

suppressions of urine from spasm, Enemata have been of surprising efficacy. In many fevers, sometimes in typhus, when tonics could be administered no other way, they have in this shape answered the best of purposes.

In the obstinate intermittents of Carolina and Georgia, how frequently cases have occurred when the patient was so excessively debilitated, and his stomach had so lost its tone, that no medicine of the corroborant kind would stay a moment upon it; and when he has been expecting a renewed attack to carry him off, how often has a strong decoction of the bark, exhibited in this form, preserved him from the threatened fit, and secured his perfect recovery!

In the bilious and yellow fevers of the West Indies, wherein the symptoms of approaching death succeed each other with melancholy rapidity, the happiest consequences have followed these exhibitions; and it is unquestionable, that the success of medical practitioners in the French islands, in treating the disorders of hot climates, may be principally ascribed to this mode of administering medicines. From the most inconsiderable head-ach to a sanguineous apoplexy, the French prescribe Enemata. Machines for this purpose are kept in every family, and are viewed with the familiarity of a culinary utensil. So common a remedy indeed is it, that if one complain, either in France or the colonies, of the slightest indisposition, *un lavement* is sure to be recommended. They conceive that most complaints originate in some intestinal obstruction, (as, in fact, they often do) and that clysters are a natural cleanser, as the word imports. Viewed as a mode of giving food, cases abound, in which patients have been kept alive for weeks by nourishing clysters, when aliment could be administered in no other way.

It is unnecessary here to arrange the various formulæ of Enemata in vogue; they are not confined to number nor quality; they comprehend (to repeat what has been before asserted) almost every article of an alimentary and medicinal nature.

*To the Editors of the Medical and Physical Journal.*

GENTLEMEN,

YOU did me the honour, in a former Number, to insert my letter to the DUKE of YORK on the treatment of Dysentery. I now inclose a few additional reflections on the same subject,  
extracted



extracted from my report of last week, to the Commissioners for Sick and Wounded Seamen. By inserting them also, you wil oblige,

GENTLEMEN,

Your most obedient servant,

Atlas, Torbay, Nov. 30, 1799.

D. WHYTE.

*Extract from the Weekly Return of the Sick and Wounded of His Majesty's Ship, Atlas. Dated off Brest, November 20, 1799.*

It has been universally remarked, that dysenteries are more frequent in Autumn than any other season; and it may be asked, to what cause is this prevalence to be ascribed? I would answer, that the intestines participate in the general debility induced by the preceding summer heat; and that, as the sun recedes from our hemisphere, we are many of us too neglectful of increasing, with the decrease of temperature, the quantity and consistence of our cloathing. In most seamen, to the predisposing debility occasioned by heat, is superadded and combined the predisposition arising from scurvy. To excite disease in persons so circumstanced, the slightest exposure to cold and moisture is alone necessary.

In a former return, I noticed to you my new method of successfully managing this otherwise dreadful and almost irresistible disease. My experience during the last fortnight, not only confirms the deductions I at that time made, but the circumstances of some of the cases have led to still farther practical improvements; the chief of which is, in the first place, and previous to the application of the flannel rollers, to invest the whole of the abdominal and lumbar regions with a large and closely applied adhesive plaster. Where the disease has been of several days standing, similar plasters applied over the glutœi muscles, and some way down the thighs, are singularly efficacious; enemas of flour and water, or of starch, or of arrow root, are also in such cases useful.

In an irregular patient, I found that wine, ardent spirits, and high seasoned food, exacerbated every symptom; and had he not at last been prevailed upon to leave off those pernicious stimuli, his life would in all probability have been paid as the forfeit of his folly. The disease was also exacerbated by every fluid of a high temperature, while the same fluid cooled to, or below the temperature of 96° could be drank with comparative impunity. By the abstraction of sixty ounces of blood,

this



this patient was put out of danger; and so easily was the supervening debility removed by proper regimen, that in five days he was able to return to his usual occupations. Had he been regular from the beginning, the cure (as he was of a weak constitution, and easily affected by remedies, as well as exciting causes) might have been completed in a few hours without any, or, at least, with a very moderate venæsection.

Dilution I do not now find necessary; I am even inclined to believe that it is always more or less hurtful.

As articles of diet, animal and vegetable mucilages ought on every principle of reason and humanity to be alone employed. Beef tea, chicken and mutton broth, boiled to the consistence of a jelly, are of all others most palatable and proper. In my present humble practice, however, the generality of my patients are under the necessity of resting contented with portable soup, sago, and flour and water.

Much of what I have here said is referable only to neglected cases. Where the patient makes his application on the day of attack, avoids further exposure, and leaves off diffusive and other strong stimuli, an adhesive plaster applied to the abdominal surface, over that a few folds of flannel roller, with a single venæsection, moderate or copious according to circumstances, will in most cases be fully sufficient for the removal of every symptom of dysentery.

I have in the first place to observe, that large quantities of acid, or alkali, or of any of the neutral salts formed by their combination, will, after passing the pylorus, by their direct stimulus, excite frequent dejections, accompanied, if long continued, with intense tormina, tenesmus, and every other dysenteric symptom; but I have to observe, in the second place, that the generality of dysenteries owe not their origin to the direct stimulus of such causes; and thirdly, that where they do, as such substances necessarily operate their own discharge, alkalies are not the most proper remedies when the disease is excited by acids; nor acids when it is caused by alkalies. Besides, as I have already mentioned, the acid and alkali may prove purgative, even when combined.

That the transatlantic specific for dysentery has a tendency to excite it, I have had frequent opportunities of observing.

For the removal of acidity of the stomach, to which several of the gentlemen of this ship are extremely subject, I have long had daily occasion to exhibit aqua kali; and I have found, that in certain conditions of the weather, and of the patient's irritability, it has occasioned griping and diarrhœa, which, if not timely checked by very different remedies from those proposed by the very eloquent Doctor Mitchill, might have

degenerated into dysentery strictly so called. In farther confirmation, I may add, that the irregular patient above alluded to had for upwards of a year been, for the removal of arthritic predisposition, in the habit of taking half a drachm of kali ppt. the dysenteric specific of Dr. Mitchill, twice a day. He had more than once, when in cold and moist weather lightly clothed, perceived its instant purgative effect; but, on falling sick, the fruit of dear-bought experience was of no avail; his faculties became impaired, and he was no longer capable of regulating his conduct by the rules of science. Unaware of the danger, he was foolish enough to take, on the evening of attack, his customary alkaline dose, and also twice to repeat it on the following day. Each time, as *a priori* might have been expected, it increased both purging and tormina.

Such are the arguments I have derived from experience, in opposition to the doctrine of the ingenious Dr. Mitchill: I am also prepared to combat them in theory; but this I must defer till I can enjoy a leisure and retirement more propitious to literary pursuits than my present confined and laborious situation will admit.

*Letter from Mr. STEWART to Dr. REMMETT, on the Vaccine Inoculation. Communicated by Dr. PEARSON.*

DEAR SIR,

I Am happy in having it in my power to communicate *forty-three* successful cases of inoculation with vaccine matter; and to thank you for the matter which you so obligingly sent me. With the lancet you received from Dr. Pearson, I inoculated the first case; but in no instance could I succeed with the thread.\*

I shall do myself the honor, at some future period, to transmit two cases, which go far to prove that cow-pock contagion cannot be communicated by effluvia.

#### FIRST CASE.

Master Peter Curgenvin, a healthy child, aged thirteen weeks, was inoculated with cow-pock matter on Friday, November 1, 1799.

Fourth

\* The thread was impregnated with matter, and the lancet was stained at the same time from the same pustule.—Dr. PEARSON.