from passing off by the bowels, and the mixture was intended as a diaphoretic, and not as a sedative. To that able physician, Dr. Robert Graves, I am indebted for the exact formula and adaptation of the remedy, never having seen the formula or anything approaching to it before administered. My colleagues at Cork-street Hospital it appears have been in the habit of prescribing the mixture, but to me it was, I must candidly confess, new.

Some years back (1837) I met Dr. Graves in consultation, upon the case of a gentleman in Paradise-row, who appeared to me and another medical man to be dying. On the suggestion of Dr. Graves, the mixture was exhibited. This gentleman, after the third dose, fell asleep for several hours—his convalescence was rapid. I have since, in hospital and private practice, prescribed the medicine with due restrictions, and avail myself of this opportunity of expressing my obligations to Dr. Graves, for this as well as his other contributions to medical science; to him is mainly attributable the proud and elevated station to which Irish medicine has advanced within the last twenty years.

Acute rheumatism, with high fever of the sthenic character, prevailed amongst the poor to a great degree during the last year. If the etiology of typhus fever be involved in much obscurity, such cannot be said of rheu-

matism. The sudden transitions of temperature so remarkable in Ireland, the poverty and nudity of the poorer classes, together with exposure to the Atlantic gales, all conspire to the production of rheumatism. Indeed, the wonder is, that we have not more ankylosed cripples in the male population of the humbler ranks of the community. The writer abstracts blood cautiously in acute rheumatism, and never unless the accompanying fever be extremely inflammatory.

After suitable purgation with emeto-cathartics, he administers calomel and opium to affect the gums slightly, and follows this plan of treatment by the tincture of colchicum in mixture, and exhibits the nitrate of potash in scruple doses until the skin becomes soft. When the pains become persistent, with a soft skin, the writer has latterly, on the plan of Dr. Corrigan, exhibited large doses of opium in a pilular form, with manifest benefit; the dose being one grain every sixth hour, for several consecutive doses. If bleeding and mercury be carried too far, there is great debility produced, which retards much the convalescence of the patient. Amongst the numerous cases of rheumatic fever admitted into my wards, metastasis from the joints to an internal organ has occurred but in one instance, and that was the case of a young man of the name of Christy Maguire. This man took fright at the bad typhus cases that were in his ward, in close juxtaposition to him. In deference to his urgent importunities, he was transferred to the convalescent department of the hospital. He exposed himself incautiously to a sharp easterly wind: a metastasis to the heart followed. The tumultuous action of this organ, the extreme præcordial oppression and pain, with impeded respiration, and other signs, left no doubt as to what had occurred. He was cupped over the heart, blis-

tered and mercurialized, followed by the exhibition of the tincture of colchicum. This man ultimately did well.

It is thought by some medical men that a proclivity to rheumatic metastasis, is likely to follow the application of leeches to the affected joints. The writer cannot speak from experience on this point, never having witnessed such an occurrence.

Some cases of small pox were admitted into my wards during the year, five in number. Three were confluent, and two discrete cases. They all recovered, and had never been vaccinated. The writer adopts, in small pox, the cool regimen in the incipient stage; but as the disease advances, he administers opium in combination with the aromatic spirit of ammonia, apportioned in doses according to circumstances.

The cases of measles all recovered. In some, the pulmonary symptoms were urgent, but yielded to appropriate treatment.

The following cases have been transcribed by the writer from his journal, as affording illustration of his practical application of remedial agents.

CASE I.

SCARLATINA CASES.—Mary Cleary, ætat. fifteen, fifth day, January 15th, 1841. The tongue and internal fauces of a florid colour; the external fauces much swollen; the eyes are suffused, the conjunctiva of both unusually vascular. There is intense head-ache, with occasional delirium; a dull efflorescence pervades the entire surface; the respirations count 35 in the minute; pulse 140, small; belly open, from medicine given before her admission into hospital. The head to be shaved.

Applicentur hirudines octo faucibus externis, et postea imponatur cataplasma calidum emolliens.

16th. Head relieved ; two copious motions ; efflorescence not so great ; coughs much ; the internal fauces are much swollen, and of a dark livid colour ; pulse 130, soft. Tepid sponging of the general surface, and shaven head.

Iterum applic. hirudine sviii. faucibus externis, postea appr. catapl. appr. vesic. pectori. Haustus effervescens subinde.

17th. Some sleep ; pulse 135 ; breathing oppressed and hurried ; rash as on yesterday ; throat improved ; head-ache gone ; the leeches did well ; the intellect at present is clear ; belly open ; cough severe ; thirst urgent.

Appr. vesicatorium inter scapulas.

R. Tartari emetici gr. ii.

Misturæ pectoralis, ℥viii. M. sumat

℥j. urgente tusse.

R. Calomelanos, gr. sex.

Pulv. ipecacuanhæ, gr. ii.

Pulv. Jacobi, gr. sex. M., et divide in partes sex.

Sumat i 3iis. horis. Tepid sponging.

18th. Improved.—Contr. mistura pectoralis.

This patient progressively improved, and was dismissed cured on the 9th of February. This case affords evidence of congestion in the brain, which state was neglected for the first days of the girl's illness ; the pulse and respirations having harmonized, augured favourably. Where there is much disproportion between the pulse and respirations, danger is in general to be dreaded.

CASE II.

John Dolan, ætat. four years, May 2nd, 1841. The external fauces are much swollen; the internal florid; the entire surface of the body is covered with an efflorescence; the papillæ of the tongue are to be seen projecting through a thick fur on that organ; skin pungent and harsh to the feel; pulse 130; respirations 35.

R. Pulv. ipecac. gr. sex.; ox. scillæ, ʒj.; aquæ, ʒi.
M. Detur dimid. stat. et reliq. post horæ quadrantem ni interea vomitus supervenerit.

Hot bath in the evening.

