PART II.

CRITICAL ANALYSIS.

I.

A Treatise on the Principal Diseases of Dublin. By MARTIN TUOMY, M.D. T.C.D. and Fellow of the King and Queen's College of Physicians in Ireland. 8vo. pp. 399. Dublin, 1810.

SOME of the most important contributions to the knowledge of the naturalist, the antiquary, and the historian, are to be found in those local histories of towns and districts, compiled upon the spot by a resident inquirer, to whom all the traditions and records connected with it, as well as the physical circumstances of the place, had become familiar from long and repeated observation. In like manner, the endemic histories of the human constitution, if we may so speak, the local varieties of health and disease, are extremely interesting to the pathologist; inasmuch as they tend to elucidate in particular the causes of diseases, to shew the influence of various physical and moral agents on the living body, and to enable us, therefore, to adopt a system of preventive measures, which may often supersede the pains and dangers of disease, and the more uncertain expedients employed for the purpose of cure. This, however, implies a concomitant account of what has been called the medical topography of the place referred to, as well as a history of the seasons, during which the diseases occurred.

On perusing the title-page of this book, the reader will probably expect that he is about to meet with such a history. But, like ourselves, he will be doomed to suffer the disappointment, of finding only a general systematic treatise on some of the most common disorders of the human frame, in every quarter of the globe, without any reference to the local circumstances under which they appear: so that it might equally serve for a treatise on the principal diseases of Moscow, Geneva, or Amsterdam, as on those of the metropolis of Ireland. He will observe this exception,

ception, however, to its application to the places just mentioned; that several of the ordinary maladies of those places are not to be found in this treatise: the small-pox, for example, the croup, hydrocephalus, epilepsy, diabetes, the diseases of the kidneys, bladder, and heart, colic, diarrhœa, gout, erysipelas, hysteria, piles, hydrophobia, scrofula, insanity, &c. &c. are not described among the principal diseases of Dublin. The gout, indeed, is casually alluded to, once or twice, in its irregular forms; and erysipelas is used as the appellation of a disease, which differs not less from erysipelas in its appearance and progress, than from small-pox; viz. the *zona*, or shingles: but of the other diseases just specified, we find no notice whatever.

If it be difficult to discover any reason for the omission of these ordinary, but important maladies from the catalogue; it is not more easy to account for the arrangement of those which are selected for description. It would almost seem that they have been put together by the printer, as the separate essays happened to lie in the author's port-folio, rather than from any principle of connection. Dr Tuomy begins, indeed, by telling us, that he has adopted a new classification, by arranging under the head of *bilious diseases* a number of disorders, which "are far differently arranged in systematic works;" namely, bilious fever, inflammation of the liver, jaundice, cholera, dyspepsia, and dysentery. But the work proceeds, without any intimation, where the bilious class is concluded, and a new class begun. Having discussed the diseases just enumerated, the author proceeds to intermittent and typhoid fevers; but between the two, he places dropsy in its three ordinary forms. After typhus, he treats of worms, and then of catarrh, influenza, pneumonia, and inflammatory sore throat. Next follow rheumatism, acute and chronic, inflammation of the stomach and of the bowels, measles, and scarlet-fever. After scarlet-fever, the gripes, diarrhœa, and convulsions of infancy are introduced, and followed by apoplexy, palsy, asthma, and chincough, leucorrhœa, menorrhagia, and St Vitus' dance. To conclude the motley assemblage, a small collection of chronic cutaneous diseases brings up the rear, and completes the list of "the principal diseases of Dublin."

Our readers will not expect that we shall enter into a systematic detail of the symptoms, causes, and treatment of these ordinary complaints; which are here described in the ordinary terms of other systematic treatises. We shall call their attention to those subjects only, which possess some degree of importance or of novelty.

