

of the eye, in which the belladonna has usually been employed with such good effect, and have found it to be fully more active and efficient than that valuable medicine: indeed, in some cases it succeeded when the belladonna produced no alteration on the pupil. As, however, at some future period, I may recur to this subject, I shall not at the present trespass farther on your indulgence than by mentioning to you that I, a few months since, witnessed the most violent symptoms from the extract of stramonium taken internally, in the form of decoction, by mistake for the extract of sarsaparilla. The symptoms, however, happily yielded to the powerful remedies (most assiduously used,) usually had recourse to in counteracting the fatal effects of the narcotic poisons.

Liverpool; 22d July, 1822.

CASES.

Acute Ophthalmia.....	71	Closure of the Pupil, with Obliteration of the anterior Chamber..	6
Purulent Ophthalmia (Adults) ..	54	Staphyloma.....	2
Ditto (Infants) ..	138	Cataract .....	28
Mucous Ophthalmia .....	6	Ditto, Congenital .....	2
Ophthalmia, with Pustules .....	49	Glaucoma .....	1
Ditto, with Slough or Ulcer.....	55	Amaurosis, organic and functional	52
Ditto, with Hypopion .....	7	Paralysis of the upper Eyelids....	2
Strumous Ophthalmia .....	55	Tinea .....	50
Chronic Ophthalmia .....	65	Lippitudo .....	7
Ditto, with granular Conjunctiva and vascular Cornea.....	19	Inversion of the Eyelids .....	4
Excrescence of the Conjunctiva ..	1	Eversion of the Eyelids.....	2
Perigium.....	3	Trechiastis .....	3
Opacities of the Cornea .....	69	Tumors in the Eyelids .....	11
Protusions of the Iris.....	7	Hordeolum .....	6
Inflammation of the Iris .....	23	Diseases of the Lacrymal Passages	7
Unnatural Adhesions of the Iris, with disfigured and contracted Pupil .....	11	Wounds and Injuries of the Eye..	13
			827
Remaining upon the books on making up the last report.....			150
		Total.....	977

Of whom, 703 have been discharged cured,  
72 more or less relieved,  
34 incurable or irregular,  
and 163 are now remaining upon the books.

Twelve cases were successfully operated on for the cataract and artificial pupil, including a patient born blind.

ART. II.—*Report of Diseases prevailing among Adults, from May to August 1822.* By R. MACLEOD, M.D. Physician to the Westminster General Dispensary, &c. &c.

IN giving a report of prevailing diseases, it may not be foreign to the subject to take notice of the following passages, which occur in the Edinburgh Review for February 1822.

“While it is ascertained that marshy ground is the common cause of miasma or malaria, it is generally believed that either a considerable extent of such land, or a very decided marshy condition, is necessary to produce the disease. This, however, is a pernicious error, which it is important to correct.

“ To recur to a very noted spot, however, it is not suspected that St. James’s Park is a perpetual source of malaria, producing frequent intermittents, autumnal dysenteries, and various derangements of health, in all the inhabitants who are subject to its influence. The cause being unsuspected, the evil is endured, and no further inquiries made.

“ It is lastly held, that it will not originate or spread in large towns; another dangerous opinion, leading to gross neglect in the treatment of diseases, and in the use of proper precautions against its effects. We have said that it is generated abundantly in St. James’s Park, and thence it spreads even to Bridge-street and Whitehall: nay, in making use of the most delicate miasmometer (if we may coin such a word,) that we ever possessed, an officer who had suffered at Walcheren, we have found it reaching up St. James’s-street even to Bruton-street, although the rise of ground is here considerable, and the whole space from the nearest water is crowded with houses. After this, we need scarcely remark that, at the east end of London, it reaches all through Finsbury division and Whitechapel, and is even brought up at the back of the Strand along the course of the river.”

