BIBLIOGRAPHICAL NOTICES.

ART. XIII. *The Library of Medicine, being a System of Practical Medicine, comprised in a series of Original Dissertations.* Arranged and edited by ALEXANDER TWEEDIE, M.D. F.R.S. *Fevers, Inflammation and Diseases of the Skin.* 8vo. pp. 561. Philadelphia: 1840.

THIS is the first of a series of volumes, now in the course of publication, which are intended to present a complete outline of practical medicine, embracing all the modern improvements in pathology and therapeutics.

The plan of the work is an admirable one, and if skilfully executed, will render the Library of Medicine a valuable acquisition to the great mass of the medical profession in this country.

A concise, accurate and judicious summary of the present state of practical medicine, is a work much wanted, more especially for the use of the student and younger members of the profession. We possess, it is true, numerous systems of the practice of medicine, in many of which the more recently established facts in relation to the pathology and treatment of the ordinary forms of disease, have been collated with considerable care; but these systems being the production of individuals, who, however high their standing may be in the profession, having had no opportunity of becoming acquainted with many of the diseases they describe, they are unable to make even a judicious use of the facts and opinions recorded by others in relation to them. While, therefore, in some cases these systematic works may be referred to with safety for information, in others they are calculated only to mislead. In the work before us, the gentlemen engaged to furnish an account of the different subjects which it comprises, while they rank generally among the most distinguished practitioners and medical writers of Great Britain, have made the particular diseases, of which they respectively treat, their especial study, and have had also the most ample opportunities for the acquisition of a practical knowledge in relation to them.

If the volume already published may be received as a fair specimen of the entire series, it will constitute unquestionably one of the most complete and useful manuals of practical medicine in the English language; which, while it can be safely recommended as a guide for the student, may also be consulted with no little profit by the physician.

The volume before us, as will be the case with each succeeding one, is complete in itself. Besides a general pathological introduction, it comprises the subjects of inflammation, of fever, and of diseases of the skin.

The pathological introduction is from the pen of Dr. Symonds—under the several heads of Diseases of the capillary system, viz. 1. Disordered circulation, including congestion, local anæmia, inflammation and hæmorrhage; 2. Diseased secretion, fibrinous, serous and purulent; heterologous formations, tuberculous, carcinomatous, melanotic and gaseous; 3. Diseased nutrition, including hypertrophy, atrophy, softening, induration, transformation, ulceration and mortification: Diseases of the blood, plethora, anæmia, and cachæmia: Diseases of nerves and contractile fibres; hyperæsthesia, anæsthesia, dysæsthesia, spasm paralysis and the neurotic diathesis—is presented a brief but highly interesting and instructive outline of general pathology, calculated to exhibit to the reader a view of the more simple forms of morbid action, before leading him to the investigation of those complex phenomena which are the subjects of nosology.

The very skilful and lucid manner in which Dr. Symonds has, in the preliminary chapter, sketched the proximate elements of disease, and the leading principles which determine the association and succession of morbid actions, renders it not only an appropriate introduction to the several dissertations on particular diseases which follow, but, also, one of the most admirable expositions of the rudiments of general pathology with which we are acquainted. Were every student of medicine to make himself master of its contents, at the very commencement of his studies, we are convinced that he would find his acquisition of correct views on the nature of morbid action generally, as well as of the particular forms and combinations of it which characterize individual diseases, to be greatly facilitated.

The chapter on inflammation is by Dr. Alison. The subject is considered in a general point of view, and in a very able manner. In reference to its phenomena, essential nature, causes, anatomical characters, varieties and complications, its modes of fatal termination and its medical treatment, all the leading facts, as well as the opinions of the most authoritative pathologists and practitioners of the present day, are briefly noticed, but at the same time with a degree of clearness and accuracy seldom to be observed in so concise a summary. The chapter contains throughout but few leading points of a very doubtful or decidedly erroneous character, although many of the opinions thrown out by the author will admit of not a little discussion. The doctor's views in regard to specific inflammations appear to us, however, to be particularly exceptionable. It would be better we conceive to dispense entirely with the use of the word specific as a pathological term. It has been employed heretofore, rather as a cloak for our entire ignorance of the true character of certain forms of disease, than to express any correct or definite idea in relation to them. In proportion as our acquaintance with the pathology of morbid action has increased the number of specific diseases which formerly crowded our nosological lists has been diminished, and even the few that still remain might with great propriety be omitted. Most of the diseases ranked by Dr. Alison as specific inflammations should, in our opinion, be removed altogether from the class of inflammations—such is the case in regard to scrophula, gout, and certain forms of neuralgic rheumatism; for although these affections do present, in their course, certain of the phenomena of inflammation, yet these are so intimately associated with, and to a certain extent modified by, other morbid conditions of the parts in which they occur, as to prevent them from being described or treated as inflammation. If it be proper to admit of a scrophulous, gouty or rheumatic inflammation, why not also a cancerous, variolous, syphilitic and tuberculous inflammation, or indeed to describe as many specific inflammations as there are diseases of which any of the phenomena of inflammation constitute a part of the symptoms. In relation to erysipelas and inflammatory rheumatism, we consider the one to be the proper inflammation of the dermoid and the other of the fibrous tissue.