One leading feature of the work, is the reference of a considerable number of disorders, both acute and chronic, to a morbid

bid condition of the secretions poured into the alimentary canal ; a source of disease from which the views of practitioners had been for a long time diverted, by the doctrines of the *vital* or *nervous* pathologists, and especially by the plausible dreams of Brown, but to which a general sense of the value of observation and induction, aided by the important publications of Dr Hamilton, Mr Abernethy, &c. has of late recalled the attention of professional men. Fifteen or twenty years ago, when spasm, and sthenia, and asthenia, were the leading articles of our faith, an intelligent German traveller* expressed his surprise, that the *gastric* system was almost entirely unnoticed by the English physicians : and had the work of Dr Hamilton been then published, it would probably have been scouted by the *illuminati* in the schools of excitability and sensorial power, as a tissue of empirical absurdity, or condemned, by them, to the same oblivion with the observations of the practical German. What our author has said upon this subject, seems to be partly the result of personal experience ; but, as he scarcely ever condescends to name or refer to any other writer, and never quotes the page, chapter, or even title of any work, it is not easy to collect how much is borrowed. We think, however, that he is far from being discriminative in his generalizations, or very accurate in his diagnostics.

He commences with an enumeration of the following symptoms, as common to all “the bilious and hepatic diseases of Dublin :” namely, pain and fulness, with some soreness on pressure, in the abdomen, especially in the epigastrium and hypochondria ; flatulence ; bitterness of the mouth ; loaded tongue, of all shades from a light yellow to a dark brown or black ; nausea ; sallow or yellowish tinge of the complexion, and eyes ; want of appetite ; irregularity of bowels, which are most commonly costive, but sometimes there is a scanty purging, with tenesmus ; sighing, which, he affirms, is commonly the precursor of a *critical eruption* on the skin, especially of a miliary kind ; and vertigo, which often *amounts* to violent head-ache.

His description of the symptoms of bilious fever is neither full nor very discriminative : but some of his remarks on the method of cure, and especially on the operation of purgative medicines, accord so accurately with what we have often witnessed, that we cannot doubt that they are the result of actual investigation. After premising that the principal object of medicine consists in removing the acrid contents of the bowels, and correcting the morbid secretions ; in relieving topical distress ; and in supplying the

* Mr Fischer. See Annals of Medicine, vol. I. p. 67.

the patient with light nourishment, diluting drink, and pure air, and maintaining cleanliness; he says,

“The purgatives must be steadily persevered in throughout the complaint; for it is upon them we must principally rely for success: and as the accumulation of foul matter in the alimentary canal is constantly and copiously produced; so there is no disease in which the free and regular use of purgatives causes less distress, or gives more uniform relief. It frequently happens, that from the operation of a purgative, a large quantity of foul excrements comes away; and yet in ten or twelve hours after, there is another large evacuation, so as often to cause great surprise how so much could be generated in so short a time; and these copious and foul evacuations continue for several successive days without inducing proportionable weakness; but on the contrary they procure great mitigation of the symptoms; even delicate and young females are relieved, without being exhausted, by these evacuations.”

These copious discharges of muddy, or pitchy, and offensive stools, indeed, are often such as to excite the astonishment of the patient himself, and his attendants; who express their “wonder, whence all the matter can come:” for it very far exceeds the quantity of the ingesta, both liquid and solid. And so far from producing weakness, we have often observed with pleasure the renewal of strength which these evacuations occasion, when a languor and depression of the animal powers, even to fainting, had previously existed. But we have likewise remarked, that as soon as the alvine excretions have assumed a natural appearance, a much smaller evacuation has actually produced a considerable reduction of the strength. The author has, perhaps, not sufficiently pressed upon the attention of his readers the necessity of carefully inspecting the alvine discharges, which affords the best, or indeed the principal index, as to the regulation of the purgative medicine. He judiciously observes, however, that “it is remarkable that we are disappointed of any substantial improvement in the state of our patient, whilst the dark fæces remain behind, notwithstanding the quantity of the evacuations procured.” p. 9.