On perusing these extracts, any one, not acquainted with the circumstances, would naturally conclude that intermittents and autumnal dysenteries were the scourge of considerable portions of London; whereas, I have little hesitation in asserting that the evil exists only in the imagination of the writer. Indeed, the article seems to be the production of one entirely unacquainted with the diseases which prevail in London, however well he may know those of Rome. The discharge of my duties at the Westminster General Dispensary, has, for five years, called me almost every day to “ the back of the Strand,” and other parts of the town described as subject to the endemic prevalence of these effects of malaria, yet I have never met with any instance of these complaints; and it is obvious I must have done so had they existed. I have, besides, had an opportunity of observing the effects produced upon those very *miasmometers*, which the author in question regards as most perfect,—viz. persons who had suffered from the Walcheren fever. The regiments of Foot Guards are quartered, in rotation, in Lower Westminster, the part of the town most likely to be under the supposed influence of miasmata, both from the river and St. James’s Park; yet it is not found that they suffer relapses from this cause. This assertion I make partly from personal observation, during eighteen months’ attendance at the regimental hospital in Tothill-fields, but still more from the information of my friend and coadjutor, Mr. Bacot, whose experience is necessarily much more extended and convincing. In addition to these proofs, I have conversed on the subject with several practitioners of eminence; among others, with Dr. Baillie, who, as well as all the others, expressed the same opinion as I had myself entertained.

The character and respectability of the Journal which contains these doctrines have induced me to take notice of them, and, before concluding the subject, I beg leave to give one more extract: “ But the east wind has the power of transporting it to considerable distances; and we have little doubt ourselves that, whenever it occurs in this city,

(where it is now rare,) the poison is transported from Holland."—It is impossible not to smile on perusing the formal and authoritative manner in which this opinion is delivered: in opposition to it, I would remark that, if the east wind does really bear the miasmata from Holland over so many miles of sea, it drops the burden before it arrives in London; for, during nine months' residence in the Tower, which, from its being situated at the east end of the town, and its proximity to the river, must have been exposed to the first visit of the malaria, not one instance occurred either of original attack of intermittent or of relapse; although I was in medical charge of a battalion of Foot Guards, at that time a regiment of "miasmometers."

During the last three months, fevers have been very mild in character and favourable in their termination. Cases of cholera have occasionally presented themselves, and have invariably done well under the use of diluents and opiates. Similar treatment, and with similar result, has been employed in the cases of diarrhœa.

In the case of diabetes, marked in the list of diseases, the urine was considerably charged with saccharine matter, and had increased in quantity to twenty pints a-day. The patient, a man about forty, was put upon animal diet, his meals consisting of beef-tea and meat without any vegetables; and, from his having been resident in St. Martin's workhouse, I have reason to believe the regimen was pretty strictly observed. In consequence of great restlessness, sleep was procured either by opium or hyoseyamus, according to the state of the bowels. Under this treatment, his strength was much improved, and the quantity of urine voided in twenty-four hours was reduced to seven pints by the end of about six weeks, when he discontinued his attendance.

A case of secondary small-pox occurred in a young man, who bore marks of having had the disease at a former period,—according to his own account, twenty-four years before. The eruption on the third day, when I first saw it, was pustulo-vesicular, and I was led, from this appearance, to expect that the disease would anticipate in its progress, in the same manner as small-pox after vaccination; but in this I was mistaken, for the pustules did not begin to dry before the eighth day, and the latter period of the eruption resembled that of common unmodified small-pox.

An opportunity has presented itself of trying the carbonate of iron in neuralgia: the result proved favourable. A young woman complained of violent pain in the face, which, upon further inquiry, was found to be aggravated at irregular times of the day and night, and to begin at particular spots. On being requested to point these out, she applied her fingers to the infra-orbitary and mental foramina of either side, indicating the exit of the nerves with a precision that would not have disgraced a pupil of Great Windmill-street. She took ℞j. of carbonate of iron three times a-day, under which treatment she gradually recovered, and was almost free from pain at the end of a fortnight, at which time she went into the country.

