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THE AUTHOR.

London, Oct. 1816,
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PREFACE.

THE contents of this little tract, are drawn from actual, and considerable experience; they are designed to serve as an inlet of Practical information for the junior Branches of the Medical Profession, more especially for those who may be induced to engage in the Military Service of their King and Country; care has therefore been taken to exclude in a great degree, the subtilties of Theoretical discussion, which may be fairly enough consigned to their appropriate Arena, the Medical Schools and Societies.

In 1809, and for two years afterwards the Author was in charge of the

Nuncio General Hospital at Lisbon, which was made, at his request, the receptacle for about three hundred of the worst Cases of Disease, chiefly consisting of Intermittent and Remittent Fevers and Dysenteries.

In Dysentery the usual modes of treatment were resorted to in the outset of the Practice, but with very moderate success; many of the relieved Cases having degenerated into the Chronic stage, and these eventually fallen victims to the Disease in complication with Visceral Affections.

Those discouraging results led him to reflect, that blood taken suddenly from the arm was likely to prove less oppressive, and exhaustive to the system, than a continual oozing of an undefined quantity from a consider-

able portion of extravasating surface; and upon the basis of this reasoning, to found a Practice of Blood letting in Dysentery, unprecedented for its freedom in the Annals of this Distemper.

Accordingly in every recent Case, recourse was had to immediate Venæsection, which was repeated, at certain intervals, as long as blood continued to be voided with the stools, due regard being always had to the guidance of the Pulse. Success almost universal, and beyond the most sanguine expectation, was the grateful result of the adventurous Practice.

Communication of the fortunate experiment was made to Sir James McGrigor, then Inspector General, in the Peninsula and actual Director

General of the Army Medical Department, who with his well known zeal for the good of His Majesty's Service, recommended the adoption of the Discovery throughout the respective Stations, and wheresoever employed, it was almost as uniformly rewarded with decided success.

The following Suggestions are committed to the Press for the Purpose of giving the fullest publicity to the salutary results of a Practice much bolder and more decisive than had heretofore been ventured upon, in the treatment of a Disease, that pretty generally had triumphed over the exertions of Physic, and has been frequently instrumental, not less fatally than the destroying Sword itself, in annihilating the efficient force of Armies in the Field.

MEDICAL SUGGESTIONS, &c.

UPON the subject of fever, I shall purposely avoid the fashionable discussion of *the proximate cause of febrile paroxysm*, which is involved in perhaps impenetrable darkness.

A competent knowledge of the predisponent, and occasional causes may often lead to the prevention of fever, and not unfrequently assist towards its cure, but in the actual state of our ignorance, with regard to the *quo modo* febrile exacerbation is brought about, it is a saving, I imagine, of valuable time to wave this enquiry altogether; and, contenting ourselves with a

steady investigation and just discrimination of the *symptoms* of fever, endeavour to subdue them by employing the most approved means, which the accumulating progress of enlightened and felicitous experience shall have placed within our reach.

OF INTERMITTENT FEVER.

The late Dr. Cullen, that venerable Patriarch of the modern school of Physic, has so fully and accurately described the paroxysm of Intermittent Fever, that it were most assuredly the height of presumption to offer any description of mine; I hope therefore to meet indulgence while I insert my ever estimable Preceptor's detail of the Symptoms.

SECT. X. *First Lines of the Practice of Physic.*

"The Phenomena to be observed in such a Paroxysm are the following."

"The Patient is affected, first, with a "languor or sense of debility, a sluggish-"ness in motion and some uneasiness in ex-"erting it, with frequent yawning and "stretching. At the same time the face "and extremities become pale; the fea-"tures shrink, the bulk of every external "part is diminished, and the skin, over "the whole body, appears constricted, as "if cold had been applied to it. At the "coming on of these symptoms, some "coldness of the extremities, although "little taken notice of by the patient, "may be perceived by another person."

"At length the patient himself feels a sen-"sation of cold, commonly first in his back, "but from thence passing over the whole "body, and now his skin feels warm to an-"other person. The patient's sense of cold "increasing, produces a tremor in all his

" limbs, with frequent succussions or
" rigors of the trunk of the body."

" When this sense of cold and its effects
" have continued for some time, they be-
" come less violent, and are alternated
" with warm flushings."

" By degrees the cold goes off entirely;
" and a heat greater than natural prevails
" and continues over the whole body."

" With this heat the colour of the skin
" returns, and a preternatural redness ap-
" pears, especially in the face. Whilst the
" heat and redness come on, the skin is
" relaxed and smooth, but for some time
" continues dry."

" The features of the face and other
" parts of the body recover their usual
" size and become even more turgid."

" When the heat, redness, and turges-
" cence have increased and continued for
" some time, a moisture appears upon the
" forehead, and by degrees becomes a
" sweat, which gradually extends down-
" wards over the whole body.

" As this sweat continues to flow, the heat
" of the body abates; the sweat, after con-
" tinuing for some time, gradually ceases;
" the body returns to its usual tempera-
" ture, and most of the functions are re-
" stored to their ordinary state.

SECT. XI.

" This series of appearances gives occa-
" sion to divide the paroxysm into three
" different stages; which are called the
" *Cold*, the *Hot*, and the *Sweating* Stages
" or Fits. In the course of these, consider-
" able changes happen in the state of

" several other functions, which are now
" to be mentioned.

SECT. XII.

" Upon the first approach to langour,
" the pulse becomes sometimes slower and
" always weaker than before. As the
" sense of cold comes on, the pulse be-
" comes smaller, very frequent and often
" irregular. As the cold abates and heat
" comes on, the pulse becomes more regu-
" lar, hard and full; and in these respects
" increases till the sweat breaks out. As
" the sweat flows, the pulse becomes softer
" and less frequent, till the sweat ceasing
" altogether, it returns to its usual state.

SECT. XIII.

" The respiration also suffers some
" changes. During the cold stage the

" respiration is small, frequent and anxi-
" ous, and is sometimes attended with a
" cough; as the hot stage comes on, the
" respiration becomes fuller and more free;
" with the ceasing of the sweat, th ebreath
" ing returns to its ordinary state.

SECT. XIV.

" The natural functions also suffer a
" change."

" Upon the approach of the cold stage,
" the appetite for food ceases, and does
" not return until the paroxysm be over, or
" the sweat has flowed for some time.

" Generally during the whole of the
" paroxysm, there is not only a want of
" appetite, but an aversion from all solid,
" and especially animal food,

" As the cold advances, there frequently
" comes on a sickness and nausea, which
" often increase to a vomiting of a mat-
" ter that is for the most part bilious."

" This vomiting commonly puts an end
" to the cold stage and brings on the hot.
" As the hot stage advances, the nausea and
" vomiting abate, and when the sweat
" breaks out, they generally cease alto-
" gether."

SECT. XV.

" A considerable degree of thirst is com-
monly felt during the whole course of
" the paroxysm."