The consideration of fevers succeeds to that of inflammation. The account of the general doctrines of fevers, and of the pathology and treatment of the leading forms of continued fever, is by Dr. Christison. The pathology and treatment of plague, which is ranked among the continued fevers, and of intermittent and remittent fevers, including yellow fever, is by Dr. Shapter.

Although the subject of fever, generally considered, is treated with very considerable ability by these gentlemen, and the history of its several forms, together with their therapeutical management, excepting so far as relates to yellow fever, is delineated with great judgment and accuracy, there are, nevertheless, many points connected with the subject in which the views advanced in the work before us are in our opinion erroneous, or at least want the support of a sufficient series of well authenticated facts—while in other instances their conclusions drawn from the facts adduced, are very far from bearing the stamp of perfect legitimacy.

The doctrine of the essential or primary character of fever is maintained and enforced by Dr. Christison, and acquiesced in by the other writers concerned in the preparation of this department of the Library—a concise summary of the

leading arguments by which this doctrine is supposed to be established is presented.

Setting out with the position that "fever is an essential or primary disease," that is, a disease entirely independent on any local disease of any portion whatever of the organism, Dr. Christison remarks, that "the first appreciable event in the chain of sequences constituting fever is a *functional injury* of the nervous system. The only essential or invariable consequence of this affection is *functional derangement* of most of the important organs of the body, but more especially of the brain, the circulating organs and fluid, the alimentary canal, and the skin." It seems to Dr. C. a reasonable though hypothetical doctrine, "that the primary disturbance of the functions of the nervous system acts first on the capillaries, or extreme vessels of the surface, as well as throughout the internal organs, and produces, not spasm, as was imagined by *Hoffman* and *Cullen*, but rather, according to modern views of the state of the capillaries in inflammation, a state of atony, relaxation, and distension, and consequently obstruction to the passage of the blood; that the disturbed state of the circulation is an effort excited by the stimulus of this obstruction for accomplishing its own removal; and that the disturbance of the function of circulation is variously modified by the constant coexistence and direct influence of the disturbance of the nervous functions. At all events," the Doctor remarks, "there seems no question, that there are always two leading phenomena in fever, howsoever induced,—disturbance of the nervous system and disturbance of the circulation; that howsoever connected originally in the chain of sequences, they act and react on one another, and that their coexistence and reciprocal action, while they account on the one hand for many subordinate phenomena which are otherwise unintelligible, must on the other be kept constantly in view as modifying singularly the effects of remedies, and therefore regulating in many essential respects the method of cure."

It would, we conceive, be no very difficult task, from the very facts referred to in the work before us, to prove the fallacy of the general doctrines laid down by the writers in regard to the nature and production of fever. This, however, it would be unnecessary to attempt, even had it been our intention to enter into a formal review of the several departments of the work, inasmuch as the almost invariable occurrence, at an early period, in all the forms of fever, of local irritation and local inflammation, is clearly pointed out, and these local affections it is admitted become all important in reference to the treatment of fever—"more important frequently than the febrile state itself;" nay, further, Dr. Christison considers it to be well ascertained, that "the same irritations which will excite local inflammation in the stomach and intestines, attended with symptomatic fever, may also *at times* excite the febrile state independently of positive inflammation."

Hence the many and serious errors to which the doctrine of the essential nature of fever is calculated to lead, in regard to the treatment of certain of its forms, are entirely obviated by the attention being thus directed to the local affections by which they are attended, the prevention or removal of which by appropriate remedies, is essential to the safety of the patient, and his speedy restoration to health.

The fact is, that although Dr. Christison has seen fit to condemn the physiological doctrines of fever, as altogether erroneous, the entire article before us exhibits, without the writer himself appearing to be aware of it, their beneficial influence.