Table of Medical Cases admitted, by Dr. MACLEOD, at the Westminster General Dispensary, from the 1st of May to 10th of August, 1822.

\* Diseases affecting particular Organs.

		Apoplexy .....	1	
Head and Nervous System, in general	}	Determination to the Head .....	14	
		Paralysis .....	2	
		Epilepsy .....	3	
		Hysteria .....	7	
Particular Nerves (of Face) .....	}	Tremors .....	2	
		Tic Douloureux .....	1	
Nostrils and Fauces .....	}	Epistaxis .....	2	
		Catarrh .....	1f	
		Cynanche Tonsillaris .....	5	
Organs of Respiration .....	}	Chronic Ulcers, with Eruptions ..	5	
		Laryngitis .....	1	
		Bronchitis .....	13	
		Pneumonia .....	} 9	
		Pluritis .....		
Organs of Circulation .....	}	Phthisis .....	18	
		Hæmoptisis .....	} 1	
		Pericarditis .....		
Organs of Deglutition .....	}	Aneurism of Aorta .....	1	
		Palpitation, apparently from organic disease .....	2	
Organs of Digestion	}	Sticture of the Cæsophagus .....	1	
		Stomach .....	Dyspepsia, Simple .....	38
			----- with Vomiting .....	2
			----- with Gastrodynia .....	8
			----- with Pyrosis .....	2
		Bowels .....	----- with Hæmatemesis ..	3
			Constipation, Simple .....	10
----- with Colic .....	8			
Liver .....	}	Colica Pictonum .....	3	
		Diarrhœa .....	11	
		Hepatitis, Acute .....	2	
		-----, Chronic .....	5	
Organs of Urine .....	}	Icterus .....	2	
		Affecting all three, Cholera Morbus .....	7	
Organs of Generation .....	}	Nephralgia .....	1	
		Diabetes .....	1	
		Dysuria .....	11	
		Dysmenorrhœa .....	1	
Skin—Eruptions	}	Amenorrhœa .....	6	
		Acute .....	Menorrhagia .....	4
			Leucorrhœa .....	7
		Chronic .....	Erysipelas .....	1
			Scarlatina .....	2
			Variola .....	1
			Purpura .....	2
Psoriasis .....	1			
Various Parts,—Muscles, Tendons, Joints, &c. &c. ....	}	Urticaria .....	3	
		Rheumatism, Acute .....	5	
		----- Chronic .....	32	
		Gout .....	1	

\* The arrangement adopted in this Table is similar to the one I made use of in the Report of the Infirmary for Children, and, I am aware, is liable to many objections. No apology, however, is necessary for discontinuing the uninteresting alphabetical catalogue of diseases usually adopted; and I can only regret that nothing better suggested itself to me.

*Diseases not easily referrible to particular Organs.*

Fevers .....	}	Continued .....	13
		Intermittent .....	1
	}	Anasarca .....	4
Dropsies .....		Ascites .....	3
		Hydrothorax .....	1

Of the above cases, only five are known to have proved fatal:— Apoplexy, 1; Pericarditis, 1; Phthisis, 3.

*Apoplexy.*—I was requested, on the forenoon of the 7th ult. (August,) to visit a woman, aged forty-eight, residing in Great Wild-street. I found her in a state of stupor, from which she could not be roused; the pupil very much dilated, undulating slightly on the application of a lighted candle, but refusing to contract permanently; the breathing apparently natural, not at all stertorous; pulse frequent and small; skin warm and covered with clammy sweat. The account given of her was, that she had been a person of irregular habits, subject to occasional pain and giddiness in the head; that, finding herself more than usually indisposed on the preceding evening, she had taken some port wine, which potation had been repeated, the day I saw her, at six o'clock in the morning, when her husband went to work. On returning at nine, he found her unable to speak, although she seemed sensible to external objects, following the persons in the room with her eyes, and manifesting that she understood them. The stupor continued to increase gradually, and she died at five o'clock next morning; cupping, blisters, stimulating gylsters, &c. having been employed in vain.