" During the *cold* stage, the thirst seems
" to arise from the dryness and clammi-
" ness of the mouth and fauces, but dur-
" ing the *hot* stage, from the heat which
" prevails over the whole body, and as the
" sweat flows, the mouth becomes moister

" and the thirst, together with the heat,
" gradually abates.

SECT. XVI.

" In the course of a paroxysm there is
" often a considerable change in the state
" of the secretions.

" The circumstances just now mentioned
" show it in the secretion of the saliva and
" mucus of the mouth, and it is still more
" remarkable with respect to the Urine.

" During the cold stage, the urine is
" almost colourless, and without cloud or se-
" diment. After the sweat has flowed
" freely, the urine deposits a sediment, com-
" monly lateritious, and continues to do
" so for some time after the paroxysm is
" over."

SECT. XVII.

"Excepting in certain uncommon cases, "which are attended throughout with a "Diarrhœa, stools seldom occur till tow-"ards the end of a paroxysm, when com-"monly a stool happens, and which is ge-"nerally of a loose kind."

SECT. XVIII.

"Analogous to these changes in the "state of the Secretions, it frequently hap-"pens, that tumours subsisting on the "surface of the body, suffer, during the "cold stage of Fevers, a sudden and con-"siderable detumescence; but generally, "though not always, the tumours return "to their former size during the sweating "stage."

"In like manner, Ulcers are sometimes "dried up during the cold stage, and re-

" turn again to discharge matter during
" the sweating stage, or after the Paroxysm
" is over."

SECT. XIX.

" Certain changes appear also in Sensa-
" tion and Thought. During the cold
" stage the sensibility is often greatly im-
" paired; but when the hot stage is formed,
" the sensibility is recovered, and often
" considerably increased.

SECT. XX.

" With respect to the intellectual func-
" tions, when the cold stage comes on,
" attention and recollection become dif-
" ficult, and continue more or less so dur-
" ing the whole Paroxysm."

" Hence some confusion of thought takes
" place, and often arises to a delirium,

" which sometimes comes on at the begin-
" ning of the cold stage, but more fre-
" quently not till the hot stage be formed."

SECT. XXI.

" It belongs also to this place to remark
" that the cold stage sometimes comes on
" with a drowsiness and stupor, which
" often increase to a degree that may be
" called Comatose or Apoplectic.

SECT. XXII.

" We have still to add that sometimes,
" early in the cold stage, a headach comes
" on, but which more commonly is not
" felt till the hot stage be formed, and then
" is usually attended with a throbbing of
" the temples.

"The headach continues till the sweat "breaks out; but as this flows more "freely, that gradually goes off; at the "same time with the headach, there are "commonly pains of the back and some "of the great joints; and these pains have "the same course with the headach."

SECT. XXIII.

"These are nearly the whole, and are "at least the chief Phenomena which more "constantly appear in the Paroxysm of an "Intermittent Fever; and we have pointed "out their ordinary concourse and suc-"cession. With respect to the whole of "them, however, it is to be observed, "that in different cases the several Phe-"nomena are in different degrees; that the "series of them is more or less complete; "and that the several parts or stages in "the time they occupy, are in a different "proportion to one another.

PREDISPONENT CAUSES.

Weakly constitution; previous Intermittent; laxity of fibre; poor, meagre, insufficient diet: relaxed habit from excessive Venery; great bodily fatigue; debility from previous disease; depressing passions of the mind, such as fear, grief, terror, &c.

OCCASIONAL CAUSES.

Marshy exhalations; Effluvia from putrescent vegetable matter; a moist foggy Atmosphere, such as floats over and near to the banks of rivers.

METHOD OF CURE.

Three indications of Cure may be laid down.

1st. To cut short the cold Fit or put it off altogether.

2nd. To prevent the recurrence of the Paroxysm.

3rd. To restore the tone of the System.

The first indication may be often accomplished by the following plan of treatment.

Let the Patient at the approach of the Cold Fit be directed to take a tablespoonfull of Mistura Emetica* every quarter of an hour, until full vomiting be produced, drinking during the operation large repeated draughts of mawkishly warm Camomile Infusion. When the operation of the Emetic is over, let him be placed in a warm bath for a few minutes, then put to bed between the blankets. He is to drink abundantly of warm Barley Decoction, when a profuse sweat flowing for some hours, will generally be the consequence, and the paroxysm for the

* Appendix.

present put off, or at least the Cold Stage cut short, and a favorable Intermission gained.

SECOND INDICATION.

As soon as the circulation becomes calm, and the body reduced to its natural standard of heat, * Haustus Tonicus should be given every two hours; during this course, in order to promote best the Efficacy of the Medicine strong exercise, preferably on Horseback, should be enjoined, and generous diet allowed, with a few glasses of old Port wine at dinner. The practitioner should warn his patient to be attentive and alive to the actual state of his feelings on the successive days about the same hour of his late attack, and having by him Haustus Prophylacticus,* let him drink it off whenever he has a presentiment of approaching cold fit, and

* Appendix

betake him forthwith to bed. A profuse sweat will probably ensue.

This powerful draught has seldom failed to accomplish its purpose; and with the observance intimated above, Haustus Tonicus is to be again resorted to, impressing always the expediency of using strong exercise and nutritious diet.

This course of treatment should be persevered in until two or three periods of the apprehended attack shall have gone by, when the dose of Haustus Tonicus may be lessened and not so frequently administered during the six or eight following days.

Should the draught be rejected by the stomach, or occasion a looseness of the bowels, two or three drops of Tincture of Opium may be added to each dose.

Buttermilk has been found a successful vehicle for the powdered Bark, in cases where it had been rejected in the more usual modes of exhibition.

In some Cases of Intermittent, where the Bark in the various accustomed Formulæ, was rejected from extreme irritability of stomach, Dr. Vetch, Physician to the Forces, has succeeded by adding to each dose of the turbid Infusion of Bark some grains of Supercarbonate of Potash and a just proportion of lime juice or Acetic Acid; it was given in the state of effervescence.

I forbear adverting to the different Species and Varieties of Intermittent Fevers, as they all originate from similar Causes, and with little variation, yield to the same method of Cure.

THIRD INDICATION.

For this purpose an ounce of Mistura Cinchonæ,* administered three or four times a day: exercise in the open air on horseback: nutritious diet with the grateful auxiliary generous Wine; these are the means which may be resorted to with an assurance of the happiest effects.

CHRONIC INTERMITTENTS.

As to the treatment of obstinate or Chronic Intermittents, I would observe that in almost every instance of these the Viscera have contracted serious disease, and it is only change of Climate, with perhaps the benefit derivable from the Voyage, that holds out any promise of aid towards reestablishing this description of Patients, or rendering them adequate even to Garrison duty, or somewhat similar. In the

* Appendix.

mean time as the Bark has in these instances failed of efficacy, and perhaps in the latter stages even done mischief, it were adviseable to institute a course of *Bolus Mercurialis, and Mercurial frictions, continued so as to affect seriously the Salival Glands, until the Visceral obstructions shall have yielded, when the Bark and *Tinctura Chalybeata may be prescribed with much benefit.

