

**AN ESSAY ON  
HYDROCEPHALUS  
ACUTUS, OR DROPSY IN  
THE BRAIN; PP. 10-218**

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An Essay on Hydrocephalus Acutus, or Dropsy in the Brain; pp. 10-218 by John Cheyne

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**JOHN CHEYNE**

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AN  
**ESSAY**

ON  
***HYDROCEPHALUS ACUTUS,***

OR  
**DROPSY IN THE BRAIN.**

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BY  
***JOHN CHEYNE, M. D.***

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1808.

to illustrate, occurs chiefly in childhood. It is attended with pyrexia, and with symptoms in-

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tures, fluctuation, and other symptoms of chronic Hydrocephalus, are mixed with the essential symptoms of acute Hydrocephalus.

It would appear almost unnecessary to distinguish this disease, the apoplexia Hydrocephalica of Cullen, from the Hydrocephalus (G. LXXVI) with the gaping sutures, as it is already done by medical writers, particularly by Dr. D. Monro, Quin, &c. ; but the following quotation from the last manual of practice published by a respectable physician in London in 1805, a book adopting the arrangement, and for the most part the definitions of Cullen, will enable me to apologize to the reader for the interruption. We find Cullen's definition of apoplexia Hydrocephalica, viz. " Apoplexia *Hydrocephalica* paulatim adolens; infantes et impuberes, primum lassitudine, febricula, et dolore capitis, dein pulsu tardiore, pupillæ dilatatione, et somnolentia afficiens," with the compiler's addition, " Hi-antibus plerumque cranii suturis;" and after delivering the history and cure, he observes, " The progress of this disease is sometimes very gradual, and the head enlarges progressively; in the acute state, I have attended several cases, in which the sutures have been perfectly closed, the bones of the cranium perfectly ossified, and the head not larger than natural, and, upon examination after death, several ounces of a watery fluid have been found in the ventricles of the brain; therefore it would appear, that the character of the disease, as given in the Nosologia of the Ill. Cullen, is not suited to all cases. It is unnecessary to comment on this. Cullen properly separates the two diseases; but the confusion is revived by this endeavour to identify them. I have not a doubt that this gentleman will excuse the liberty which I have taken, and in a future edition of his work correct this error.

dicating a diseased state of the sensorium. It generally terminates in death, when, along with other morbid appearances, the ventricles of the brain are found enlarged and full of lymph.

Hydrocephalus was not known as a distinct disease before the year 1768, when a full and accurate history was published by our celebrated countryman Dr. Whytt. Since the publication of Dr. Whytt's treatise, the disease has engaged the attention of many eminent physicians, both in Britain and on the Continent; yet the subject is so far from being exhausted, that the disease is universally admitted, both in pathology and in practice, to be still involved in great obscurity.

Authors have acknowledged the extreme difficulty of drawing up a distinct account of Hydrocephalus. They have been unable to fix what ought to be considered as the leading symptoms, and have warned us to expect, in practice, great deviations from the histories which they have delivered. After much experience and long consideration, although I felt these difficulties, I began to entertain hopes that they might in a great measure be removed by arranging, under distinct classes, the various forms which the disease assumes. This I have attempted, and I am convinced that the following classification is not artificial nor arbi-

trary, but that it has a foundation in the nature of the disease.\*

I. In that class of the disease which I am first to describe, we find, that before any characteristic signs of the disease appear, the child for some days, or even weeks, has complained of pains in his head or belly, while at the same time he has been slightly feverish, dull, ill-complexioned, without appetite, or perhaps with an increased appetite, and with considerable disorder in all the functions of the abdominal viscera. These complaints arise gradually, but are seldom alarming; and the child's friends are not awakened to a sense of his danger, until, advancing a step farther, the commencement of a peculiar disease has more

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\* In N° IX. of the Edinburgh Medical Journal, I find a great coincidence in observation. A Continental physician, whose work I have not had the good fortune to procure, has divided this disease into three species, in many respects resembling those forms of the disease which I have described. To avoid the charge of plagiarism, while the Journal was wet from the printing-office, I carried my notes, which in this part were complete (the Essay copied fairly for publication being then in the hands of a friend in England) to one of the ingenious editors, and read to him verbatim the history which is subjoined. The candid reader, even without this explanation, when he views my cases, the selection from many years practice, would, I think, admit that my observations are from an original source.



distinctly shewn itself. The dullness and severe pains in his head are now accompanied, perhaps upon getting up in the morning, or after he has begun to stir about, with vomiting. Yet even this symptom is often disregarded until the second or third day of its recurrence, and the disease has made considerable progress before the illness of the patient is suspected to arise from a disordered condition of the brain.

When the attention is more particularly excited by these symptoms, the headach (chiefly in the forehead) will be found to return at shorter intervals. The child often affectingly complains of his head. He sighs frequently, is dull, his head requires to be supported; he complains of weariness in his eyes; the pupils sometimes appear unusually contracted, and he has an aversion to light. His tongue is white, and his belly generally costive; the stools are at first clayey; as the disease advances they become of a gelatinous consistence, dark green, of a sickly smell, sometimes as dark as tar. The pulse becomes quick, and at particular times of the day these symptoms are attended with febrile heat and irritability, and the child complains not only of headach, but of pains in different parts of the body, sometimes astonishingly acute. At one time he complains of pains in his limbs, at another of pains in his breast, or in the nape of the neck, very often

in his bowels; and before the anxiety of his friends can make any preparations to relieve him, the pain is gone, or fled to some other part; at another time he for a long time lies on his mother's knee, restless and whining, as from dull rheumatic pain. These disorders cannot continue without impairing the child's strength; and accordingly in ten days or a fortnight, the period usually occupied by the first stage of this attack, he is altered in appearance; in his manner he has become peevish and undecided; his hand tremulous; and his gait tottering.

II. In the second form of the attack the disease runs a more rapid course. This does not occur so frequently, yet it is well entitled to the attention of every one wishing to gain a clear conception of Hydrocephalus. After the child has been drooping for a short time, which, although it sometimes escapes observation, is generally recollected, there is a sudden change to a fever, attended, even from the first, with a great degree of pyrexia, with frequent but short and irregular remissions, flushing, severe headach, tenderness all over the abdomen, and increased sensibility, with sometimes brilliancy of the eyes. It is said to be often difficult immediately to distinguish Hydrocephalus from fever, and this is the form of the

disease in which there is the greatest resemblance between the two diseases; but we are led to suspect some deeply-seated evil, from the frantic screams, and complaints of the head and belly, alternating with stupor, or rather lowness;<sup>3</sup> and we are struck with the irritability of the stomach, in a degree beyond what we find in fevers of this country, retching and vomiting being often brought on by a change of posture, certainly by every attempt to sit up in bed; and with the disordered state of the bowels which attends this irritability of the stomach. And when at any time the child has a little respite from the violence of these symptoms, we find our suspicions confirmed by his look; for, in this disease, when the features do not express pain or terror, there is not unfrequently an expression, which it has in common with some other diseases of the brain, of dejection, bordering upon insensibility, which is quite insupportable to those who are interested in his recovery.

III. I have observed less frequently than the first case, yet I think more so than the

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<sup>3</sup> This lowness, however, differs from what occurs only in the last stage, viz. a state resembling the coma vigil of fevers, as when roused, or spoke loudly to, in general the answer to each question is ready and collected.