On examining the body the day after her death, in the presence of the pupils and apothecary to the Dispensary, particular attention was given to the state of the brain. The calvarium was unusually thick, and the furrows on its internal surface, from the impression of blood-vessels, were more numerous and deeper than common. The surface of the brain did not present any unnatural degree of turgescence; the upper part of the left hemisphere had some star-like points, from the florid injection of minute vessels; and, where the membrane passes from one convolution to another, there was slight watery effusion beneath it. The ventricles contained about three drachms of fluid on each side, and the plexus choroides were almost perfectly colourless, that on the left side having five or six little transparent bladders upon it, about the size of small peas. Careful examination led to the discovery of no other unnatural appearance. The contents of the thorax were sound. The liver had formed slight bands of adhesion with the diaphragm, and was rather softer than usual; the same was observed of the spleen. The bladder was very large, and contained about two pints of urine; (the attendants assured me she had made water regularly to the period of her death.) The uterus, unimpregnated, was about three-fourths of an inch thick, and felt as if cartilaginous.

The case of *Pericarditis* occurred in a girl of fourteen: she had laboured for six months under pain referred to the region of the heart, with extreme anxiety, for which bleeding, digitalis, and the usual routine practice had been employed. The pericardium was adherent throughout to the heart, from which it could only be separated by careful dissection. Round the roots of the great vessels was an effusion,

three-quarters of an inch thick, transparent, of a pale straw colour, and having extremely minute blood-vessels ramifying through it in a very beautiful manner.

Of the cases of *Phthisis*, two were not examined; the other presented nothing remarkable.

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## MEDICAL AND PHYSICAL INTELLIGENCE.

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### 1. *Case of Monstrosity.*

IN May, 1820, a woman of New-York was delivered of a monstrous fœtus, the following description of which is given by Dr. DELAFIELD, of that place. It was formed of two female children joined above the umbilicus, the parts below being perfectly distinct. At first view, it appeared as if there were a single head, attached to two bodies; but, on closer inspection, it was found to be made up of the greater portions of two heads, each looking forward, but in lines which, when produced, would form an acute angle. Posteriorly, two distinct occipita could be perceived, although covered by a common integument, and without any external line of separation between them; while, anteriorly, the faces were so blended as to appear like one. The two mouths were placed together, so as to form a continuous cleft; the two upper lips forming an obtuse angle, and separated by a fissure, extending downwards from the nose. From both mouths probes could be readily passed into the œsophagus, but there the instruments could be felt in contact. The nose also was made up of the larger portions of two, although there was only one complete nostril on each side. On each side of the head was an ear in the usual situation, and at the posterior part of it, at an equal distance from each of these ears, there was another imperfectly formed one, or rather parts of two. Below the neck, a back view of each fœtus was that of a well-formed perfect child, each with its extremities distinct and perfect. Altogether this monster had the appearance of two children placed in contact anteriorly, but the heads turned so as to join at their sides, and all those parts blended together which were in contact.

On removing the integuments of the head, the anterior part appeared as of a single fœtus, the posterior of two. The frontal, temporal, and parietal bones, were formed natural as of one fœtus. The anterior fontanelle was filled by two triangular bones, the line between which was continuous with the sagittal suture. There were two ossa occipitum, well formed and distinct, and between them a large pentagonal bone, about the ordinary size of the parietal. The cerebrum was very large, but appeared only as that of one fœtus; the falx major split into two portions anteriorly, and these portions were attached to the orbital processes of the os frontis. The tentorium covered two distinct cerebella, from each of which proceeded a medulla oblongata, into the spinal canal of each fœtus. The falx minor made a complete separation between the two cerebella; but there was no process of dura mater between the lobes of either cerebellum.