In many Cases of Obstinate Intermittent, and of irregular Type, I have given very fair trials to Liquor Arsenicalis, but I have not observed any decisive good effects from its exhibition; the Paroxysms indeed were checked both in violence and duration, but its agency was transient; I never witnessed its having operated a Cure, although I ventured to increase gradually the dose of this formidable drug up to twenty-five drops three times

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a day (adding to each dose an ounce of Compound Tincture of Bark, and five drops of Tincture of Opium, to make it pass the palate, and settle upon the stomach.)

It has been remarked by Dr. Dancer, in his Jamaica Practice of Physic, that Liquor Arsenicalis cures the obstinate Intermittent of the West Indies, but that it entails a malady of most formidable import, namely, universal debility, from which the miserable sufferers hardly ever recover. "Incidit in Scyllam qui vult vitare Charybdim."

OF THE REMITTENT FEVER.

The attack is preceded by sensations of extreme langour, weakness and debility; it comes on sometimes with a cold fit, succeeded by giddiness, intense headach, and

pains throughout the body, great anxiety and inclination to vomit; these symptoms rapidly increase in violence, the skin is hot, thirst excessive, the tongue whitish, bitter taste in the mouth, eyes blood-shot, prominent and intolerant of light, nausea and vomiting of bilious, mucous, and viscid matter, a sense of great oppression, pain and weight in the region of the stomach, the breathing frequent, anxious and laborious, with heavy piteous sighs, the pulse quick, hard and rather full, with a peculiar thrilling rebound, each pulsation feeling to the finger as of duplicate power.

These symptoms cotinue without abatement for six, twelve, and in some cases twenty-four hours, when a Remission, not always of many hours, takes place.

The second and successive Paroxysms are not ushered in by Cold Fit, bnt the

other symptoms are aggravated, and there occur in some few Cases two exacerbations and remissions in the twenty-four hours.

Remittent Fever is a most formidable adversary, and unless vigorously encountered in the earlier stage, will most generally terminate in the patient's dissolution.

PREDISPONENT CAUSES.

In hot Climates, bodily fatigue; after great laborious exertion, intoxication inducive of debility.

OCCASIONAL CAUSES.

Under exposure to a hot Sun; Marshy Exhalations; Effluvia from putrescent vegetable matter.

From having observed how frequently Remittent and Intermittent Fevers interchange Types, running mutually into one another—that Remittents are most rife during those months in which Intermittents are Endemic—and that both diseases yield to a nearly similar plan of treatment—I have been led, upon the principle of cause and effect, to form the conclusion, that both may be fairly allowed to acknowledge the same predisponent and occasional causes, namely, Debility and Marshy Exhalations, or Effluvia from putrescent Vegetable matter. The respective assumption of the peculiar Types in the outset of both may perhaps be looked for in the different degrees of susceptibility by different constitutions of the Morbific Virus; or possibly in the more or less diluted state of the Marshy Exhalations and Putrescent Effluvia; for it has been well ascertained that these

possess a greater or diminished power of virulence in the ratio, of their greater or lesser distance from the fountain head.

THREE INDICATIONS OF CURE.

1. To bring on a Remission as soon as possible.

2 To prevent a recurrence of the Paroxysm.

3 To restore the tone of the System.

From the numerous Cases of this disease in which I have witnessed the marvellous good effects of the Cold Water Affusion, in bringing on an immediate Remission, I cannot but consider this remedy as of sovereign power and efficacy in the Cure of Remittent Fever. "Primam "meruit quod laude Coronam."

This important discovery, by the late ingenious Dr. Currie, of Liverpool, for cutting short and annihilating the Febrile Paroxysm, I have frequently put to the test of experiment in treating the Yellow Fever, as it is called, of Jamaica, and in almost every instance, with decided success, whenever I was fortunate in having early access to the patient, as was generally the Case when Officers were attacked

But the Private soldiers and Non-Commissioned Officers felt uniformly such horror at the idea of being sent into Hospital, that they bore up against the disease without complaining, to the last extremity; many even sunk in the ranks, so that when after such culpable delay and resistance they were at length received, the critical moments for exhibiting the Cold Affusion were already gone by,

neither the actual quantum of animal heat, nor the frequency of the pulse warranting the experiment.

And here I beg leave to remark, that forming a judgment from some hundreds of Yellow Fever Cases, that came under my observation during a two years attendance in the Hospitals at Jamaica, I am of opinion that this disease is not contagious.

In less Torrid Climates especially, the Paroxysm of Remittent will almost unfailingly furnish the essential conditions for employing with efficacy the Cold Affusion; these are, heat of body above blood temperature, or ninety-eight of Fahrenheit's Thermometer; the pulse at, or beyond ninety strokes in a minute, and the surface free of perspiration.

The necessary Apparatus is simple, and may bereadily supplied in every General and Regimental Hospital.

A large wooden bathing Tub is placed near the bed, and the Patient seated naked on a chair within; a servant ascends a ladder behind, and empties from on high in quick succession, several large buckets of cold water, full upon the head and shoulders; after subjecting the patient for two or three minutes to the artificial Cascade, he may be returned to his bed, when it will be generally found that the headache, pains of the back and loins, thirst and heat, have instantaneously subsided, the frequency of the pulse has been reduced down to about seventy, and a gentle perspiration pervading throughout the pores, all holding forth the grateful promise of returning health.

SECOND INDICATION.

And now the favourable wished for moment is afforded for preventing a recurrence of the Paroxysm by a steady administration of Haustus Tonicus,* as recommended in the treatment of Intermittent; the diet should be sparing and slender, for the three or four sucessive days, while it may be ascertained that there is a strong probability of the Fever's being altogether subdued.

Should there be one or more recurrences of the Paroxysm, recourse is to be had again and again to the Cold Affusion, strictly attending always to the requisite quantum of animal heat, to the state of the pulse and of the surface.

Should the bowels require evacuation, this will be most beneficially effected by emollient, gently laxative Injections.

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THE THIRD INDICATION

May be followed up as in convalescence from Intermittent Fever.

How far may the Cold Affusion be admissible in the Hot Stage of Intermittent Fever?

Some experiments have been made by Dr. Currie, in order to ascertain this point, and with success, so that there is afforded high encouragement for multiplying decisive proofs upon so important a desideratum.

OF DYSENTERY.

Summary of the Symptoms.

The Patient complains in the beginning of violent pains in the Abdomen, progressively increasing, with straining, griping,

tenesmus or needing, sour flatulent eructations, an anxious, frequent desire of going to stool, where but little excrement is passed; and this, in proportion to the violence of the attack, more or less a mixture of blood, with frothy, mucous, slimy trash, highly offensive to the smell.

