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ART. XLII.—OBSERVATIONS ON THE CLIMATE OF BARBADOES, AND ITS INFLUENCE ON DISEASE: TOGETHER WITH REMARKS ON ANGIOLEUCITIS OR BARBADOES LEG.

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(Continued from page 116.)

The gastric constitution had scarcely established itself, or become pretty generally diffused, when a new character, viz., the inflammatory, appeared upon the stage, and has ever since continued, sometimes combining itself with the gastric, to form diseases of a mixed character, such as erysipelas, and sometimes, when favoured by the seasons, or local circumstances, raising itself to the rank of chief performer. With its appearance, venesection, which had previously fallen into disrepute, became once more a favourite remedy; and, in the course of a few years, was pushed so far, particularly in Great Britain, that Sangrado's maxim, "C'est une erreur de penser que le sang soit nécessaire à la conservation de la vie, ou ne peut trop soigner une maladie," seems to have been the general rule of practice. The same inflammatory constitution became also general in Germany; but there it neither attained such a height, nor required such active treatment as in Great Britain, where many circumstances favoured its more perfect development: with us it more generally yielded to the use of acids, cold applications of mercury, but in England it called for copious blood-letting.

Even in 1810, diseases had become more inflammatory at Tubigen than they had been previously; but the change was still more perceptible in 1813, when the antiphlogistic treatment required the aid of small venesections, and nervous fevers were accompanied both by inflammation and derangement of the digestive organs. Erysipelatous affections were also frequent, and in many cases were of a marked inflammatory character. Erysipelas and true inflammatory, requiring the use of the lancet, were common in Ratisbon in 1811. Garrot exhibited acids, especially the acetous, with great success in the epidemic nervous fever which raged at Dorpat in 1812; and a diarrhœa of a bilious inflammatory nature prevailed at Königsberg during the same year. This important change in the constitution became very evident in the nervous fever at Berlin in 1813, as well as in the formidable epidemic described by Herfeland, which ensued after the war, and raged in the North of Germany during that and the preceding year. Although but a few years before the strongest stimulants had been necessary to obviate the paralysis which supervened were in the beginning of the disease; yet an opposite course was

now required, and antiphlogistic remedies were alone found capable of preventing the vascular excitement from terminating in inflammation of either the head or chest. In short, the inflammatory constitution has been prevalent in Germany ever since the years 1810-11, sometimes in its pure and marked form, and sometimes complicated with gastric and rheumatic symptoms.

This constitution became general at the very same period in Great Britain. Dr. Clutterbuck, of London, had, indeed, ascribed the origin of fever to inflammation of the brain in 1807, and, about the same time, Dr. Steiglezt, of Hanover, had recommended the antiphlogistic treatment of scarlet fever in preference to the stimulating plan then in vogue. But as the inflammatory was then still subordinate to the rheumatic and gastric constitutions, their opinions did not gain many converts. But the inflammatory constitution increased so much in the autumn of 1809, and the winter of 1810, that even Dr. Bateman was obliged to prescribe venesection in fevers, a practice quite at variance with his former views. Erysipelatous inflammation became common in London, Aberdeen, and Leeds, and numerous cases of puerperal fever occurred in the latter towns, which, according to Gordon and Hey, never terminated favourably, except when bleeding and purgatives were employed with freedom.

But it was not until 1813, when the inflammatory constitution had fully developed itself, and the bad consequences arising from violent determination of blood to the head in nervous fevers could not be averted, except by decisive measures, that venesection came into general use in Great Britain, in consequence of the publication, by Dr. Mills, who had prescribed it with much success since 1810. In the same year, that truly estimable physician, Dr. Thompson, published his admirable work on inflammation. Blackhall recommended blood-letting in several species of dropsies, and Armstrong employed the same remedy, combined with large doses of calomel, in the inflammatory puerperal fever, which was prevalent at Sunderland. Venesection became from this time as great a favourite as ever in England, not, however, to the exclusion of purgatives, which were indicated by the derangement of the stomach and bowels that accompanied the inflammatory constitution.

Both these remedies were found extremely beneficial in Ireland in the nervous fever, which was epidemic in Ireland in 1813-14; its inflammatory character being clearly evinced by a hard and full pulse during its first stage and a violent determination of blood to the head, by which the headache and raving are increased; while its gastric type was not less strongly marked by tenderness of the epigastrium, costiveness, or else frequent and unnatural alvine discharges, together with a loaded