Applicentur hirudines sex faucibus externis, et postea imponatur cataplasma calidum emolliens; sumat pulverem purgantem secunda quaque hora ad effectum, incipiens post emesin.

3rd. Vomited freely; leeches did well; rash more developed; tongue cleaning; the external fauces much swollen.

Contr. cataplasma calidum. Nitrate of silver to be applied in the form of solution to the internal fauces.

4th. The tongue is now clean and florid, the fur having disappeared; the fauces continue swollen, but not more so than at last visit; the efflorescence is much less on the surface; pulse 110, soft.

Tepid sponging.

Iterum appr. hirud. vi. fauc. externis; pulv. purg.

5th. Doing well.

6th. Going on well.

7th. Convalescent.

17th. Dismissed well.

CASE III.

William Doyle, ætat. four years, December 9th, 1841. Rash not well developed; the external and internal fauces much swollen; pulse 160; coryza; belly costive; skin dry and hot.

Head to be shaved; tepid sponging of the surface occasionally; cold douche on the shaven head three times in the day.

Appr. hirud. iv. fauc. externis. Nitrate of silver to be applied to the internal fauces.

10th. Appears to be better; leeches did well; pulse 155, softer; profuse discharge from the nares; surface of more moderate warmth; scalp cooler; can swallow better, and the countenance is more expressive; no alvine discharge since his admission; fauces not so much swollen.

Contr. catapl. fauc. externis; admoveantur hirud. iv. pone aures.

Throat to be brushed with solution of the nitrate of silver; cold douche on the head this evening, and in the intermediate time to be kept cool with tepid vinegar and water.

R̄. Calomelanos. gr. sex.
 Pulv. jalapæ ℥i.
 Zinzib. gr. sex. M. et divide in
 partes iv. Sumati. 2is horis ad alvi sol.

11th.

Contr. omnia.

R. Calomelanos..... gr. octo.
 Sacch. albi gr. xii. M. et divide in
 iv. p. i. 2is horis. Contr. cætera.

12th Pupils dilated; pulse 160, small and compressible; much somnolency.

Contr. pulv. ex calomelane et cætera.

13th.

Feet to be enveloped in wool. Contr. omnia.

14th. Pulse past counting; vital powers sinking.

Beef tea..... 4 oz.

15th. Not improved; weaker.

Contr. omnia.

16th.

Cumbed wool to the feet.

Habt. 3 i. vini partitis vicibus per diem.

Beef tea..... 8 3̄.

Mist. quinae.

17th. Continues to sink; deglutition much impeded; the pupils are dilated and insensible to the stimulus of light.

18th. The nurse reports that a convulsion occurred in the afternoon of yesterday, and recurred in the evening; death took place early this morning.

Autopsy of Doyle forty eight hours after death, assisted by my learned colleague Dr. Thomas Brady, Professor of Medical Jurisprudence to the College of Physicians in Ireland, &c.

Brain.—Unusually firm; considerable subarachnoid effusion; sulci obliterated; the medullary substance presented in many parts, when cut into, punctated vascularity; the lateral ventricles contained about six teaspoonfuls of serous fluid.

Thorax.—Right lung healthy; the upper lobe of the left lung also healthy; the inferior lobe completely adherent in all parts to the costal pleura by firm and recent cellular adhesions; no effusion into the pleural cavity; the whole of this lobe was of a deep purple colour; on being cut into, it was solid, loaded with blood, intimately connected with the tissue of the lung; the surface of the sliced lung presented no granular appearance; it resembled the spleen, but was much firmer and denser; it sunk on being immersed in water; effusion into the pericardium.

Abdomen.—Mucous membrane of the stomach softened in the great cul de sac; large intestines loaded with healthy fæces; mesenteric glands enlarged.

CASE IV.

William Whelan, ætat. eleven years, May 24th; 4th day. Efflorescence on the trunk, belly, and lower extremities; tongue florid; papillæ to be seen in some parts pointing through a fur in the centre of this organ; the throat internally and externally tumefied; the former situation much swollen, from submucous infiltration;

belly costive ; skin hot and harsh to the feel ; pulse 135, soft.

Descendat in balneum calidum vespere.

Applicentur hirudines decem faucibus externis, et postea imponatur cataplasma emolliens calidum.

Head to be shaved.

Haustus oleosus statim.

The throat to be occasionally brushed with the solution of nitrate of silver.

25th. Belly open from the draught ; pulse 130, soft.

Contr. cataplasma et solut. nitr. arg.

R.	Calomelanos	gr. octo.
	Pulv. jacobi	gr. sex.
	Zinzib.	gr. ii.
	Ft. pulv.	iv. St. i. 3iis. horis.

26th. The throat is much improved ; skin dry, but the temperature of it has fallen ; pulse 120, soft ; tongue florid ; belly costive.

Enema vespere, contr. pulv. ex calomelane.

Tepid sponging of the surface occasionally. The poultice to the external fauces to be continued.

27th. Doing well ; the efflorescence is fading ; the throat is improved ; pulse 94, soft ; some return of appetite.

To have flummary.

28th. No complaints ; the cuticle in some parts desquamating.

30th. Convalescent.

This boy left the hospital, quite recovered, in a few weeks from the commencement of his illness.

CASE V.

Laurence Quinn, æt. 19, May 15th, 1841. Sore throat; no efflorescence of the skin; the tongue and internal fauces exhibit a scarlatinous character. His sister died of scarlatina at home, a week back. Pulse 110, full and bounding, tongue florid; the soft palate is much swollen; there is exquisite head-ache, with pain extending along the spinal column; thirst urgent; belly costive; skin pungently hot. Tepid sponging of the surface.

Venæsectio ad ℥ xii.

App. hirudines xii.

Faucibus externis et postea imp. catapl. calidum.

R. Pulv. ipecac. ℥ i.

Tartari emetici..... gr. i.