That species of globular indurated excrement called Scybala, is in some cases passed, and always with considerable relief to the patient. Great anxiety is felt at the pit of the stomach, with a sense of fullness, attended with reaching and vomiting. The heat of the body is increased, the pulse frequent, the tongue whitish at first, gradually becoming dusky and still darker, eyes blood-shot, extreme lassitude and general debility.

PREDISPONENT CAUSES.

Warm Climate; the Seasons, Summer and Autumn, especially after a continuance of hot and dry weather.

OCCASIONAL CAUSE.

Cold applied to the surface of the body, particularly through the medium of wet clothing: or after strong heating exercise, a draught of cold water; by such means sensible and insensible perspiration are suppressed and thrown inwards upon the Alimentary Canal, where, from the existing peculiar state of the Atmosphere, it acquires a certain degree of acrimony, becomes Virus sui generis, exciting local inflammation in the superficial blood vessels, and consequent Hæmorrhage.

METHOD OF CURE.

This may be divided into three Indications.

1. To abate the local inflammation.

2. To liberate and keep free the Intestinal Canal.

3. To restore the tone of the System.

Of the following simple plan I have proved the efficacy in nearly all the numerous Cases of recent Dysentery that were placed under my care during the last seven years. Sixteen ounces of blood were immediately drawn from the arm; in about an hour afterwards the Patient was directed to take at three short intervals *Solutio Laxativa, and during the operation plentiful draughts of warm Apple, Rice or Bar-

ley Water, and to clothe in flannel shirt, drawers and woollen stockings. At night a general warm bath for fifteen or twenty minutes was administered.

In the mean time, and uniformly in all the Cases treated, the strictest attention was paid to Ventilation and Cleanliness; the excrements were instantly removed, and buried at a distance some depth under ground; the close-stool pans were carefully rinsed, first with warm and then cold water, after every evacuation; and the Wards duly fumigated by means of Dr. Carmichael Smyth's* Nitric Gas.

Next morning the Venæsection was repeated, and shortly after were given fifteen grains of Pulvis Ipecacuanhæ compositus, as much an hour after, and a third dose at the like interval; the Patient was placed

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naked between the blankets, under additional covering, and directed to encourage profuse sweating for ten or twelve hours, and to dilute with abundance of warm Barley decoction, Linseed Tea, or Rice Water.

At night a bason of thick Rice gruel, Sago, Salep, or Tapiocha jelly was given in order to refresh and moderately support the Patient. The following morning, blood still continuing to be discharged, Venæsection was repeated, with Solutio Laxativa, as on the first day, in the evening a bason of spoon meat, and at night *Bolus Mercurialis.

Fourth day. If the stools had still a reddish appearance, a small bleeding of eight or ten ounces was prescribed, Pulvis Ipecacuanhæ compositus repeated, with at

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night a bason of Panado, or any of the nutritious substances above mentioned. After this period Venæsection was seldom found necessary: at the same time I am free to confess my opinion, that whilst the excrement continues tinged with blood, and the pulse do not flag, the Lancet should not be entirely sheathed.

In Cases where the pains of the bowels were excruciating, and the tenesmus very distressing, the general Warm Bath for about twenty minutes procured certain relief; *Enema Amylosum was also found conducive to ease and benefit under those sufferings. In extreme Cases flannel swathes to the Abdomen, moistened with warm Camphorated Spirit, or Tincture of Opium, Sinapisms and even Blisters were applied with the best effects.

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In Cases of recent Dysentery, where from local influence Intermittent was superinduced, I have chosen to disregard altogether the presence of the latter, and aiming only at the Dysentery, have taken away blood; the result has frequently been that the Intermittent was softened down into the Type of mild Continued Fever, and was no further an obstacle to the primary Indications.

In the Peninsula I never happened to meet with a Case of recent Dysentery, complicated with low Typhoid Fever, and therefore the Venæsectionary plan was resorted to with a full and sure anticipation of successful issue.

This gentle method of cure, without harrassing the subject, takes off that inflammatory Diathesis of the Intestinal Tube, which had imparted symptomatic Fever to the general system;

THIRD INDICATION

After which, Tone, Health and Strength may be gradually restored by means of riding exercise, nourishing diet, such as rich substantial soups, Rice pudding, poached eggs, and a moderate allowance of generous wine.

In the stage of convalescence I have found Decoctum Cardiacum and *Tinctura Chalybeata of much power and avail towards a speedy reestablishment of the Constitution.

From circumstances often inevitable upon active service many Cases of Dysentery may be expected to arrive at General Hospital Stations, in so advanced a stage of Chronicism, that the desirable

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period for the free and full exercise of the Lancet is already gone by; notwithstanding this, I am encouraged by my experience to recommend, whenever the pulse may be found adequate in a certain degree to the evacuation, the stools being tinged with blood, small bleedings of eight or ten ounces every second or third day, giving *Bolus Mercurialis for three successive nights, and *Solutio Laxativa the fourth morning; *Enema Amylosum may be occasionally administered; *Bolus e Kino and *Mistura Catechu have been likewise found to contribute in restoring the tone of the Intestinal Canal. When blood shall have ceased to appear in the stools, *Mistura Catechu, *Cinchonæ and *Quassiæ may be given with much advantage to the Convalescent.

It may not be out of place here to remark that many Cases of long standing

* Appendix.

Chronic Dysentery in Hospital, which were apparently in a state, if not improving, at least stationary, the pulse, respiration and excretions being regularly carried on, most unexpectedly to the attending Practitioners, sunk in the course of an hour into dissolution.

In the endeavour to account for the suddenness of those deaths, it might perhaps be no unfair inference, that the fatal stroke has so rapidly closed the scene, from the immediate contact of acrimonious matter having gradually sapped the nobler Viscera, those important mounds of the constitution, some of these suddenly breaking away, an overpowering extravasation of fluid ensues and forthwith sweeps off the miserable victim.

And here I deem it not unseasonable to quote from the immortal Sydenham a Case

much in point, and highly in support of the Doctrine and Practice just recommended.—

" It sometimes happens, although very
" rarely, that Dysentery not properly
" treated in the beginning, shall continue
" for years to infest particular subjects,
" the entire mass of blood having as it
" were acquired a Dysenteric constitution,
" whence sharp warm humours are conti-
" nually derived to the Intestines, whilst
" the Patient in the mean time finds that
" the common functions of life are tolera-
" ably well carried on.

" A Case of this sort not long since pre-
" sented itself, of a Woman in my neigh-
" bourhood, who during the three last
" years of *this Constitution* had constantly
" been afflicted with this Distemper. As
" she had tried very many remedies before

" she consulted me, I determined, leaving
" all other Medicine out of the question,
" to give full scope to Venæsection; for
" inducing a frequent repetition of which,
" but still at considerable intervals, the
" colour of the blood was like that drawn
" from Pleuritic Patients; as well as that
" she found relief and increasing benefit
" from each repeated bleeding, whereby I
" was encouraged to persevere; at length
" by Venæsection she was completely re-
" established in her former health."

Syd. Dys. Constit. Ann. 1670, 1671, 1672.