“In the exhibition of medicine to produce those desirable changes,” he states, “it is proper to observe, that some purgatives will pass through the bowels with the effect of causing repeated and liquid stools; but will leave the greatest part of the sordes behind them; (of this I have seen several instances) so that an appropriate cathartic exhibited immediately after this liquid purging, shall bring away copious stools of fetid, dark, and solid excrements. The advantage of selecting the effectual purgatives, and of avoiding that injudicious use of any medicine, because it has the name of a purge, I conceive it necessary to enforce; because I believe the practice of resorting to purgatives indiscriminately has often converted into a lingering disease, that which might have been cured in three or four days; and has

not unfrequently, been the means of sapping away a large portion of valuable health." p. 7.

With these observations practitioners in general will coincide, as well as in the preference given to calomel, combined with rhubarb or jalap, as the purgative most to be depended upon, in the first instance, and also in recommending the junction of an opiate with the mercurial, in the case of irritability or tenesmus in the bowels. The various expedients directed to be employed for the removal of urgent symptoms, are, on the whole, judicious. But, "in the phrenitic or violent delirium," (which, by the way, is not very common in a mere bilious fever in this country) we are satisfied, that the section of the temporal artery is infinitely more efficacious, and less equivocal in its benefits, than bleeding from the arm, as our author advises. It affords us a much more effectual control over the morbid circulation in the head; and, therefore, at once subdues the phrenitic state; and, by superseding the necessity of repeating the detraction of blood, is ultimately a saving of the strength of the patient. Of this we have seen some examples, in this country; and the testimony of the late ingenious Dr Irvine, in regard to the success of the practice in the fevers of Sicily, tends strongly to establish the fact*.

In the observations under the head of hepatitis, we find a considerable degree of confusion. For not only are the symptoms of acute and chronic hepatitis intermixed; but the enlargement, scirrhusity, and tuberculated state of the liver, are included under the same head. From this confusion, perhaps, originated some of the following observations:

"Hepatitis most commonly attacks *old persons*, those of irritable and relaxed constitutions, those who are much addicted to the use of spirituous and fermented liquors, persons of indolent and sedentary habits, and who indulge freely in the use of *tea and coffee*; hence *women* frequently suffer from liver diseases in consequence of their sedentary habits, and of their excessive indulgence in the use of these slow poisons, tea and coffee," &c. p. 30.

But the observations on erysipelas, (which is casually mentioned, under the head of hepatitis) betray an extraordinary want of accuracy or of inattention. We are told, that "in hepatitis, erysipelas will seize upon different parts of the surface; sometimes it fixes upon the leg or arm; sometimes it imperfectly encircles the trunk below the hypochondria, in the form called *zona ignea*, and it is then of the *papular* kind:" &c. (p. 40.) Now, it is indisputable that the *zona* is never papular, but *always vesicular*;

* See Edin. Med. and Surg. Journal, vol. vii. p. 338.

cular; that it is never "dangerous," or accompanied with "severe inflammatory symptoms," or "a hard pulse," or requires either "free bleeding, or brisk purging;" and that to consider it as the result of hepatic disease is *bilious* hypothesis at its climax. The author, indeed, only affirms that he had seen it *twice* accompanied with disease of the liver; whereas, we have seen it in numerous instances, where no one symptom of such disease was present.