Fevers are divided by Dr. C. into primary, irritative and eruptive. The primary fevers are subdivided into continued, intermittent and remittent. Continued fever includes the three forms of synocha, synochus and typhus—in other words, the inflammatory, mixed or nervous, and adynamic forms of fever.

In the sections which treat of continued fever, we are presented with a very sensible, clear and accurate summary of all the important facts connected with its phenomena, the local diseases by which it is accompanied, its sequelæ, its

prevalence, duration and mortality; its anatomical characters, causes, prognosis, treatment and prophylaxis.

In considering the symptomatology of continued fever, the writer describes, first, the essential phenomena of its three leading forms or types, and then the phenomena which are incidental or accessory.

"It seems advisable," he very justly remarks, "that the symptoms of the three types be viewed in succession, or close relation to each other, because they are, at least in the opinion and according to the experience of the writer, mere varieties of one fundamental disease, originating in the same causes, and constituted merely by differences in those obscure co-operating influences, which are alluded to when we speak of epidemic constitution. This is the conclusion to which every one will arrive, who has had an opportunity of closely watching, in hospital practice, a long series of epidemics, similar to those which have ravaged the city of Edinburgh between the year 1817 and the present time. For the disease has been clearly seen, during that interval, to pass very gradually from a type, in which pure inflammatory fever was exceedingly common, first into one composed of the same fever in the early stage, and of adynamic fever in the advanced state, and at length into a type of nearly pure adynamia or typhus, which has prevailed for a few years past. And these changes have thus gradually taken place, without any other essential alteration in the history of the disease, but especially without any change in its apparent mode of propagation and causes."

This mode of considering the several forms of disease, usually ranked under the head of continued fever, and which, we are convinced, as well from observation as from our views of the nature of fever, is the correct one, while it removes from the subject a good deal of the confusion with which it was formerly invested, has a very important bearing upon the treatment, especially of the synochus and typhoid forms of fever.

While the writer denies the strictly contagious nature of continued fever, he maintains that all of its forms are communicable by infection, in probably an equal degree. In evidence of the infectious nature, using this term in its legitimate sense, of synochus and typhus fever, there appear to be a number of apparently conclusive facts. How far this is true in regard to synocha, we pretend not to determine, not being conversant with any form of fever corresponding exactly to the description of synocha, given in the books.

A very sensible and interesting summary of the laws of infection is presented by Dr. Christison, a close attention to which will be found very necessary in order to a correct appreciation of the etiology of continued fever.

We would remark, however, that while we have no reason to doubt the propagation of continued fever, by infection from the sick, in situations and under circumstances favourable to the generation of such infection, we nevertheless consider the possibility of the occurrence of the different forms of continued fever, both endemically and epidemically, totally independent of any emanations from the sick, as fully established—a fact which the writer before us appears inclined to call in question, or at least to consider as extremely doubtful. He would seem, indeed, notwithstanding he has noticed most of the facts brought forward by different writers in relation to the etiology of the fevers generally, to be somewhat unsettled in his own views on this subject. The question is certainly a very complicated and difficult one, though capable, in our opinion, of a very satisfactory solution, from the materials already in our possession.

The author's account of the proper treatment of continued fever, is extremely judicious; it is evidently the result of careful observation, made under circumstances well adapted for the acquisition of practical knowledge.

The account of intermittent and remittent fever is, as we have already noticed, by Dr. Shapter, who, in the compass of less than forty-nine pages, has given a very clear and judicious summary of the present state of our knowledge in relation to these two prevalent forms of disease, comprising all the important facts connected with their history, nature and treatment.

The doctor ascribes the production of both these forms of fever almost exclu-

sively to marsh miasm or paludal exhalation. In so doing, he has followed the major part of the continental, and nearly all the English authorities. The fact, however, should have been noticed, that the very existence of the *specific* "morbid agent," denominated marsh miasm, has been called in question. To say the least, the insufficiency of the evidence by which the operation of such an agent in the production of fever is attempted to be established, must be evident to any one who will take the trouble cautiously to analyse it, while the frequent occurrence of both intermittent and remittent fever, in situations and under circumstances the very reverse of those, supposed to be essential for the development of marsh miasm, proves that, even if we admit the existence and occasional agency of the latter, it is very far from being the only source of these forms of fever.