Van Swieten, Degner, Sir John Pringle, and some other eminent Physicians, among these our own Cullen, have maintained, that *in its very essence Dysentery possesses a Specific Contagion.*

When I presume to differ in opinion with Men whose exalted talents and learned

labours in the Medical Vineyard have shed a Philosophic light upon our Profession, I must naturally feel great diffidence in my slender abilities: I am compelled, however, to prefer the evidence of my own uniform, and not inconsiderable experience, in which I am proud to be supported by the concurring testimony of an accomplished scholar and Physician, to whose accuracy of pencil in detailing the History of this Disease, and judiciously tracing Effects up to their Causes, the Medical World is highly indebted.

Zimmerman states, " *As the Putrid Fe-
" ver was only catching in certain circum-
" stances, so *our Dysentery* was *of itself*
" *not contagious.* I have seen a great many
" people keep company with the Sick
" without any detriment to themselves."
Again, " †It appeared to me that our Dy-

* Zimm. on Dys. page 18.—† Page 30.

" sentery in general became *Contagious*
" *purely through nastiness, and the crowd-*
" *ing many people together in a small space,*
" *but was by no means so of itself; for,*
" *though many were attacked with it at*
" *once, this seems to proceed from a more*
" *universal and widely different cause, which*
" *operated at once upon every one.*"

The late very accurate Dr. John Hunter, in " Observations on Diseases of the Army in Jamaica," states, page 177.—" The " Dysentery did not appear to be infectious " in the Hospitals in Jamaica, nor in the " Epidemic that prevailed in London in the " years 1799 and 1780."

In my own extensive Practice at St. Salvador; the Cape of Good Hope; Bristol; Jamaica; the Peninsula; France and the Netherlands, there was not a single instance of a Medical Attendant, Ward Master,

Nurse, Orderly or Companion having caught Dysentery from a Patient. I have never witnessed the production of Contagion by *pure unmixed* Dysentery even in its worst stages. I have met with some Cases in which *Low Fever* and Chronic Dysentery were co-existent, in those unquestionably there was *Contagious Disease;* but this evidently arose from the superinduction of *Typhus* upon Dysentery.

The Atmosphere of a crowded Hospital, unless very frequently changed and renovated by Ventilation, soon becomes loaded with Human Effluvia and generates the contagion of Typhus; the Patients labouring with Dysentery are highly predisposed to and susceptible of Infection under such circumstances, and often fall a sacrifice to the double infliction.

I have met Cases in Hospital, where the Dysenteric had imbibed the Contagion of

of Typhus, but never a single Case of any Fever that had caught the Dysentery by Contagion. Both recent and Chronic Dysenterics, when subjected to the Occasional Causes of Intermittent and Remittent Fevers, were frequently found paying their tribute to the reigning Epidemic.

In many Cases that had perished by Chronic Dysentery, where I have seen the bodies opened and examined, or have had Reports upon this subject from Deputy Inspector of Hospitals Hennen, Staff Surgeon Bell, Staff Surgeon Dease, Hospital Assistants Goodrich, Maloney, Hunter, Scott, Divir, Pope, Greaves, Finucane, Armstrong, Dr. Smith, &c. the appearances upon dissection were a never-failing comment and Document on the fatal consequences that had ensued from the omission of free blood letting in the recent stage; the coats of the Intes-

tinal Tube were found greatly injured, more especially those of the Colon and Rectum; the Liver in most Cases shewed traces of foregone inflammation, with considerable enlargement, and the Spleen was generaly increased in size.

I am favored with a letter, which I beg leave to insert here, from Deputy Inspector of Hospitals Hennen upon this subject, which, in my opinion, he most ably elucidates by the truly valuable facts that he has furnished, as well as the judicious explanation suggested with regard to certain Phenomena upon dissection.

Brussells, Sep. 22d. 1815.

My Dear Sir,

" I shall endeavour to answer as " well as I can, from memory, your Que- " ries on the subject of Dysentery.

" 1st. Venæsection continued as long
" as severe pain on pressing the Abdomen
" remained, or as long as florid blood ap-
" peared in the stools, I have found, with-
" out any manner of question, to be the
" most powerful remedy I ever used in the
" Disease. Its effects are to lower the
" Fever, produce an universal perspiration,
" and relieve the local inflammation, which
" our dissections have proved to exist in
" *all* cases of incipient Dysentery.

" 2nd. I have used *Topical* Blood let-
" ting, by Leeches and Cupping, with
" great relief to the Patient.

" 3rd. I have used Venæsection in every
" stage of the Disease, except where the
" Inflammation had run into Ulceration,
" or where a generally diseased state of
" the Abdominal Viscera had produced
" Dropsy.

" 4th. I have used it while the Dysen-
" tery was accompanied by Fever of dif-
" ferent Types, whether Continued or In-
" termittent, and found it equally success-
" ful; and in the complicated Case alluded
" to, of Mr. Dease's, we bled, to use your
" expression, *in the face of the Intermit-*
" *tent*; which was effectually stopped, but
" I cannot charge my memory at present
" with the consequence, whether a change
" to continued Fever, or a state of total
" Apyrexia.

" 5th. I have in other Cases of Dy-
" sentery bled where the Intermittent was
" of an Anomalous nature; the Venæsec-
" tion has reduced it to a regular Intermis-
" sion; I have bled in others where regular
" Tertian was present with Dysentery,
" Venæsection has removed it altogether,
" the Disease passing into a very mild Con-

" tinued Fever, easily yielding to the pro-
" per treatment.

" 6th. The success of the late Hospital
" Assistant Maloney, was equal to mine
" for the number he treated; Assistant
" Surgeons Goodrich of the 6th, and Scott
" of the 95th, were equally successful.

" 7th. Of thirty Cases dissected by me
" (the deaths had been caused by Chronic
" Dysentery) *all* shewed previous inflam-
" mation; Scybala were very rarely ob-
" served, and when they were, they were
" obviously not produced by *Constriction*
" or *Spasm*—but to be accounted for as
" follows.—

" The coats of the Intestines thickening
" from the previous Inflammation, natu-
" rally diminished the Calibre of the pas-
" sage; but as the Tendinous or Liga-

" mentous bands of the Colon did not
" yield so readily to the Inflammatory ac-
" tion, the Tube became irregularly lessen-
" ed or pursed up, and the Ingesta or Se-
" creted fluids became in some instances
" pent within, and assumed a rounded form.
" Cullen and others supposed, that it was
" in the natural cells of the Colon that
" Scybala were formed, and that *they con-*
" *stituted an essential part of the Disease;*
" now it is clear from dissection, that
" they are *not essential* to it; that the
" Disease is a Catarrh of the Bowels, ac-
" companied with local inflammation, and
" that *Spasm* or *Constriction* have nothing
" to do with the business, except as above
" explained.