Aquæ..... ℥ ij. M. Sumat statim post emesin. Habt. bolum purgantem et mist. purg. tart. emet. ad effectum.

16th. Blood sisy; pulse 84, soft; throat better; tongue still florid; vomited well; belly open; much thirst; surface pungently hot.

Tepid sponging of the body. Haustus effervescens subinde. Head to be shaved.

17th. Continues to improve; distressed by cough.

R. Tart. emetici gr. ii.

Misturæ pectoralis viii. M. St. ℥ tusse urgente.

18th. Cough continues; pulse 94, soft and full; sonorous râle audible over the antero-superior part of the chest, on the right side; belly costive.

Appr. hirud. xii. thoraci; Pilul. hydrarg. cum colocynth. ii. statim; Mist. purgi. c. tart. emet. ad effectum.

19th. Cough better; pulse 85, soft; the throat is much improved; some return of appetite.

20th. Continues to improve.

24th. Dismissed free from complaint.

CASE VI.

Julia Dunne, ætat. 30, not married, April 27th, 4th day. The entire of the body is covered with a deep lobster coloured efflorescence; there is considerable tumefaction of the external parts about the throat. The throat internally is also much swollen; there is headache with intolerance of light; the eyes are much suffused; pulse 130, full; tongue florid at the apex and sides, furred in the centre; the elevated papillæ can be seen protruding; there is much thirst; extreme præcordial anxiety.

Head to be shaved and sponged; applicentur hirudines xvi. faucibus externis et postea admr. catapl. calidum; haust. emeticus; pil. purg. ii. et mist. purg. ad effectum post emesin.

28th. Much effusion of blood from the leech bites; the emetico-cathartics have acted well; she states that she can swallow better; the poultice over the leech bites

has given her much comfort ; head-ache continues ; pulse averages 120.

Poultice to be continued ; tepid sponging of the surface.

Appr. hirud. xii. temporibus.

℞. Calomelanos gr. octo.
Pulv. Jacobi, gr. sex ; ft. pil.
Quatuor St. i. tertiis horis.

29th. Head much relieved ; throat externally and internally improved ; pulse 110, soft ; skin soft ; belly costive.

Poultice to be continued ; the throat to be brushed with a solution of nitrate of silver.

Haustus oleosus statim ; cont. pulveres ex calomelano et pulvere jacobo.

30th. Doing well.

May 3rd. Cuticle desquamating.

5th. Convalescent.

10th. Dismissed cured.

CASE VII.

September 27th, 1841, Jane Coote, ætat. 9, 4th day. A lobster-coloured efflorescence pervades the whole surface of the body ; the glands about the throat externally are considerably swollen ; the throat internally is of a florid colour ; tongue red ; papillæ elevated ; there is

much head-ache, with pungency of the skin ; belly constive ; the epigastric region is tense and tender to the touch ; pulse 120, soft and full.

Head to be shaved.

App. hirudines octo faucibus externis et sex regioni epigastricæ ; bolus purg. stat. ; haustus oleosus vespre.
Tepid sponging of the surface.

28th. Several alvine evacuations from the medicine ; head-ache continues ; leeches did well ; pulse 130 ; breathing hurried ; tongue florid ; throat ulcerated ; skin pungently hot ; moans much ; distressed by pain in the wrists.

Applicentur hirudines octo temporibus et quatuor pone aures.

Tepid sponging of the surface ; cold douche on the shaven head occasionally.

The throat to be brushed with strong solution of nitrate of silver often in the day.

R. Calomelanos ... gr. sex.
Pulv. Jacobi... gr. octo.
Zinzib. gr. iii.
Fiant. pulv. iv. St. i. alternis horis.

29th. Throat improved ; head-ache much better ; skin soft ; the efflorescence is not so vividly over the surface ; belly open ; pulse 88 soft ; less thirst.

Haust. efferv. subinde.

Throat to be brushed with nitrate of silver solution.

Tepid sponging of the surface.

30th. Doing well.

This girl rapidly convalesced, and was dismissed well on 8th October, 1841.

CASE VIII.

Mary Mathews, servant, æt. 13, August 26th, 1841. 5th day. A lobster-coloured efflorescence pervades the entire surface of the body, with pungency and aridity of skin; the internal fauces much swollen and florid; no ulceration at present; tongue furred in the centre, soft at the sides and apex; pulse 130, soft; respiration 32; refers all her distress to the throat; belly open.

Tepid sponging of the surface.

Head to be shaved and sponged.

App. hirudines xii. faucibus externis, et postea imponatur cataplasma calidum emolliens.

℞. Pul. Ipecac..... ℥i.

Tart. cmetici gr. i.

Aquæ ℥ii. M. pro emetico statim sumendo.

27th. Leeches bled well; fauces less swollen; skin not pungently hot; efflorescence continues; pulse 134, soft; belly open.

Iterum appr. hirudines octo faucibus externis.

Poultice to be continued.

Tepid sponging of the surface.

Haust. efferv. subinde.

28th. Efflorescence fading; pulse 100, soft; belly open; internal fauces still swollen.

Tepid sponging.

Cat. haust. efferv.

The throat to be brushed with solution of lunar caustic.

Poultice to be continued.

29th. Pulse 100, soft; efflorescence of the skin fading; internal fauces continue swollen; belly open.

Tepid sponging of the surface.

Cont. haust. effervescens subinde per diem.

The throat to be brushed with a solution of lunar caustic.

Poultice to be continued.

This patient continued to improve daily, and was dismissed free from complaint, on 16th September, 1841.

CASE IX.

Edward Gainor, æt. 5, August 15th, 1841, 4th day. The body is covered with a scarlatinous rash, not inaptly compared to the colour of a lobster; the tongue is florid; the internal fauces florid and swollen; belly tympanitic and tender; the glands about the neck swollen; pulse 120, soft.