The same *bilious* and *mercurial* prejudices (for they usually go together) lead our author to consider the external use of mercury, by friction, as the remedy "chiefly to be relied on in jaundice;" a piece of hypothesis, which is neither plausible in itself, nor supported by experience. This is his logic. Biliary calculi are only formed, when the secretion of the bile is unhealthy; but biliary calculi are the most common causes of jaundice: *ergo* we should endeavour to restore the healthy action of the liver in order to remove jaundice. Admitting the first member of the proposition, however, the only legitimate inference to which it leads, is, that restoring the healthy secretion of the bile would *prevent* the farther formation of calculi: but it is obvious, that the first step towards the *cure* of jaundice consists in removing from the common duct the calculi already formed, and obstructing its passage. But when we consider the lesson of experience, that jaundice is frequently cured, *cito, tuto, et jucundè*, by a purge or two, the recommendation of trifling with external friction, or impregnating the system with mercury as a solvent of gallstones, as the sheet anchor in the cure of jaundice, surely merits our animadversion. The recommendation of mercury, carried to the extent of causing a salivation, in cases of *old dysentery*, where the lining membrane of the intestines is already organically diseased, (p. 69.) is another spice of the same delectable hypothesis, of the same general devotion to this new god of physic, before which modern empiricism bows down and worships, with a blind adoration. But our author does not stop here: for under the head of *indigestion*, we find that calomel is the grand object of his eulogium. "I have tried a large catalogue of absorbents;" he tells us, "bitters; aromatics; and chalybeates, generally ordered in cases of this sort; and I am inclined to believe, that a steady adherence to this method will cure more cases of dyspepsia, than all those medicines together, without mercury." (p. 79).

The tendency of such sweeping recommendations of an active medicine is, to encourage a dangerous empiricism: to teach men, both in and out of the profession, to resort to a supposed panacea, and to dispense with the trouble of investigating symptoms, when

when discrimination is necessary for safety ; and to impress them with a notion, that when the *name* of a disease is learnt, the remedy is obvious. And this is the more to be apprehended from a book, which, from uniting the vernacular with technical phraseology, seems intended for popular perusal.

The rest of the diseases, which are here treated of, afford no particular occasion for remark, which would justify the lengthening of this article by dwelling upon them. In general, they are discussed in a respectable, but common-place manner, tending neither to inform the learned, not to mislead the ignorant. On Dr T.'s account of cutaneous eruptions, however, we shall pause a while. He avows that he has described them without any attention to system ; " because, as far as he has been able to ascertain, there has not been any classification of them which could tend to introduce sounder practice, though it might assist to facilitate the description of their symptoms." (Pref. vii.) But, we think, this very reason includes an inconsistency: for whatever tends to introduce discrimination into practice, and to facilitate the diagnosis of diseases, tends surely to establish the methods of cure upon more clear and certain grounds; and it appears to us, that this deficiency of discrimination has itself been the principal cause of the imperfect condition of this department of the healing art. At the same time, the descriptions, given by Dr Tuomy, are themselves happily illustrative of the uselessness of such histories, where all system is discarded. For either the diseases, which he delineates, are peculiar to Dublin; or they are so imperfectly depicted, that we do not recognize our old acquaintances. He speaks of " distinct scabby sores of adults," affecting the thighs, buttocks, and lower extremities, and occurring in respectable ranks of life, which are not the itch, but, like it, are propagated by contagion ; and also of " pustular eruptions of children," otherwise healthy, and among the better class of people, which spread over the whole body, leaving, in many instances, no part of the surface, not even the scalp or the soles of the feet, free. In the latter, when the cuticle is abraded, crusts are formed, by the matter oozing from the pustules, which spread thick over the surface of the body, on the face, behind the ears, and at length over the hairy scalp, &c. on many parts, forming running ulcers. With a *contagious* eruption in adults, like the former of these, we are altogether unacquainted : and we suspect that the latter, in children, is an eruption of the pustules, called *farri* by the older writers, and which on the scalp produces one or two of the varieties of porrigo, or scald-head. Dr Tuomy recommends nearly the same treatment for these pustules in the head, as for the dry encrusted tinea ; viz. frequent shaving, a spirituous lotion, and

and an ointment of black pepper : in which, we think, there is an obvious deficiency of practical, as well as of systematic, discrimination. For surely a discharging and irritable surface will not require, or even bear, the same stimulant treatment, which a dry and inirritable part demands.