" 8th. Inflammation however is not
" confined to the *Internal* coats; I have
" seen the *External* coats equally affected,
" glued together, Inflammatory bridles

" thrown out—Serous effusions—and in a
" Case dissected here last week, Pus float-
" ing in the cavity of the Abdomen and
" Pelvis; the subject had had Dysentery
" but died of Pthisis.

" 9th. The Abdominal Glandular Vis-
" cera, particularly the Liver and Spleen
" partake of the Disease, and shew active
" Inflammatory symptoms or great deter-
" mination of blood.

" Hence the Liver is found in every
" state and stage of Inflammation, from a
" blush on the Peritoneal Coat up to Gan-
" grene; but in the Spleen the purulent
" stage is not so soon induced, its spongy
" substance favors an accumulation of
" blood, hence enlargements of it are
" more frequent than suppuration. At
" Abrantes we found one of *three pounds*
" weight; Morgagni or Lommius, I forget
" which, had one of *thirteen*.

"For the Practice of a full, free and "early use of the *all saving* Lancet, and "for a view of Dysentery beyond "*Books* "*and Schools*," I am indebted to—and to "whom in concluding this letter, I feel "happy in offering my heartiest prayers "for his success and happiness, and in as- "suring him that I am most faithfully his "friend and Pupil,

JOHN HENNEN,
Dy. Inspectr. of Hosp.

To Edmd. Sigd. Somers, M. D:
Physician in Chief,
&c, &c, &c,

Staff Surgeon Dease, a most accomplished Operator and accurate Observer, who had accompanied me upon my Medical Tour in the Peninsula, has obligingly permitted me to insert Reports of his mode of treating two Cases of Recent Dysentery, and of appearances upon two Dissections,

copies of which he happened to have by him, remaining from among several similar Reports that have been unluckily mislaid.

" Thomas Clarke, Private 30th Regt. " aged 28 years, was admitted into His " Majesty's General Hospital at Abrantes, " on the 6th Decr 1812; he laboured under " Dysentery in its most aggravated form; " he had constant griping, with inclina- " tion to go to stool, which was for the " most part mucus and blood; his pulse was " full and frequent; his skin hot and dry, " tongue foul, and in short he had all those " symptoms that characterize Fever; Treat- " ment;

" Mittatur e Brachio sanguis ad ℥xvj et " habeat Pulveris Ipecacuanhæ Compositi " grana x repetenda singulis horis per tres " vices; sumat vesperi Sulphatis Magnesiæ

" ʒiij superbibendo copiosé tenue juscu-
" lum; on the morning of the 7th his pulse
" was much better, tongue clean, his stools
" considerably diminished, and griping
" greatly relieved; Repr pulvis Doveri ut
" antea; Vesperi; much better, complains
" of very little soreness on pressure, the
" number of stools considerably diminished
" Repr Magnesiæ Sulphas and habeat
" haustum anodynum H. S. On the morn-
" ning of the 8th he was convalescent, no
" medicine, the anodyne draught excepted;
" on the 9th he continued to improve and
" on the 11th was discharged to the Conva-
" lescent Hospital.

" Case of Samuel Lawrence, Private
" Royal Engineers admitted on 6th Decr 1812
" into the General Hospital at Abrantes,
" and had been eighteen months in the
" Country; his Febrile symptoms were
" more urgent than Clarke's, had consider-

" able nausea, in every other particular
" their complaints were nearly similar, his
" age thirty, of a plethoric habit; I was
" induced from his symptoms to have im-
" mediate recourse to the Lancet; Treat-
" ment; Fiat Venæsectio ad ℥xvj Habeat
" Pulv Deveri ut pro Clarke."

" Magnes Sulphat ʒiij vesperi. On
" the morning of the 7th there was very
" little alteration in his complaint, and I
" found that he had a Paroxysm of Inter-
" mittent Fever in the course of the night;
" the peculiarity of the Case arrested my
" Practice (with the exception of giving
" some Sulp. Mag.) and I was induced to
" communicate the circumstances to Dr.
" Somers, the Physician in Chief, and
" shelter my Practice under his Auspices,
" his opinion was so decided that he said
" he would bleed even with Intermittent
" staring him in the face: I returned to

" the Hospital and repeated the Venæsec-
" tion and Pulv. Doveri; vesperi Magnes
" sulph. nocte Haust. Anodyn.; on the
" morning of the 8th his Dysenteric symp-
" toms were much relieved, his Fever much
" less; habeat Haustum Prophylacti-
" cum; vesperi Bolum ex Hydrarg. submur.
" gr. iij Opii gr. ß nocte haust. anod. On
" the morning of the 9th he was much bet-
" ter, had only two stools in the course
" of the night; griping and tenesmus very
" trifling, and to my no small astonishment,
" he had no return of his Intermittent; Repr
" Magnes. Sulp. et nocte haustus anod. 10th
" morning had a good night, and his stools,
" which were only two, hard and scanty;
" he had no return of Intermittent, his
" cheeks were a little flushed, pulse full but
" soft: (his diet throughout was strictly
" antiphlogistic) I repeated his laxative
" Medicine in small quantities, Haust.
" Anod. H. S. Morning 11th convalescent,

" changed upon fuller diet, and commenced
" giving him ʒß Cinchonæ pulv. ter qua-
" terve in die; 12th continued to improve,
" the Dose of Bark was encreased, full diet
" with two gills of Port Wine; 13th conti-
" nued to improve, and on the 14th was
" discharged to Convalescent Hospital.

" *General Hospital, Coimbra, Feby* 5th 1813.

" Dissection of George Dexter, Private
" Soldier 30th Regt. who had laboured un-
" der Dysentery for the last five months,
" previously to which he had been subject
" at different periods to slight attacks of
" Intermittent Fever—On opening the
" cavity of the Abdomen, the Viscera ap-
" peared quite shrunk and as if closely at-
" tached to the Spine; the Liver if any
" thing, was somewhat smaller than we
" usually observe it in Men of his stature,
" but instead of its natural chocolate colour,

" it was of quite a blue cast, and its consis-
" tence much firmer than I had witnessed in
" any instance; the Gall Bladder was
" much distended, and the Hepatic as well
" as the Cystic Duct were of considerable
" size and looked quite flaccid, the fluid
" contained in the Bladder was almost
" transparent, and had not the slightest
" character of that viscid ropy appearance
" that we generally find in healthy Bile,
" which in my opinion was in consequence
" of the absence of the Resinous part, one
" of its most prominent constituents; the
" Spleen also appeared smaller in the same
" Ratio with the Liver, and felt somewhat
" like the latter when in its natural state,
" with its colour changed to a very light
" blue; the Pancreas and Mesenteric
" Glands appeared very nearly in a natural
" state, but the Kidneys, where I least ex-
" pected to find much trace of disease, ex-
" hibited evident marks of curious de-