Tepid sponging of the surface.

Appr. hirudines iv. fauc. externis.

Poultice over the leech bites.

℞. Calomelanos gr. iii.
 Pulv. jalapæ gr. octo.
 Zinzib. . . . gr. i.
 M. ft. pulvis; Sumat stat. et post horas tres st.
 haustum sequentem.

℞. Olei ricini ℥ ss.
 Terebinth. ℥ ii.
 Aquæ menthæ pip. ℥ i. M. ft. haustus.

16th. Belly open from the medicine; there is less tympany; pulse 110, soft; swallows better; skin dry and pungently hot, with a harshness to the feel.

The throat to be carefully brushed occasionally with a strong solution of the nitrate of silver.

Tepid sponging of the surface.

℞. Calomelanos gr. sex.
 Pulv. Jacobi gr. iv.
 Sacchari albi gr. x. ft. pulv. quatuor Sumat i.
 tertiis horis.

17th. There is less tympany; some tenderness over the belly when pressed upon; pulse 110, soft; tongue not so florid as on yesterday; less pungency of the surface of the body.

Tepid sponging.

Terebinthinate friction to the abdominal walls.

Poultice to the jaws.

Cont. pulv. ex calomelane.

18th. Improved; rash fading; belly open; pulse 98, soft; temperature of surface has fallen, and the skin is soft to the feel; the belly has lost the state of tympa-

nitie distension, and can now bear pressure with impunity ; some return of appetite.

To have some arrow-root sweetened.

19th. Continues to improve.

20th. Doing well.

September 13th. Discharged free from any complaint.

CASE X.

James Gainor, ætat. ten years, August 15th, 1841, 5th day. Rash not well developed ; coryza ; the surface is not so pungently hot as in his brother ; pulse 130, soft and weak ; breathing hurried ; tongue florid ; the throat is livid, with an ulceration on either side of the uvula ; there is an abscess under the right ear ; the external fauces much swollen ; belly costive ; countenance oppressed, and exhibiting a typhoid aspect.

Poultice to the tumor ; tepid sponging of the body ; head to be shaved.

Hab. vini ζ i. partitis vicibus per diem.

Enema emolliens vespere.

The throat to be brushed with solu. nitrate of silver.

R. Calomelanos gr. octo.

Pulv. Jacobi gr. sex.

Sacch. albi gr. xii. Ft. pulv. vi. St. i. 3iis. horis.

16th. As on yesterday ; the abscess has approached more to the surface.

Contr. omnia.

Abscess to be opened.

17th. Abscess opened by Mr. Trant with his usual adroitness; pulse weaker; throat not improved.

Poultice.

Augeatur vinum . . ad ℥ ii.

Beef tea 4 oz.

Cont. pulveres ex calomelane et pulv. Jacobo.

18th.

Poultice

Cont. pulveres.

Beef tea.

Wine 2 oz.

19th. There is a profuse discharge from the abscess; weaker; throat more livid.

Poultice.

Wine 4 oz.

Beef tea 8 oz.

℞. Decocti chinchonæ ℥ viii.

Acidi muriatici diluti, q. s.; ft. garg. sæpe adhibendum.

Contr. nitras argenti ulceribus.

20th. No improvement.

Contr. omnia.

21st. Continues to sink; pulse past counting; moans much; pupils dilated; belly costive.

Cont. pulv. ex calomelane et alia.

Appr. vesicatorium nuchæ colli.

22nd. Continues to be much in the same state; rather worse; the gums are tender, with a mercurial fœtor.

Omittantur pulveres ex calomelane et pulv. Jacobo.

Beef tea.

Wine and gargle.

27th. Since last report no daily change requiring observation. The belly to-day is swollen, with tenderness; there is more prostration of the vital powers; pulse 150, weak.

Beef tea and wine to be continued.

R. Hydriodatis potassæ ʒi.

Præ Zinzib. ʒi.; Aquæ . . . ʒviii. M. st. coch i.
ampl. 6is horis.

28th. No amendment; powers of life sinking; the lividity of the internal fauces has increased; pulse filamentous, and past counting.

Augeatur vinum ad ʒviii.

Contr. mist. hydr. potassæ.

Beef tea.

29th. No amendment.

Contr. omnia.

30th. Died last night.

SECTIO CADAVERIS JACOBI GAINOR.

Brain.—On raising the calvarium, the dura mater was found vascular, and adherent in some places. The cortical substance was minutely injected, exhibiting an arborescent appearance. The lobes are adherent, so as to obliterate the sulci. The brain unusually firm. Effusion between the arachnoid membrane and pia mater. Copious effusion of limpid serum into the ventricles.

Considerable serous effusion in all the ventricles of the brain and at the base. The substance of the cerebellum less firm than that of the cerebrum.

Thorax.—Pulmonary and costal pleuræ adherent on the right side of the chest; effusion of serum in the left cavity of the thorax, to a considerable quantity. The left pulmonary pleuræ covered with a coat of coagulable lymph. The substance of the left lung infiltrated with serum and pus: the same to be observed in the right lung. The posterior part of the right lung carnified and infiltrated with sanguinolent serum. There was very little more than ordinary of serum in the pericardium.

Abdomen.—Liver normal; slight enlargement of the mesenteric glands. Some vascularity in the small intestines and connecting portion of mesentery.

CASE XI.

John Ryan, ætat. twenty, labourer, September 9th, 1841, fourth day. The body is covered with a rash of the scarlatinous character, particularly vivid on the trunk and superior extremities. The surface is pungent and harsh to the feel. The throat internally is much swollen and florid; the glands about the external fauces much swollen. Tongue florid at the sides and apex—furred in the centre; eyes suffused and intolerant of light. Headache; insatiable thirst. Belly open from medicine given him since his admission; pulse 120, and full. Leeches were applied on yesterday by order of the evening physician; the effusion of blood was copious from the leech bites. His power of deglutition he states became somewhat improved after their application.