The chapter on yellow fever is the least accurate of any in the volume before us. In regard to this form of fever, the writer, Dr. Shapter, appears to have had no personal experience, his account of it being drawn exclusively from the writings of others. In the selection of his authorities, he has not, however, exhibited the best judgment, nor has he collated with sufficient care the various facts presented by those he appears to have consulted. Hence his description of the disease is far from being either clear, or in all respects perfectly accurate, while, in regard to many particulars connected with its diagnostic phenomena, its causes, and the lesions by which it is especially characterized, the summary of the writer is replete with error. His account of the treatment of yellow fever is rather an outline of the discordant plans recommended by different physicians, than an attempt to determine, by the weight of evidence adduced in support of each, their comparative value.

In the class of irritative fevers are included the gastric remittent fever, of children, and hectic fever.

The account of the first of these fevers, is from the pen of Dr. Locock, who has presented one of the best descriptions of the disease, in its acute and chronic forms, we have ever met with. The plan of treatment he has laid down, at least in its general outline, is one sanctioned by experience. We have, however, found the application of leeches to the epigastrium, to be more generally demanded than is recommended by Dr. Locock; even in the chronic form of the disease, their application, in many cases, we have found decidedly beneficial. We should object, also, to the free use of active purgatives to the extent directed by the writer. In the chronic form, it is true, he cautions against the repeated administration of purgatives; but in the acute form, "the fulness and hardness, (of the abdomen,) distinct from collections of air, which are easily detected by percussion, will denote," according to Dr. L., "the necessity of following up the use of *active purgatives*, which may be continued at sufficient intervals, so as not to harass and exhaust the patient, till we are satisfied that the intestines are emptied." It is precisely under the circumstances here referred to, that we have found the repeated use of active purgatives to be productive of injurious effects. The very description of stools, which many writers describe as indicating the necessity of active purgatives, are not unfrequently produced by the use, or, at least, the too frequent repetition of this class of remedies.

A very good sketch of the symptoms, the principal causes and the treatment of the remaining fever, classed under the head of irritative, namely, hectic, is from the pen of Dr. Christison.

The doctor draws a distinction between what he considers to be genuine hectic fever, and the other varieties of irritative fever, especially those which attend certain chronic internal inflammations, to the accuracy of which we cannot subscribe. He very properly describes the paroxysms of hectic fever as occurring with great regularity, the principal exacerbation taking place in the evening, altogether independent of the febricula of digestion, reaching its height about midnight, or a little later, and going off towards morning with a copious perspiration, whereas, in the other varieties of irritative fever, the exacerbations, he remarks, are more irregular in their periods, or where a periodicity is remarked, the exacerbations will be found to be connected with the excitement incidental

to digestion. True hectic Dr. C. believes to occur only in connection with suppuration or serious derangement of structure in the internal viscera.

Admitting, as we do, the very great regularity observed in the exacerbations and remissions of hectic fever, whether occurring once or twice in the twenty-four hours, as well as its dependence, in the generality of cases, upon suppuration or extensive organic disease, yet it is, nevertheless true, as our observations have taught us, that genuine hectic fever does occur, in numerous instances, totally unconnected with either—the proper symptoms of the fever being, in such cases, distinguishable in no important particular, from those of the hectic fever of phthisis pulmonalis, or that dependent upon extensive collections of pus within the chest.

Under the head of eruptive diseases, are included in the present work small-pox, measles, and scarlet fever.

The history of small-pox and its varieties, its anatomical characters, causes and treatment, is by Dr. Gregory. For the general accuracy of this portion of the library, the well known talents of Dr. G., and his intimate acquaintance with the subject, are a sufficient guarantee.

Vaccination is very properly treated of, by the same writer, in immediate connection with the disease for the prevention of which it is alone performed. Upon this subject, there are one or two statements made by Dr. G., which it may be well to notice.

The writer, in common with the major part of the British and continental physicians, direct that, for the communication of the vaccine disease, the lymph be used in a fluid state, and direct from the arm, whenever practicable, and he remarks that “after the formation of the areola, the true specific matter of cow-pox becomes mixed with variable portions of serum, the result of common inflammation, and this diluted lymph is always less efficacious than the concentrated virus. After the tenth day, the lymph becomes mucilaginous and scarcely fluid, in which state it is not at all to be depended on—out of a dozen incisions made with such viscid lymph, not more than one will prove efficacious.”