" rangement, so much so that its preserva-
" tion in an Anatomical Museum would be
" not uninteresting; both Kidneys were
" much enlarged and presented a Tubercu-
" lated surface divisible into many Lobes, ex-
" hibiting to the eye at the same time a curi-
" ous variegated appearance, and to the
" touch a Schirrous feel; on cutting into
" its substance it was nearly as firm as
" Cartilage, with its colour changed to a
" dark brown; the Stomach and small In-
" testines exhibited evident marks of Chro-
" nic Inflammation; the Colon was much
" more strongly marked with many points
" of Ulceration, extending similarly to
" the Pustules of Variola in its declining
" stage; the Rectum in all its appearances
" resembled the Colon in disease, with the
" exception of its ulcerations being some-
" what more extensive and its Coats much
" more thickened; I was not a little disap-
" pointed in not finding Pus in some quan-

" tity on the inner coats of those Intestines,
" from which circumstance, connected
" with the appearance of the Ulcers, I was
" induced to think that the Patient had been
" nearly well of the Dysentery, but had
" sunk from some other cause; and in this
" opinion I was in some measure warranted
" by the remarks of the Medical Officer
" in attendance on the Case, who upon
" enquiry informed me, that for the last
" eight days his stools were regular in
" number and appearance; I was much
" surprized to find the cells of the Colon
" and Rectum, and the tract of the small
" Intestines literally loaded with orange
" peel, which from its indigestive quality,
" in all human probability, expedited
" the melancholy catastrophe of the un-
" happy sufferer; I enquired into the
" matter, and was informed that Patients
" were in the habit of bringing oranges
" clandestinely into the Hospital in con-

" siderable quantity, this occurred from
" the peculiar situation of the Francisco
" Hospital among Orange groves."

" Dissection of James Finlay, Royal
" Artillery, who had laboured under Dy-
" sentery for the last five months. On
" opening the Abdomen the Viscera in the
" Epigastric Region were found in every
" part firmly adhering to each other, and
" evidently shewed the ravages of exten-
" sive Inflammation, it must howeverhave
" been progressive in its course, as no Hu-
" man subject could for any time exist
" under such a degree of Inflammation as
" at one period the Viscera presented; the
" Liver, Gall Bladder, Colon and Sto-
" mach were firmly attached to each other
" with strong bands of adhesions, the
" Stomach was entirely concealed from
" view by those adhesions, it was much
" contracted in size, its Coats greatly

" thickened, and would scarcely contain
" a pint of fluid; the Omentum in this
" Case as well as the former was totally
" obliterated; the Colon adhered strongly
" to the Liver, Diaphragm and Stomach,
" its Cells were greatly distended, con-
" taining a considerable quantity of har-
" dened Fœces, and the intermediate space
" much contracted, and in many parts so
" as scarcely to admit the little finger;
" the Liver appeared somewhat enlarged,
" it however looked healthy, the right
" Lobe was much wasted at its anterior
" edge, as if reduced by absorption, the
" Gall Bladder was greatly distended, and
" contained a quantity of healthy Bile, its
" Duct with the Hepatic was much dis-
" tended, and on examining the Ductus
" Communis Choledochus, two thirds of
" it were completely blocked up with a
" Resinous substance, the consistence and
" appearance of which resembled Aloes in

" a dry state, the Pancreas had entirely
" disappeared, and the Spleen was little
" larger than a wallnut: the small Intes-
" tines were much distended, which seemed
" to me at first view to be flatus; however,
" I found on opening them an immense
" quantity of fœces of a clay colour, ex-
" cept those in the Cells of the Colon
" which were black, the small Intestines
" like the Colon presented considerable
" enlargement in many parts, and in others
" nearly a complete obstruction of the
" Canal, they also shewed considerable
" marks of recent Inflammation in many
" parts, the Jejunum particularly was thus
" affected for four inches; the Cæcum
" was much larger than the Stomach, con-
" taining much Fœces; the Rectum shewed
" less marks of Disease than we usually
" observe, it had however the appearance
" of much Chronic Inflammation; the Colon
" was closely dotted with points of Ulcera-

" tion on its inner surface, some discharg-
" ing Pus, others in a state of amendment;
" we were readily enabled to account
" for the accumulation of Fæces on find-
" ing the Ductus Communis Choledo-
" chus impervious to the Bile, conse-
" quently the Intestines were deprived of
" their accustomed stimulus, and thereby
" rendered torpid in a certain degree;
" the Kidneys apeared healthy, the Liver
" also on cutting into its substance looked
" healthy, and seemed capable of perform-
" ing its functions in the Animal Œco-
" nomy; the Bile contained in the Gall
" Bladder had also a healthy appearance,
" it was more viscid than natural, its
" thinner parts having been absorbed;
" being obstructed in its proper exit, ab-
" sorption was the only resource of Na-
" ture, for obviating over-distention and
" accumulation in any degree.

JAMES DEASE.
Surg^ne to H. M. Forces.

London.
June 1st, 1816.

"N. B. In Cases where I have found the
" Stomach diminished in its capacity, in
" the same Ratio I have always found the
" Spleen diminished; this must originate
" from the great Vascular bond connect-
" ing those Viscera, and goes in some mea-
" sure to prove that the Spleen is princi-
" pally subservient to the Stomach in the
" Animal Œconomy; this would seem to
" warrant the opinion of Leber, who in his
" Physiology considers the Spleen to be a
" Diverticulum to the Blood of the Sto-
" mach in its distended state."

To Dr. Somers,
Phy^n. in Chief, &c.

From a liberal and candid consideration of the appearances upon Dissection, which go to establish the certain existence of great Inflammation in the earlier stage of Dysentery, combined with the success

which has uniformly resulted from the Venæsectionary Practice, is it saying too much, is the Author chargeable with an overweening presumption, while he asserts that the Practice of free, full and early Venæsection, followed up by the simple plan of treatment here detailed, is the Desideratum, the Specific itself for the Cure of Dysentery? Let the Practice recommended have a fair and extensive range of trial, its general success I entertain no doubt of, and my object, which aims only to contribute an humble mite to the recording stock of Professional experience, will be most amply, most gratefully accomplished.

CONCLUSION.

Before I take my leave, I am anxious to impress a few general observances, for his guidance, upon the mind of the young

Medical Tiro. I would recommend for his Practice, the selection of a few Formulæ of Prescriptions from among the most potent and efficacious Medicines; by the judicious exhibition of only a few leading Remedies, the stomach is kept free and unembarrassed, the fair results of Medicine are appreciated with a greater degree of certainty, and the best chance is secured for having the Prescriptions faithfully prepared, during the busy hurried scenes of active Service in the Field.

I shall as an Appendix subjoin a few Formulæ which I have found sufficiently numerous for the purposes of Hospital Practice; they are simple in composition and inexpensive, yet of equal efficacy with the more elaborate and costly Preparations; the Dispenser may be directed to have always ready prepared of each Formula one day's supply in advance, the

Practitioner at the bed side will be thus saved much trouble and delay, having only to dictate the general term, with, when occasion may require, the variations of doses and periods.