Head to be shaved and sponged.

Iterum applicentur hirudines xii. faucibus externis, et postea imponatur cataplasma calidum emolliens.

R. Pulv. Ipecac. ℥ i.

Tart. emet. gr. i.

Aquæ ℥ ii. M. st. statim et post emesin incipiat usum pulverum seq.

R. Calomelanos gr. octo.

Pulv. Jacobi gr. sex.

Zinzib. gr. ii. M. et divide in partes quatuor. St. i. ℞iis. horis. The throat to be well brushed with a solution of the nitrate of silver.

10th. A bad night; deglutition impeded; internal fauces swollen and enlarged, with a livid hue. The glands externally situated about the throat are much enlarged; belly open; pulse 130, sharp.

Appr. ℞tio hirudines xii. faucibus externis.

Poultice over the leech bites.

Haustus effervescens subinde.

11th. The effusion of blood from the leech bites was considerable. He can swallow this day with much more ease than on yesterday. The fauces externally and internally less swollen. Pulse 120, softer; belly open.

Poultice to be continued.

Contr. haust. efferv. et lotio nitr. argent. faucibus internis.

12th. Much improved; pulse has fallen to 110, soft and compressible; some appetite.

Utatur gargarismate astringente c. tincturæ capsici drachmis daubus ad ℥ xvi.

13th. Continues to improve. The efflorescence of the skin is fading; the cuticle is desquamating in several parts of the body, especially in the extremities. Pulse 105, soft; tongue still florid; expresses a wish for more food.

18th. Dismissed well.

CASE XII.

Nicholas Tallon, ætat. 13, September 10th, 1841, 5th day. Efflorescence of the body, with a swollen state of the fauces externally and internally; pulse 130, sharp; belly open from medicine; tongue florid.

Applicentur hirudines octo faucibus externis.

Poultice.

11th. Leeches bled well; swelling of the fauces as on yesterday; pulse 132, sharp.

Poultice to be continued. The throat to be brushed occasionally with the solution of nitrate of silver.

12th. Efflorescence fading; swelling of the fauces much diminished; pulse 98, soft; tongue cleaning.

Poultice, and solution of nitrate of silver to the throat.

13th. Doing well.

Contr. omnia.

16th. Dismissed well.

CASE XIII.

James Norton, ætat. 5, September 8th, 1841. Has been ill for several days; at present, the hips are denuded; the cuticle is desquamating; pulse 150, small; respirations 35; skin of moderate warmth, and not at all pungent; deglutition impeded. There is coryza; the internal fauces swollen, lived, and ulcerated; breathing oppressed; some heaving of the chest; belly open from medicine. The external fauces leeches on yesterday by order of the evening physician. Belly open from medicine administered before admission into hospital, inducing a state (from hypercatharsis) of excessive debility.

Head to be shaved.

Appr. vesi. toti capiti raso.

The internal fauces to be well brushed with a strong solution of nitrate of silver, 20 gr. to ʒi.

R. Misturæ Camphoratæ ... ʒ vi.
 Ætheris ʒ ii.
 Sp. ammoniæ aromatici ʒi. M. St. cochl. ii.
 modica ʒis. horis.

R. Calomelanos gr. viii.
 Pulv. Jacobi gr. sex.
 Zinzib. gr. ii.
 Ft. pulv. iv. Detur i. ʒiis. horis. Habt. vini
 ʒ iv.

9th. Died this morning. No examination of the body.

CASE XIV.

MEASLES.—Maryanne Byrne, servant, ætat. 18, May 7th, 1841, 4th day. An eruption of the rubeloid character pervades the entire surface of the body, although she states that she had the measles when aged eight years, but does not recollect whether the eruption was accompanied with a cough or not. Pulse 140, and sharp; respirations 35. There is a severe cough, with hurried and laborious breathing; a sonorous râle audible over the chest on both sides. There is irritability of the stomach, with epigastric tenderness on pressure; the tongue is furred, and the bowels are torpid.

Venæsectio ad ℥ xii.

Applicentur hirudines octo epigastrio.

Haustus oleosus statim.

Injiciatur enema emolliens vespere si opus fuerit.

8th. Blood sizy; catarrhal symptoms much relieved; epigastric tenderness gone. She can bear pressure this morning over the several abdominal regions with impunity. Belly open from medicine; pulse 130, more compressible; tongue as on yesterday; breathing improved; bronchitic râle over the chest, on both sides, continues.

Appr. vesic. pectori.

℞. Tartari emetici gr. duo.

Aquæ puræ ℥ viii.

Syrupi ℥ ss. M. st. ℥ i. 3is horis.

℞. Calomelanos, gr. octo.

Pulv. ipecæ, gr. quatuor.

Pulv. Jacobi gr. sex.

Ft. pilæ sex. St. i. 3is horis.

9th. The blister has risen ; the rash is receding ; tongue cleaning ; belly open. In every respect better.

Contr. mist. et pilulæ.

10th. Pectoral symptoms much improved ; bronchitic râles at present not to be heard. The morbillous eruption has altogether vanished ; pulse soft, and averaging 84 ; tongue cleaning ; belly costive.

Haustus oleosus statim.

11th. Going on well. There is still a slight cough ; belly open from the oily draught.

Mist. pectoralis.

25th. Dismissed this day free from complaint.

CASE XV.

PURPURA HÆMORRHAGICA.—Pat. Whelan, a dealer, æt. twenty-three, Aug. 29th, 1841. For the last fortnight the body has been covered with purple petechial spots ; four days ago, profuse epistaxis occurred, which has returned in a lesser degree every day since the hemorrhagic disposition became first manifest ; pulse 130, sharp ; tongue clean ; head-ache ; at present there is a slight bleeding from the nose ; belly costive.