The last disease, which our author describes, is a dangerous, though not a frequent affection of children, which is called "white blisters," and "burnt holes," in different parts of Ireland. Dr Tuomy acknowledges that his account is taken from a work of Dr Stokes, but he never informs us of the title of that work, or makes any specific reference to it. He considers it as allied to Pemphigus. The disease begins with the appearance of vesicles, about the size of a pea, which in the course of two or three days burst and discharge a thin offensive fluid. The vesicles become confluent, and spreading ulcers ensue, with a remarkable fetor, and livid edges, and a very copious discharge. The patient dies about the 10th or 12th day. Carrot poultices, in a state of fermentation ; ointments made with the juice of the plant, scrophularia ; yeast internally : and laxatives are recommended by Dr Stokes ; and our author adds that calomel should form a part of the purgatives,—the never to be forgotten calomel !—We should be disposed to anticipate benefit from cordials and improved diet ; for it has appeared to us that these *vesicular* febrile diseases are generally much connected with impaired nutrition, or unwholesome food ; the effects of which will of course be aggravated by damp and uncleanly habitations, want of ventilation, personal cleanliness, and the other depressing circumstances, to which the children of the poor (among whom this affection principally occurs) are exposed. We have occasionally seen instances of these vesicular diseases in children, in this country, which were connected with bad habit, and imperfect feeding, and yielded to chalybeates and other tonics, with generous diet.

Dr Tuomy has thrown a variety of *formulae* into an appendix, to the number of 107, to which he refers in the body of the work ; and, for the benefit of those who do not understand Latin, he has annexed an English translation in an opposite column. Neither his Latin, however, nor his English are characterised by elegance, and not always by correctness. In directing "two tea-spoonfuls to be taken for a dose, and repeated every ten minutes, until the desired effect be produced," he writes, "*sumat cochlearia duo parva et repetat decem quibusque minutis ad effectum.*" (No. 107.) the *ad effectum* is a very favourite phrase. He talks of *cochleare medium*, meaning *modicum* ; and has invented a new ablative case for *pondus*, namely *pondo*. (No. 30.) Among several

incorrect English phrases, we may mention the following, "It had therefore *better to be* premised." (p. 167.)—a bed-room, "with a fire occasionally *light* in it." (209.) Speaking of fever, he says, "in pregnancy, *when seldom it occurs*, it is extremely dangerous," (137.) and tells us, that patients should not be violently restrained, "in cases of great *fury to get out of bed*." (150)—with several other expressions, which seem to be the offspring of carelessness or defective knowledge of the structure of the language, or of a wish to accommodate his phraseology to vulgar readers.

II.

Disquisitions in the History of Medicine; Part first, exhibiting a view of Physic, as observed to flourish during remote periods, in Europe and the East. By RICHARD MILLAR, M. D. Lecturer on Materia Medica, in the University of Glasgow. Svo. Edinburgh, 1811.

THIS work presents, in an instructive and convincing form, the facts and arguments long since scattered over the surface of medical literature, by travellers and historians of physic; and it furnishes from foreign and unfrequented sources of intelligence, as well as from the author's own reflections, some new views of the subject. Dr Millar undertakes to commemorate the details of the system of physic, which he thinks was established by the Brahmans, at a very remote era, in the East, and to show that a remarkable coincidence is to be discerned between its precepts, and those promulgated of old by the respective hierarchies of Iran, (the old Assyrian empire of the Greeks), and Egypt. In this first part, he investigates the state of physic in Greece, during the first, or traditional ages, and in Egypt; and in a subsequent volume he proposes to continue the same path of research into the condition of the healing art, such as it may be found to have flourished in the other two oriental monarchies, Hindustan and Iran. A treatise on the physic of the Jews will be subjoined as an appendix, if the author meet with sufficient encouragement to complete his plan, which we hope he will, for the sake of the learning and perseverance which he has displayed. One of the fourteen *Retna's*, or precious things, we are told, which among the ancient Indians their gods are believed to have produced by churning the ocean with the mountain Mandara, was