By this observance the Medicines prescribed can be immediately administered, and the Prescriber will be enabled to do justice to a greater number of Sick within a given time. The Amanuensis will find it highly satisfactory, and conducive to his improvement in Medical Science, to keep a very correct and circumstantial Case Book, in which he will note down regularly, the succession and change of symptoms throughout the various stages of Disease and the consequent changes in the routine of treatment.

When Cases terminate fatally, he should dissect as often and as soon after death as

possible, recording the appearances upon dissection in a Register Book, kept for the purpose of future reference and general instruction. The expert Clinical Practitioner sees at a glance, and from a leading symptom or two the nature, direction and tendency of those questions that are proper to be asked—an object of no slight importance, for besides the more immediate knowledge that is gained of the Case and the œconomy of time, the Patient acquires confidence in his treatment, and escapes the annoyance of being teazed with a string of useless and irrelevant questions. The judicious Prescriber, while he is employing all necessary dispatch, will never appear to be in a hurry; for a hurried, or heedless deportment at the bed-side, cannot fail to disgust, and of course injure the poor sufferers, who have an undoubted right to all the tenderness, zeal and humane attention, as well as to the Medical abili-

ties of their Physician; whilst he enjoys the conscious satisfaction that he is largely contributing to the reestablishment of his Patients, by the amiable exercise of those liberal qualities. As the General Hospital Stores, through the well known liberality of Government, are always abundantly supplied with appropriate clothing for the Sick, Requisitions should be duly made and all Patients labouring under Dysentery, Diarrhœa, Rheumatism, Pectoral, Visceral and Venereal Affections, furnished upon their reception into Hospital, with complete suits of woollen dress.

A judicious Classification and separation in Hospital, of the various Diseases, is of most essential importance; much indeed of the Hospital Practitioner's success will ever necessarily depend upon the due observance of this precautionary principle.

The Medical Officer should never for a moment lose sight of those grand preventives and correctives of Contagion, namely, Ventilation, extreme personal cleanliness and Fumigation. Attending carefully to these few admonitions, and having previously in the Schools and Hospitals, laid in the fair foundations of a sound and rational Practice, the Tiro may conscientiously proceed in the discharge of those important duties, which his own choice has entailed upon him, and the Service of his King and Country demands imperiously at his hands; in the mean time he is entitling himself, as the proud and heartfelt remuneration of his successfull labours, to participate in that sublime Attribution of the Prince of Roman Orators.—

" Nulla enim re Homines ad Deos pro-
" pius accedunt, quam salutem Hominibus
" dando."

APPENDIX.

PHARMACOPÆIA COMPENDIARIA

In usum Nosocomiorum Militarium concinnata.

Nomina Medicamentorum secundum Pharm^{m} nov^{m} Lond^{m}.

Mistura Emetica.

1

℞ Aq puræ f. ℥iij
Antimon Tart gr iv
Vin Ipecac f. ℥ß
M. dosis, coch j omni horæ quadrante.

Mistura Cretacea.

2

℞ Aq puræ f. ℥vij
Cretæ præpar ʒj
Gum Acac pulv ʒij
Pulv cret comp ℈ij
Spirit Lavand f. ℥ß
M. dosis, coch j sing oris.

Mistura Arabica.

3

℞ Aq puræ f. ℥viij
Gum Acaciæ pulv ℥iß
Tinct Opii m. xx
M. dosis, coch j sing horis.

Solutio Laxativa.

5

℞ Magnes sulph ℥ß
Fruct Tamarind ℥ij
Decoct Hordei ℔ ij
M. brevibus sum intervallis.

Decoctum Cardiacum.

4

℞ Rad Calum pulv ʒiß
Balsam Tolut ʒj
coque per horam in aq pur q s. ita ut colen^r. f. ℥viij
adde Confect Arom ʒiß
Spir Lavand f. ℥ß
M. dosis, coch j secund horis.

Haustus Anodynus.

6

℞ Aq puræ f. ℥j
Tinct Opii m. xxx
Spir Lavand f. ʒj
M.

Haustus Tonicus.

7

℞ Infus Cinchon f. ℥j
Cinchon lancif pulv ℈iv
Tinct Cinch comp f. ʒij
M.

Haustus Prophylacticus.

8

℞ Liquor Ammon acet f. ℥iß
Tinct Opii m 50
Spir Æther sulph f. ʒj
Spir Lavand m xxx
M.

Bolus Mercurialis.

9

℞ Hydrarg submur gr iij
Sapon duri gr ij
Pulv Antim
Opii purif āā gr j
Mucil Acaciæ q. s. f. bolus.

Bolus Ammoniatus.

10

℞ Ammon subcarb pulv gr v
Confect Aromat gr x
——— Opiat gr v
M

Bolus e Kino.

11

℞ Gum Kino pulv gr xv
Confect Aromat gr xx
Spir Lavand m x
M.

Pilulæ Catharticæ.

12

℞ Extr Colocynth comp gr viij
Hydrarg submur grij
Pulv Antim
Sapon duri āā gr j
Spir Lavand q. s f. pil iij in dosin.

Pilulæ Guaiacinæ.

13

℞ Guaiac resin pulv ʒij
Pulv Antim gr v
Sapon duri gr vj
Spir Lavand q. s. f. pil 36 dosis, quatuor ter quotidie

Pilulæ Scilliticæ.

14

℞ Rad Scillæ sicc pulv gr vj
Pulv cinnam comp gr ij
Hydrarg submur gr iß
Opii purific gr j
Spir Lavand q. s. ut f. pil iij in dosin

Enema Amylosum.

15

℞ Juscul Bovin f. ℥xij
Amyli ℥ß
Tinct Opii m xxx
M.

Mistura Catechu.

16

℞ Infus Catechu f. ℥viij
Tinct Cinchon com f. ℥j
M. coch ij quartis horis.

Mistura Cinchonæ.

17

℞ Infus Cinchon f. ℥viij
Tinct Cinch com f. ℥j
M. dosis eadem.

Mistura Calumbæ.

18

℞ Infus Calumb f. ℥viij
Tinct Calumb f. ℥j
M. dosis eadem.

Mistura Gentianæ.

19

℞ Infus Gent
comp f. ℥viij
TinctCinch comp f. ℥j
Vini Ferri m xxx
M. dosis eadem

Mistura Quassiæ.

20

℞ Infus Quass f. ℥viij
Tinct Cinch
com f. ℥j
M. dosis eadem.

Tinctura Chalybeata.

21

℞ Succ Aurant Sevill
recent ℔ij
Clavor nov ferr ℥iv
stent per triduum infusi simul frigidé in Olla ferrea contentis interim sæpius agitatis, liquorem clarum defunde dein
adde
Tinct cinchon
com f. ℥iv
Spir Lavand f. ℥j
M. dosis ℥j vel coch ij quater in die

Gas Nitricum.

Dris Carmichael Smyth

22

℞ Nitri purific pulv

Acidi Sulphuric
āā ℥j

misceantur simul in vase vitreo collocato apud arenam tepidam. Inter fumigandam sint clausæ Nosocomii Portæ.

FINIS.