Head to be shaved ; the nasal parts to be plugged up with lint, previously moistened in a solution of the sulphate of copper, 3 i. to 4 oz.

R. Calomelanos gr. sex.

Pulv. jalapæ..... g. xii.

Zinziberis gr. ii. ; ft. bolus statim æger deglutiat.

R. Sp. terebinthinæ . . ʒ ss.
 Olei ricini ʒ vi.
 Aquæ menthæ pip. ʒ iss. M. Sumat post horas,
 tres venæ sectio ad ʒ xvi.

30th. Three motions; pulse 130, sharp; tongue clean; no pain referrible to any organ excepting the stomach, over which, when pressure is applied, he states he feels pain; the dark purple spots continue out; some cough; sound elicited by percussion over both sides of the chest is clear; the respiratory murmur is normal; the blood drawn from the arm exhibits a buffy coat.

Appr. hirudines xii. regioni epigastricæ.

R. Calomelanos, gr. viii.
 P. ipecac. gr. ij. ft. pilæ iv. St. i. 3iis horis.

31st. Leeches did well; the pain in the epigastrium is somewhat better; he still, however, winces when pressure is made over that region; pulse 130, sharp; tongue clean; belly open; no hæmorrhage since yesterday.

Appr. vesic. epigastrio.

R. Sp. Terebinthinæ, ʒ ss.
 Aquæ menthæ pip. ʒ ii. M. st. statim.

Sep. 1st. Blister has risen; pulse 130, sharp; much cough; the sound is clear over the chest when percussed; tongue clean; belly open; some appetite.

R. Calomelanos, gr. sex.
 Pulv. ipecac. gr. tria.
 Ft. pilæ quatuor. St. i. 3iis horis.

R. Sp. terebinthinæ, ʒ vi.
 Mucil. gum. Arab. q. s.
 Aquæ menthæ piperitidis, ʒ viii. M. St. ʒ i. 3is
 horis.

2nd. Epistaxis occurred this day; pulse has fallen to 124, still sharp.

Appr. vesicatorium nuchæ.

Pilæ purg. ii. stat.

R. Sp. terebinthinæ, ʒ ss.
 Aquæ menthæ pip. ʒ ii.
 M. st. post horas iii.

3rd. Several scanty motions; no epistaxis since yesterday; the purple spots over the body are not so numerous; pulse 123, sharp.

Pilæ ii. purg. nocte, et haust. terebinthinat. cras mane.

4th. Some bleeding from the nose this morning; pulse 120, sharp; belly costive.

Bol. purg. statim.

Haust. terebinth. post horas iii.

5th. Belly open; purple spots continue to decline, pulse 125, softer.

R. Sp. terebinth. ʒ i.
 Mucil. q. s. Aquæ.
 Menthæ piperitidis, ʒ viii.
 Sacch. alb. ʒ ii. M. st. ʒ i. 3iis horis.

6th. Epistaxis last night ; belly costive ; pulse 125, soft.

Bol. purg. stat.

Mist. purg. ad eff.

7th. Expresses himself as free from all uneasiness.

8th. Epistaxis occurred this morning at two o'clock ; some cough ; purpuræ fading ; pulse 120, sharp and incompressible ; the respiratory murmur is audible on both sides of the chest ; tongue clean.

Venæs. ad 3 xii.

Bolus purgans stat.

Haust. oleosus, i.

Sp. terebinth. 3 iii. post horas iii.

9th. Pulse less hæmorrhagic ; cough is troublesome ; pulse 124, softer.

Appr. vesicatorium pectori.

Repr. mist. terebinth. ut olim. st. 3 i. 4is horis.

10th. Belly costive ; no bleeding for the last two days ; he is much distressed by a cough ; pulse 110, soft ; tongue cleaner ; appetite returned.

R. Tinct. opii, ʒ i.

Tartari emetici, gr. ii.

Misturæ pectoralis, ʒ viii. M. st. 3 i urgente tusse.

Haustus oleosus stat.

11th. Improved ; cough better ; pulse 100, soft ; purpuræ quite gone ; belly costive.

Contr. mist. pectoralis.

Haust. oleosus c. sp. terebinth. 3 iii cras mane.

12th. Slight bleeding from the nose this morning; cough better; pulse 120, sharp.

St. $\bar{3}$ i mist. terebinth. 4is horis.

17th. Has progressively improved since the 12th until this morning, when the epistaxis recurred at 7 o'clock; he refers pain to the left hypochondrium, which is increased on pressure; there is no tangible enlargement of the liver; pulse 130, sharp; tongue clean; cough better.

Applicentur hirudines xii. parti affectæ.

Contr. mist. terebinth.

20th. Epistaxis this morning; pulse 120, sharp; belly costive.

Milk at dinner.

Haust. oleosus stat.

22nd. Profuse epistaxis yesterday; cough better, but continues; pulse 130, sharp; belly tense and tender, especially in the right hypochondrium.

Appr. vesicatorium nuchæ.

R. Calomelanos, gr. xii.

Pulv. ipecac. p. sex.

Ft. pilæ. sex. St. i. 3iis horis.

Milk at dinner.

24th. Cough better; pulse 95, soft; no return of bleeding since the 22d; he can bear pressure over the abdominal walls with impunity; the gums are tender, and slight fætor is perceptible.

26th. In every respect improved.

Oct. 9th. Dismissed well.

CASE XVI.

Typhus.—William Butler, æt. 19, April 8th, 1841, labourer, 8th day. The trunk is covered with a dull petechiæ; the extremities are livid and cold; tongue furred; belly tense and tender; subsultus tendinum; pulse 130, small and easily compressed; there is occasional incoherency; the eyes are suffused; the countenance is wild.

Head to be shaved and sponged.

Pilæ. ii. purg. statim.

Haustus oleosus e.

Sp. terebinth. . . . ʒ ii.

Post horas tres.

