

a priori suppose, that the cold affusions could be safely, much less advantageously employed in such an affection; and yet this is actually the case, as can be proved by the most indisputable evidence. About three years ago, my friend Dr. Ramsay, of Newcastle-upon-Tyne, mentioned to me, that he had frequently applied the cold affusions with much benefit in the early stages of the brain-fever of drunkards, when the surface was covered with sweat. Resting confidently upon his recommendation, I determined to try this treatment, as favourable occasions offered. The first patient on whom it was applied was an athletic young man, who had lately drunk very hard, and who had only been ill a few days. About three gallons of cold salt water were dashed forcibly over his naked body, while he was in a state of profuse perspiration. Before the employment of this measure, he had been extremely furious, but after it, he became quite tractable, went to bed, and had some tolerably quiet sleep. The symptoms returned on the following day, and the cold affusion was again applied, with the same result as before; and from this period the recovery was rapid:—nor were any other means used, except an occasional opiate and purgative, with a little wine, and light nutritious soup. The second patient who underwent this practice was also a strong young man, though his case materially differed, in some respects, from the former. After a severe course of drinking, he was attacked with an inflammatory disease, which required purgatives and the antiphlogistic regimen for its removal. During his convalescence, his friends thought him rather eccentric in his manner; and though no positive disorder of mind could be detected for two or three weeks, it soon became quite apparent after he commenced his ordinary business. His memory was observed to be very defective, and he seemed in a perpetual bustle; he contracted for a house with one person, for a ship with another, and was not more restless during the day than watchful at nights. When I was first requested to visit him, the mental derangement had been obvious for three or four days: on my entering the room, he came forward, shook me heartily by the hand, declared he was glad too see me, and appeared to be in high spirits.

The skin was bathed in sweat, his tongue moist, his pulse quick, and the hands slightly tremulous. As I was proceeding to ask him some questions, he suddenly interrupted me, and said that as he expected letters of importance by the post, he knew that I would readily excuse him. His wife endeavoured to detain him, but he burst into a violent passion, and, forcing the door open, immediately left the house. Some acquaintances were shortly sent after him, but he had rambled so rapidly from place to place, that it was several hours before he could be found. On the first opportunity which offered, the cold affusion was tried, and it calmed the patient exceedingly:—it was repeated two or three times afterwards, and proved so highly beneficial, that merely an occasional aperient and opiate were necessary to complete the cure. In little more than a week from the commencement of my attendance, this man was correct in his mind, and has since continued well in all respects.

Without reporting more cases, it may be added, that I have never used the cold affusions but at an early period of this disease, and on those patients who appeared to have much constitutional vigour; and that I have not only given warm wine and water immediately before and after their application, but dried and rubbed the skin well with warm flannels, by way of supporting the *vis vitæ*, and ensuring sufficient reaction. In all cases of a suspicious nature, I have invariably preferred the tepid affusions, but have found that they require to be followed by purgatives and opiates, or by opiates and calomel. It has been already stated, that I received the first hint of the utility of the cold affusions from Dr. Ramsay, whose professional eminence and private worth are sufficient sanction for any practice that he might recommend. Yet as a further testimony in favour of this method of treatment, it may be mentioned, that Mr. Gregson, of Sunderland, without any knowledge of what Dr. Ramsay had done, has long been in the habit of occasionally using the cold affusions in the earlier stages of this disorder: his general practice, too, so far accords with mine, that he has sometimes found small or moderate bleedings useful on the first attack, at which time he

never fails to give purgatives, and afterwards uniformly exhibits small and repeated doses of calomel with opium.*

This disease is certainly to be considered as a strictly febrile one, and the practice above mentioned seems at direct variance with the beautiful principles of Dr. Currie; for it is unquestionable, that the cold affusions may be successfully employed in it, when the skin is covered with perspiration, and either cool or of an unsteady heat. In every instance where I have seen this application used in the disorder in question, the conditions of the pulse and skin have been improved by it, and the general irritation greatly diminished. We know very well, that the operation of many remedial agents is much influenced by the state of the system at the time of their administration; and it is probably the extreme nervous irritation, so constantly attendant on this complaint, that enables the system to bear with advantage an application which seems to be prohibited, if we permit ourselves to be solely guided by the degrees of perspiration and heat. It is one of the most common mistakes of medical inquiries, to generalize from too scanty an accumulation of facts; and thus truth and error, like light and shade, are found blended together in the most distinguished works.

