

capabilities for improvement, nor have you progressed a single degree beyond your original state; but, like the culprit on the treadmill, imagine you are advancing with the motion of the machine."

Adieu for the present.

ERINENSIS.

Dublin, Sept. 23, 1829.

REMARKS ON DR. CLANNY'S THEORY OF TYPHUS.

By ———, M. D.

FOUR-AND-TWENTY years devoted to the exercise of the medical art, furnish a fair and legitimate reason for receiving practical opinions with respect, and all hypothesis with extreme caution; with your permission, therefore, I intend offering a few brief comments upon Dr. CLANNY'S Theory of Typhus, promulgated in your last number; not I trust, in the spirit of captious objection, but in that of a sincere admiration of the talent and industry displayed in his research, and a hearty concurrence in his practical views, however much I may differ from him in concurring that the speculative doctrines by which they are attended, either form a connected theory, or are capable of accounting for the symptoms of the disease to which they are applied.

If I correctly understand Dr. Clanny's theory, it is simply this: that a cessation of the actions producing chyle, and a consequent cessation of the actions producing blood; or, a suspension of digestion and sanguification; constitute the first link in the chain of morbid phenomena, displayed by typhus fever, and are, in fact, the proximate cause of the disease. While the facts on which this deduction rests, are the gradual approach of the blood to a lymphatic character during the increase of the disease, and the gradual approximation of that fluid to what may be termed a fibrinous or albuminous character during its decline. The facts themselves I have, of course, no reason to doubt; the inference drawn from them I conceive by no means warranted by the premises on which it rests.

In all severe constitutional diseases, and particularly in all attended by the state called fever, each individual function of the body suffers an interruption proportionate to the intensity of the cause in operation. In common with the rest, the whole process of nutrition throughout the extensive series of actions which intervene between the reception of the food by the mouth, till its final assimilation, are unquestionably interfered with, and hence the blood is deprived of that nutritive supply upon which it depends for

the due performance of its important duties. But are we on that account entitled to assume that the pre-existence of some impediment to the act of chylicification has been the cause of the general or constitutional symptoms; or is it not at least a more probable supposition, that the general affection has given rise to the impediment existing in the individual organs; that the cessation in digestion is, in fact, an *effect*, not a *cause*, of the general disease?

I will not say that Dr. C. is called upon to show how the *remote* causes of fever act in originating that suspension of the digestive function which he supposes to constitute its *proximate cause*; in our inquiries into the origin of many diseases, this link must, perhaps, be ever wanting, and certainly has never been supplied, at least adequately supplied, by any theory of fever, from Cullen down to Broussais. But I do say he *is* called upon to show why the known and appreciable existence of the state referred to, namely, an interruption of the actions producing chyle, is not at all times followed by the *same* effects; how it happens that persons for a time cut off from a supply of nourishment, are not affected with symptoms similar to those displayed during the continuance of fever, and why such do not occur in a degree proportionate to the existing intensity of their presumed cause in those local affections of the digestive organs which are of such continual occurrence.

The gratuitous nature of the assumption on which the theory rests, is likewise strongly marked in its application to account for the varying intensity of the symptoms at different times. The morning and evening paroxysms are stated to depend upon the want of a new supply of blood at such periods; now, if suspended chylicification be the cause of the disease, what reason have we for supposing that this act is interrupted to a greater extent at such times than at others? And above all, what proof is afforded that in intermittents it is suspended only at stated and determinate intervals, resumed during the intermissions, and again and again suspended and resumed in regular alternations for an indefinite period.