Now, the experience of nearly the whole of the medical profession in this country, proves incontestibly, that the vaccine crust, or scab, dissolved in water, will, very certainly, produce the disease in an individual in whose arm it is carefully inserted; and we know, from numerous comparative experiments, that the vaccination performed with the scab does not differ in any of its phenomena, from that in which the recent lymph has been employed.

According to Dr. Gregory, “it is impossible, now, to call in question the fact that vaccinated persons are more liable to attacks of small-pox than those who have once undergone that disease.” Our own observations, made during the several small-pox epidemics which have occurred in the city of Philadelphia and its environs, since the year 1826, have certainly led us to a directly opposite conclusion.

Dr. Gregory states that “it is a matter of general notoriety, that small-pox, taken casually after vaccination, is very rare under the age of eight years. The protective power may be considered as nearly complete for that period. About the ninth or tenth year of life, small-pox, after vaccination, begins to be met with. It increases in frequency at the period of puberty, and is still more common between the ages of eighteen and twenty-five. With these facts before us,” he remarks, “it is impossible to conceal the apparent conclusion, that time lessens the power of resistance to the variolous germ.”

So far as our experience extends, this statement does not hold. We have found that children, under ten years of age, were equally as liable to an attack of small-pox subsequent to vaccination, as individuals beyond this age. We can refer, it is true, to no official documents affording the necessary data to settle the question, but of sixty-three cases of death from varioloid, which are all that are recorded in the bills of mortality, kept by the Board of Health of this city, and which we may presume to have occurred among such as were the least fully protected from the small-pox, we find that thirty-six were of individuals under

ten years of age, five between ten and twenty, fifteen between twenty and thirty, and seven above thirty.

In regard to the question of revaccination, Dr. G. offers the following remarks:

"By many of the physicians of Germany, this measure is extolled as scarcely less important in its effects, nor less widely applicable than vaccination itself. The authorities in Paris, on the other hand, have reported to the French Government against the necessity of revaccination, and there is really some difficulty in deciding on the actual merits of the plan. The Germans aver that few, if any, of the recently revaccinated, have fallen under the influence of small-pox, but the time which has elapsed since the general adoption of the measure, detracts from the value of such a statement. The practice may be recommended for its safety, even if it be much less serviceable than the Germans contend for; we have sufficient facts before us, to state with confidence, that it need never be recommended prior to the tenth year of life, and that the age best fitted for it is from the period of puberty to that of confirmed manhood."

The subject of measles, and that of scarlet fever, are treated in a very masterly manner by Dr. G. Burrows. Of the leading facts connected with the pathology and treatment of both diseases, he has presented a very excellent compendium.

The sketch of the history of the several forms of fever usually met with during the puerperal state, their distinctive characters, and therapeutical management, by Dr. Locock, is, in general, executed with great ability. In some few particulars we should be inclined to dispute the perfect accuracy of the writer's views.

The chapter commences with some very pertinent cursory remarks on the various opinions held by pathologists as to the nature of puerperal fevers, the several forms of which are then described under the heads of acute peritonitis—adynamic or malignant puerperal fever—puerperal intestinal irritation and false peritonitis, and the chapter concludes with a few remarks on milk fever and its proper management.

The observations on puerperal intestinal irritation, an affection which the author has certainly misplaced in arranging it among the varieties of puerperal fever, are highly interesting, and deserving of great attention, as the morbid condition here described, neglected or mismanaged, is very apt to be the precursor of a more serious and unmanageable disease.

To the denomination, false peritonitis, we object. The writer himself admits that the affection described under this name, is apparently the first stage of acute puerperal peritonitis, it would be better therefore to describe it in connection with the latter; the name, at any rate, is particularly objectionable, and apt to mislead.

The volume before us concludes with an admirable synopsis of the diseases of the skin, by Dr. Schedel of Paris.

Concise as this synopsis is, occupying only eighty-seven pages, it nevertheless presents one of the best general summaries with which we are acquainted, of the distinctive characters and progress of the various cutaneous diseases, as well as of the remedies which experience has shown to be best adapted for the cure of each. We know of none better adapted to place in the hands of the student to prepare him for the profitable perusal of the more extended treatises on this class of diseases.

In concluding this superficial notice of the first volume of the Library of Medicine, we take a great pleasure in recommending it to the attention of the profession in this country, as presenting, in relation to the forms of disease of which it treats, an admirable digest of the present state of pathology and therapeutics. The very beautiful style in which the American edition has been got up is, in our opinion, no trifling recommendation, more especially when, as in the present case, it is not made the excuse for extravagance in the price demanded.

D. F. C.