Having always found coercion most prejudicial in this disease, I have invariably allowed patients as much liberty as was compatible with their situation; and having seen that contradiction often highly increased their watchfulness and irritation, it has also been my aim to soothe them by address and conciliation. Guided by these principles, I have in several instances permitted them to walk abroad at their own request; and sometimes the influence of a cool atmosphere, united to that of compliance, has been useful in procuring rest. One man was allowed to go nearly a mile to look at the sea in a bleak evening, and soon after he returned he fell into a sound sleep, and was convalescent the next day; another walked about in a large apartment, when the weather was

* In No. 52 of the Edinburgh Medical Journal Dr. Wood of Newcastle recommends the free application of cold wet cloths to the head; and as his experience has been extensive in this disease, his recommendation is deserving of particular notice.

cold, with nothing but his shirt on for more than two hours, and afterwards went to bed of his own accord, and passing a quiet night, from that time recovered apace. In this disease, as in mania, the circulation is always thrown into much disorder by fasting, and therefore regular supplies of light food are necessary, which, like the other expedients recommended, will be found to allay the general turbulence of the system.

So little has been observed respecting the foregoing affection, that it has not yet obtained a place in our systems of physic; and there can be little doubt but it is still often confounded in practice with the ordinary mania and phrenitis. In 1801, Dr. Samuel Burton Pearson published an account of it, in a very small tract, which had only a local circulation; and it was to it that I was first indebted for some useful information regarding its character and cure. But it is well known, that the late Dr. Young, of Newcastle-upon-Tyne, treated it by opium long before Dr. Samuel Burton Pearson resided there; and though those two physicians were afterwards intimate friends, yet the latter never alluded to the former in his pamphlet. Desirous to awaken the attention of the faculty to this disorder, I published a short paper relative to it in 1812, and soon afterwards a reprint of Dr. Samuel Burton Pearson's original tract appeared, to which several additional observations were attached: some of those observations, however, seem rather the effusions of fancy, than the deliberations of judgment; and the most extraordinary success, which this author records from opium, has not been confirmed by any practitioners of my acquaintance. In the following year, seemingly without any knowledge of what had been previously written, Dr. Sutton favoured the world with an excellent work on this disease,* and although he also speaks highly of opium, yet he candidly acknowledges, that he lost four patients out of twenty-two,—an average loss not materially different from mine. Among the ancient writers, I know of none who has described any thing like this complaint, with

* See Tracts on Delirium Tremens, &c. By Thomas Sutton, M. D. London, 1812.

the exception of Hippocrates; and it certainly does seem to me that there are four or five cases in his Epidemics, in which many of its leading signs are specified; one in particular may be mentioned, and that is the case of Chæron in the third book. If it be objected, that tremor of the hands is not enumerated among the symptoms, it may be answered, that this though a general is not an universal concomitant: three cases have occurred in my practice in which it was absent, and these render doubtful the propriety of the name which Dr. Sutton has imposed. We require, in fact, to be more fully acquainted with the nature of the disease, before we can give it a correct designation, and it affords a subject well worthy of the most serious investigation. The remarks which I have hazarded were indeed drawn from my own experience, but they rather form materials for inquiry, than a substantial basis for the pathology and treatment of so curious an affection.

If former habits, and existing peculiarities, require so material a modification in the treatment of one febrile disease, it may be reasonably asked if they should not be taken into account in every other? That they should, certainly does not admit of the least dispute; for, however accurately general principles may be laid down, circumstances will occur in individuals to render a deviation from them an imperious duty. Few cases of typhus have been presented to me in confirmed drunkards, but in those few the period proper for evacuations rapidly passed away, and what are called the nervous symptoms appeared much sooner than ordinary; and I have remarked, that whenever such persons are attacked with inflammation the stage of excitement speedily gives way to that of universal collapse. In them, therefore, there is less time allowed than common for depletion, and even in that time the depletion requires to be carefully made: purging may then be freely employed, but they can neither bear copious nor repeated abstractions of blood, though small or moderate ones are frequently very beneficial. Since I became fully acquainted with the great efficacy of calomel and opium, I have successfully applied this combination to such subjects labouring under congestive or inflammatory disorders; and I can confidently recommend it as an excellent remedy in most

of those dubious cases, where evacuations cannot be pushed beyond a certain point, without immediate prejudice or danger. Nearly two years ago, I was consulted in the case of an old and enervated wine-bibber, who was severely afflicted with the gout in both feet and hands: and, besides, symptoms of hepatitis evidently existed. His skin was hot, the tongue very foul, the breathing anxious, and the pulse weak as well as quick; he retched a great deal, could not bear pressure under the right hypochondrium, was much exhausted, and occasionally wandered in his mind. In this instance, bleeding appeared to me entirely inadmissible; and instead of it, therefore, I prescribed full and repeated doses of calomel with moderate and occasional ones of opium, applied a blister over the region of the liver, and kept the bowels open by castor oil and injections. As soon as the mouth became decidedly sore, all the gouty pains ceased; and by a perseverance in purgatives and alteratives, with light support, the patient ultimately did well. But there are other causes beside drunkenness which modify the treatment of febrile diseases.