The abdomen to be stuped, and afterwards to be rubbed with a camphorated terebinthinate liniment.

Habt. vini ʒ ii.

9th. Has had no sleep since last visit; he past the night walking about his ward; at present, ten o'clock, A.M., he is extremely incoherent and cannot be kept in bed; the countenance is remarkably wild; the petechiæ and subsultus tendinum continue; belly open.

Obscuretur cubiculum quo æger manet præcipue prope ejns lectum.

Applicentur cataplasmata sinapeos plantis pedum.

R. *Misturæ camphoratæ* ℥ viii.

Tartari emetici, gr. sex.

Tincturæ opii, ℥ i.

M. *Sumat* ℥ i. *tertia quaque hora donec somnus supervenerit.*

10th. Ten o'clock, A.M.—At present he is in a sound sleep; the nurse states that in fifteen minutes after the second dose of the mixture he fell asleep for four hours and awoke with his mind collected; late in the evening the incoherency recurred in a slight degree. At eleven o'clock the nurse administered to him a third dose of the mixture, after which he passed a quiet night; the surface is warm; bowels open.

Si insomnia redierit, sumat ℥ i misturæ sedativæ.

11th. A good night; pulse 120, equable; tongue cleaning; subsultus tendinum continues, but not to so great a degree as on yesterday; the nurse found it necessary from his extreme restlessness to administer to him two doses of the sedative mixture; the skin is of moderate warmth; belly costive; expresses a wish for food.

To have a small quantity of flummery in the evening.

Sumat haustum oleosum statim.

12th. Slept well without the mixture; belly open from the draught.

23rd. Since last report he has progressively improved, and is this day dismissed free from any complaint.

CASE XVII.

Typhus.—Martha Kelly, æt. 65, April 27th, 1841. Speechless, and no account can be collected of the duration of her illness; the hips are quite sphacelated; petechiæ of a purple character are numerously spread over the body, interspersed with vibices; the teeth, gums, and lips, are covered with sordes; she cannot protrude her tongue; there is much subsultus tendinum, with occasional hiccup; countenance cadaveric; the fœces and urine are passed involuntarily; pulse 130, thready and scarcely perceptible; the surface of the body is cold.

Habt. vini. ℥x.

Appr. sinap. acr. plantis pedum; necnon admoveantur versicatoria gastrocnemiis.

Beef tea.

℞. Misturæ camphoratæ, ℥viii.

Spiritus ammoniæ aromat. ℥ij. M. st. ℥i.
tertia quaque hora.

28th. No amendment; the symptoms, if anything, have grown worse since yesterday.

Cont. mist. et vinum.

29th. Apparently moribund.

30th. Died this morning.

Permission to examine the body could not be obtained.

CASE XVIII.

Typhus.—Robert Pierce, chair-maker, May 10th, 1841, fourteenth day. The body is covered over with dark petechiæ and vibices; there is extensive sloughing of the nates; the glutæus maximus muscle being denuded, he can scarcely articulate, and it is consequently difficult to collect from him a satisfactory reply when questioned, so as to be able to collect from him a history of his first symptoms; there is much tenderness in the epigastric region, increased by pressure; the tongue is of a dark mahogany colour, and dry; the eyes are suffused; the countenance is collapsed and hippocratic; there is much subsultus tendinum and incoherency, with picking at the bed clothes.

Head to be shaved.

Habt. vini ζ xii.

Foveatur regio epigastrica.

The sloughs to be covered with an antiseptic poultice.

Applicetur vesicatorium nuchæ.

11th. Delirium continued; has passed several bilious stools involuntarily: a cold clammy sweat pervades the entire surface; countenance purple; vibices increased over the surface of the body; the sloughs on the nates and over the sacrum have been detached; the pulse is imperceptible; he cannot protrude his tongue.

Cont. vinum sed aug. ad ζ xvi.

To have beef tea.

Sinap. pl. pedum.

Admoveatur vesicatorium toti capiti raso.

12th. Died shortly after my visit of yesterday.

Autopsy forty-eight hours after death, assisted by my learned colleague, Dr. O'Reardon. Numerous petechiæ and vibices over the surface of the body; the sound by percussion on the anterior and antero-lateral parts of the thorax is clear, and naturally sonorous; percussion with a finger on the antero-central parts of the abdomen, indicates the existence of intestinal gas; some dark blood passes up by the œsophagus and out by the mouth.

Brain.—On a circular incision being made round the head, dark blood oozes out; the scalp is vascular and adherent in many parts; the dura mater is vascular and adherent; copious deposition of lymph between the arachnoid membrane and pia mater. The entire venous system of the pia mater on the surface of the brain, and along its convolutions is injected with dark blood; the small arterial vessels, which interlace the texture of the membrane, are numerous and full; the convolutions of the surface of the cerebrum are united together by effused coagulable lymph; the substance of the brain is firmer than usual; cut into, is thickly dotted by divided vessels; choroid plexus enlarged and red; there is a quantity of sanguinolent serum in all the ventricles of the brain.

Thorax.—The lungs are free in their cavities, and of the usual greyish colour; and in a natural condition, except at the postero-inferior parts, where they exteriorly and in the parenchymatous substance are of dark purple colour; and are, when cut into, found suffused with much bloody serum; the right ventricle of the heart is small and yielding; it is quite empty, and its parietes are remark-

ably thin and flabby. The left ventricle contains only very little blood, the sides of this ventricle are easily torn (being deficient in natural firmness) much more easily than those of the right ventricle; a pretty large quantity of dark blood is easily pressed from the adjoining part of the vena cava into the right auricle.