May I be permitted to add that Dr. C.'s theory does not seem even to be true to itself. I need scarcely remark that two doctrines have obtained on the subject of respiration; the one, which originated with Priestly, and which has, with some modifications, been successfully supported by Crawford, Allen and Pepys, Ellis and others, conceives the carbonic acid given out during the process to be generated in the lungs themselves; the other, advocated by Le Grange and Hussenbratz, and subsequently by Dr. Edwards, maintains, that the formation of this compound gas is effected during circulation,

and the champions of each have appealed, on the one hand to the existence of the acid in the venous blood, and on the other to its non-existence, in support of their respective theories; but neither have, I believe, asserted that it is produced in both ways, or that part of the inspired oxygen is absorbed to combine during circulation, while part is combined directly with carbon emitted during the transit of venous blood through the pulmonic vessels. Dr. C., however, appears to have adopted this view, for in one place he directly expresses his conviction that carbonic acid is formed in the lungs, and accounts for the cold stage of fever on the supposition that this process, ultimately connected with the production of animal heat, has been suspended; while in another, he says, that carbonic acid exists in the blood during health, is wanting during the disease, and again appears on its cessation. Again, in the description of a case proceeding to a fatal termination, he accounts for the symptoms, among which a high temperature is included, by supposing the permanent cessation of the sanguifying process, which is, according to his own views, closely connected with the evolution of caloric; and thus an increased impediment to the performance of a function on which animal temperature depends, is made (if I mistake not) the cause of its morbid excess.

The curative measures founded, as Dr. Clanny states them to be, upon a knowledge of the cause of the disease, I have already said, appear to me judicious, and, indeed, differ little from those which are of general adoption; but I confess myself unable to understand how they can fairly be presumed to act, by reproducing the action on which the formation of chyle depends; how an attention to the mental feelings of the patient, however proper, however indispensable to the cure of his complaint, can produce a specific effect on the digestive more than any other function of life; or what reason we have for supposing that the application of means directed to the intellectual powers, do more than prevent that general morbid action and reaction between the mental and corporeal functions, resulting from their mysterious connexion, which would appear to operate with nearly equal force upon each individual action of the body when it commences in the mind, and upon each individual faculty of the mind when it originates in the body.

Further, the use of carbonic acid is strongly insisted on, and, empirically, it is doubtless a medicine of very extensive use; but the explanation of its *modus medendi* by Dr. C.'s theory is not very conclusive; for supposing this gas to exist in venous blood during health, and to be absent during fever, we must attribute its presence, in the one case

to the performance of a function necessary to health, and its absence, to the cessation of that function; it may, indeed, therefore, afford a test by which we recognise whether this has or has not been performed in an adequate manner. But inasmuch as it is the *action* producing it which, in the one case, conduces to health, and the cessation of that action which, in the other, conduces to disease; and as it is not to the positive or active agency which the compound exerts during its presence, or to the negative or deleterious effects which result from its absence, that we can attribute the existence of either state; so I cannot conceive how its introduction into the circulating mass can (on this principle) exert either a beneficial influence or lead to a restoration of the actions by which it is naturally produced; its presumed therapeutical influence appears to rest on grounds equally solid with those which induced the French physician to recommend urea as a cure for diabetes, because that principle was, during the disease, no longer present in the urine.

But I encroach too largely on your valuable pages: with every respect for the talents of Dr. Clanny, and every desire that his praiseworthy endeavours may yet elucidate more fully the abstruse and recondite question of the proximate cause of fever, I cannot see that he has hitherto established his views in a satisfactory manner. It is far easier, however, to point out errors in doctrine than to offer less assailable opinions.

Islington, 20th September.

WESTMINSTER HOSPITAL.

IRITIS SYPHILITICA.

MARY HALBERDINI, a stout woman of low stature, about 35 years old, who had for some time infested the streets of Westminster as a prostitute, was admitted, 12th August, under Mr. Guthrie, with acute darting pain on the side of the head, extending into the corresponding eye; intolerance of light and lachrymation. The conjunctival vessels were depicted by a web of pink lines; and the inflammation of the sclerotica afforded a contrast by the crimson hue imparted to its vessels. Three months before, she had been the subject of lues venerea, and had been cured by a mild mercurial regimen. This secondary affection first attacked the patient about a week ago. Cupping to eight ounces, on the temples; a strong dose of jalap, senna, and salts, every three hours.

6 p. m. A slight irregularity of the pupil is perceptible; the extension of the inflammation from the sclerotic, into the iris being