Between young and aged subjects a striking difference exists, relative to their capability of bearing determinate losses of blood. In the former, when large quantities have been drawn in a short period, the energies of the system, if the disease be removed, soon restore the strength,—but in the latter the same treatment, even if it removed the disease for which it was adopted, would not unfrequently produce an irretrievable debility, the system, for want of innate energy, not being able to renovate again. Therefore, in contagious fevers especially, aged should never be depleted so much as young people. It is a common opinion, that the inhabitants of very populous towns do not bear evacuations in fevers so well as those who live in the thinly peopled districts of the country. Although this notion has been much too strongly insisted upon by some practitioners of the metropolis, yet it confessedly ought not to be disregarded, as fevers are liable to be modified by the places and constitutions in which they appear. In large crowded cities, many of the lower orders of society are not only excluded from invigorating exercises in the open air, but they are likewise more dissipated and irregular in their

habits, than similar classes of people, who follow agricultural employments. Moreover, among the former, there is sometimes at once greater luxury and greater want; for they occasionally live days together on highly stimulating aliments and drinks, and, having thus expended their earnings, are for a time almost starving for want of the common necessities of life. The extremes of excitement and depression, which such irregularities produce, doubtless have considerable influence on the habit. When such people, therefore, are attacked by contagious fevers, they cannot bear large nor frequent evacuations of blood, nor long suffer with safety an entire abstraction of nutritious food. As the greater part of them, too, live in narrow, low, stifling apartments, the reaction of the heart and arteries is seldom excessive: on the contrary, in the fresh, pure air, and among the robust and temperate inhabitants of the country, there is a higher development of excitement. Readily admitting, then, that there is often a marked difference between the same species of fever in a confined and in an open place, in a vigorous and in a comparatively enfeebled system, still this difference only requires a modified application of the same or similar means. It was degrading to science, and shocking to humanity, to witness the practice which once existed in some hospitals, where typhous patients had no sooner entered than they were crammed with bark and wine, to prevent, as was strangely imagined, debility or putrescency—conditions of the system which these very means tended eventually to produce in the last stages, by their excessive stimulation in the first. Happily this treatment, however, is now falling into deserved neglect even in such institutions, where the antiphlogistic mode of cure is far more generally adopted in the beginning of febrile disorders.

But notwithstanding the improvements which have taken place in the practice of physic, there is still too general a dread of blood-letting in what are designated idiopathic fevers, particularly when they proceed from contagion. Many practitioners are too apt to avail themselves of circumstances like those mentioned above, as pretences for avoiding venesection, when it ought to be promptly and moderately employed.

The cooling mode of treatment has lessened in modern times the frequency of the putrid appearances which were once so common when patients were confined in close and warm apartments; and the introduction of the purgative plan, by Dr. James Hamilton, senior, has yet more effectually tended to diminish the number of malignant cases. But if to these two methods, that of blood-letting was more frequently added at the commencement of the more urgent forms, we should hardly ever witness the horrible train of symptoms, which still attends the last stage of some of our worst contagious fevers, when treated in the ordinary way. Unfortunately, the early periods of such disorders have been greatly neglected by many authors of eminence, while their attention has been closely directed to the phenomena of the advanced stages, which are invariably nothing more than the results of the morbid actions of the first. This has been and is still one great cause of error both in speculation and practice. Remarkable as it may appear, the fevers now accounted the most putrid or malignant in our systems of physic, are those which absolutely require the most vigorous measures in the onset; because they are at first attended with the most highly inflammatory or congestive symptoms, according to the degrees of which is the putrescency or malignity of the last stage. Cut short the inflammatory or congestive symptoms in the beginning, and nothing putrid or malignant will be seen; allow them to advance uninterruptedly, and then come, as their effects, those appalling indications of putrescency or malignity, about which too much has been written, and too little understood. If there is any point which I would more earnestly impress upon the mind of the practitioner than another, it is this,—that in the treatment of all acute fevers, it will be found the best general rule to *attack the leading symptoms as soon as ever they appear*. We too often allow ourselves to be embarrassed by unfounded fears concerning the sedative effects of contagion, or by abstract speculations about proximate causes, until the most precious moments for efficient action are entirely lost, and the unresisted disease has sapped and shaken the very citadel of existence. We shall have more distinct conceptions of all febrile diseases, when

the primary symptoms are made the most conspicuous, and we shall then fully perceive the dangers of hesitation and delay, and fully estimate the powers of promptitude and decision in the beginning of urgent cases. But if much advantage results from the use of evacuants in the early stage of most febrile diseases, it is equally certain that great and irreparable mischief results from their abuse in the middle and last stages, especially in what are termed idiopathic fevers; and we must not therefore, evacuate alike in all forms and stages of fever, but on the contrary nicely vary the treatment according to the existing circumstances, that it may be active, moderate, or mild, just as the symptoms really indicate. In order still more deeply to impress these maxims upon the mind of the student and practitioner, I shall endeavour to recapitulate, and apply the doctrine of a congestive, a simple, and an inflammatory variety of fever to some of the most important purposes of practice; and as it must have been perceived, that my main object all along was to draw the attention to these purposes by presenting them in various points of view, so I will not hesitate to employ circumlocutions, that my meaning may be more fully comprehended.

RECAPITULATION

OF

SOME POINTS.