Abdomen.—Liver healthy; there is an extremely thin, emaciated, and shrivelled state of the omentum majus; gas contained in the stomach and intestines; there is an inflamed, purplish, injected, thickened, and softened state of the mucous membrane of the stomach, especially of the large left cavity of this organ; there is a good deal of blackish brown turbid melænic liquid in the stomach, and duodenum, and the small intestines; the stomach is vascular internally, and ecchymosed in several parts; several dark purple injected discolorations in many parts of the intestinal mucous membrane of the small intestines; no ulceration can be detected in any part of this membrane, or enlargement of the glands of peyer; there is a very thickened condition of the mesentery, and numerous strong fibrous bands pass from the mesentery to the left side, across the whole of the descending colon, and bind it down to the posterior wall of the abdomen, intermingling in their passage with the intestinal external coat; very many of the folds of the jejunum and ilium adhere together strongly by means of coagulable lymph. These adhesions, and the thickened state of the mesentery, and the fibrous threads across the descending colon, constitute an old chronic condition of long date, independently of the fatal typhus fever. The substance of the spleen is soft, pulp.v, and broken down.

For the following post mortem particulars of the case

of Denis Farrell, I am indebted to the courtesy of my colleague, Doctor O'Reardon.

This man was admitted into the hospital on 3d of August, 1841, and died on 8th of the same month. He was a labourer, and aged 60.

CASE XIX.

TYPHUS.—Denis Farrell, a labourer, ætat. 60, admitted August 3, 1841. Labouring under a concatenation of the most appalling symptoms of typhus gravior. Doctor O'Reardon succeeded the physician who had him in charge, the first few days after his admission into hospital.

The pathological examination took place at two o'clock, P. M. on 9th.

The body and limbs have sufficient embonpoint, and indicate that the man was stout and robust. The fullness and prominence of the brain and its convolutions, with its numerously injected blood-vessels, seen after the removal of the upper part of the skull, shew that the brain was tightly pressed for room. The hemispheres are covered throughout with coagulable lymph, whereby the convolutions are glued together.

The veins belonging to the pia mater and surface of the brain are tinged with black blood, and the interstices of these membranes are interlaced with a close network of small vessels. The surface of the brain is very densely intersected with blood-vessels: there is a considerable quantity of sanguinolent serum lodged at the base of the brain.

Abdomen.—There is some thin watery blood in the stomach. The entire mucous membrane of the large left

cavity of the stomach is thick, soft, gelatinous, and of a dark reddish purple colour. The mucous membrane of the small or pyloric section of the stomach is not in this diseased condition, but it has some red vessels running through it. There are inflammatory marks in various portions of the interior of the small intestines. The liver is of its usual consistence, and looks well, save that its substance being cut into, is rather red in colour.

The examination of the thoracic viscera would not be permitted by the friends of the deceased patient.

CASE XX.

TYPHUS.—April 3d. Incapable of expressing himself so as to be understood. He is covered with dark petechiæ; belly tympanitic and full; pulse 120, sharp; respirations 36; tongue dry, and brown in the centre; eyes suffused and intolerant of light. No sleep since his admission on yesterday; skin of moderate warmth; there is much thirst.

Head to be shaved and sponged.

Appr. hirudines xii. pone aures.

R. Calomelanos, gr. iii.

Pulv. jalapæ, rhei, aa. gr. v.

Capsici, gr. i. ft. bolus st. stat.

Hauftus oleosus, c. Sp. terebinth, ʒii. post horas ii.

4th. Considerable effusion of blood from the leech bites; had some slumbers during the night; several alvine discharges have taken place during the night. The belly has fallen; there is still, however, a tympanitic

state present. The petechiæ continue out ; pulse 102, softer ; the breathing is suspirious, but in frequency as on yesterday ; the teeth are covered with sordes ; tongue brown in the centre, but soft at the edges ; scalp hot ; general surface of moderate warmth.

Tepid sponging of the head and surface of the body.

Appr. Vesic. nuchæ.

R. Misturæ camphoratæ, ℥ viii.

Sp. ammoniæ aromat. ℥ ii. M. st. ℥ i. ℥ iss. horis.

Habt. ℥ ii. vini. per diem.

5th. Some sleep ; pulse 120, fuller ; breathing more tranquil ; tongue softer ; petechiæ continue out ; feet cold ; no alvine evacuation since yesterday ; the belly is tympanitic ; slight tenderness of the epigastrium on pressure ; blister has risen.

The feet are to be enveloped in warm wool.

Terebinthinate friction to the abdominal walls.

Warm camphorated spirit of wine to the shaven scalp.

Sumat haustum olcosum c.

Spirit. terebinthinæ, drachmis tribus.

Augeatur vinum ad. ℥ iv.

Post alvii solutionem redeat ad usum Misturæ camphoratæ c. Spirit ammon. aromat.

6th. Much as on yesterday ; passes everything involuntarily ; breathing suspirious ; pulse 120, soft ; petechiæ ; the pupils are more contracted ; belly open ; extremities warm.

Iterum abradatur capillum.

Applicetur vesicatorium toti capiti raso.

Sinapism. plautis pedum.

Contr. mistura.

R. Pilæ hydrargyri, gr. xii.

Camphoræ gr. scx.

Ft. pilæ sex. st. i. tertia quaque hora.
 Augeatur vinum ad. ʒ vi.

7th. Petechiæ fading; some sleep; pulse 120, soft, and compressible; belly costive; blister on the head has risen; the countenance is more expressive, and the pupils are more dilated; the breathing continues to be suspicious.

Enema terebinthinatum. fœtidum vespere.

Contr. pilæ et mistura.

Contr. vinum.

To have a small quantity of arrow-root sweetened.

8th. Improved; has had much sleep; beef tea.

Contr. vinum.

9th. Slept well during the night, and continues to improve.

Contr. vinum.

Beef tea.

12th. Continues to improve.

Contr. nutrientia.

14th. Functions restored.

May 6th. Dismissed this day free from complaint.

GORDON JACKSON.

2, Blessington-street,
 May 31st, 1842.

LEGACIES

MAY BE BEQUEATHED 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.”