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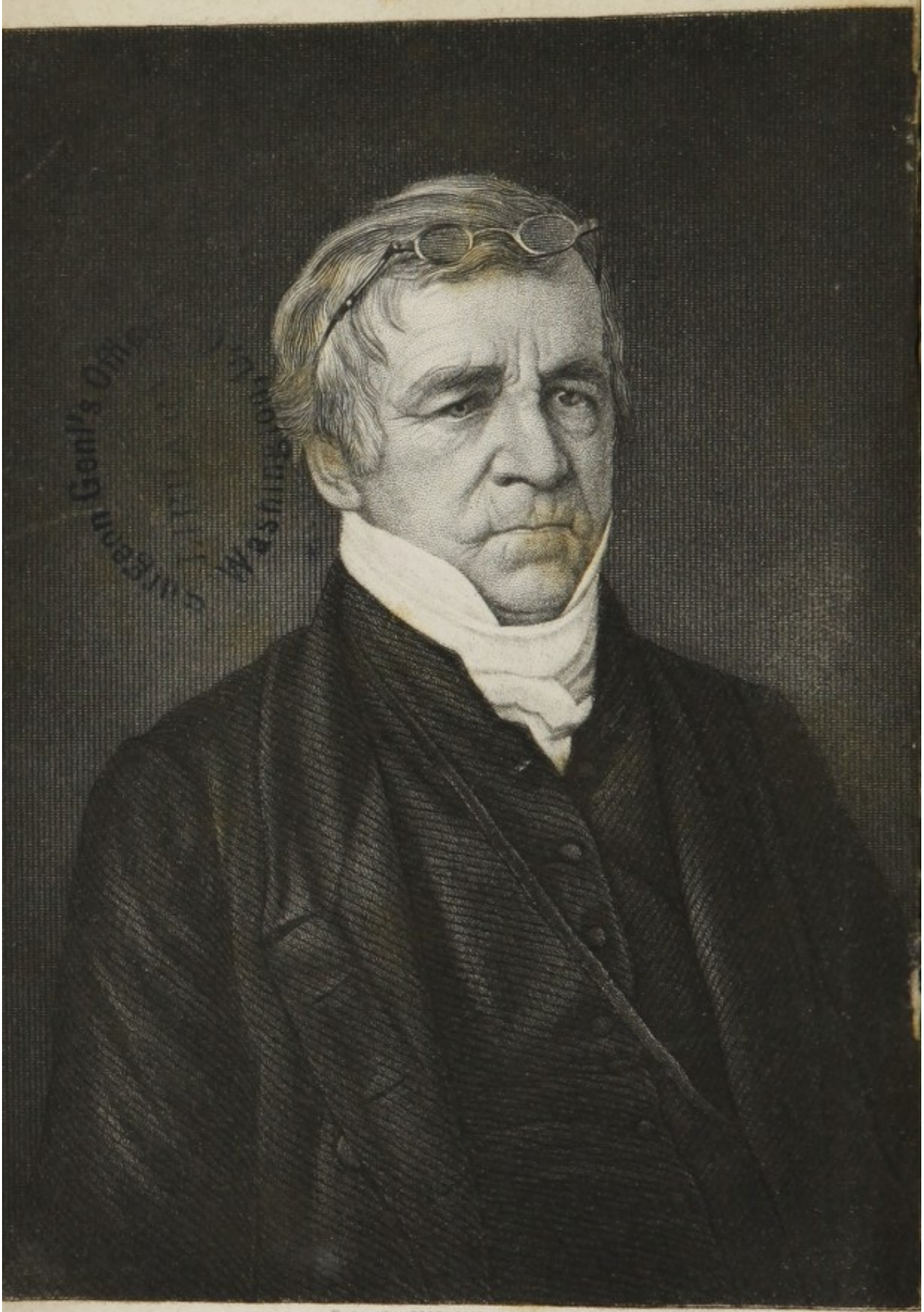

Engraved at J.M. Butler's establishment 84 Chestnut St.

N. Charman

A

POCKET FORMULARY

AND

PHYSICIAN'S MANUAL,

EMBRACING THE

ART OF COMBINING AND PRESCRIBING MEDICINES TO THE BEST ADVANTAGE;

WITH

MANY VALUABLE RECIPES, TABLES, ETC.

ADAPTED TO

THE PROFESSION THROUGHOUT THE UNITED STATES.

BY

THOMAS. S. POWELL, M. D.
OF SPARTA, GEORGIA.

"He who does his best, however little, is always to be distinguished from him who does nothing."—DR. JOHNSON.

SAVANNAH:
W. THORNE WILLIAMS.
1855.

TO THE

MEDICAL PROFESSION

THROUGHOUT THE UNITED STATES,

This Work

IS RESPECTFULLY DEDICATED

BY

THE AUTHOR.

PREFACE.

We offer to the medical profession this little manual with some mistrust, in this day of new books and multitudinous publications; but believing, as we do, that it will fill a *desideratum* in the wants of the profession, especially the younger portion of it, we have determined to confide it to their care, relying upon their accustomed generosity for its support.

We claim no originality, except in the arrangement of the work, as it is manifest that it must be necessarily a simple compilation of the accumulated experience of ages. This much we claim for it, and for the part we have in it.

To various authors, whom we have consulted, we owe much; from one we have gathered a grain, and from another a sheaf, and this, having been done for our own benefit, in a series of years, while engaged in the practice of medicine, has resulted in a book, without our being able to give credit to all. We mention, however, as the most prominent among them, the names of Wood and Bache, Ellis and Bull on Maternal Management of Children, Thompson's Conspectus, etc.

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PART I.

THE ART OF PRESCRIBING MEDICINES.

In prescribing a Medicine, we should always remember that there are many circumstances which influence its action, and the dose in which it is to be given.

The most important of these are—Sex, Temperament, Age, Habit, Climate, Idiosyncrasy, and last, but not least, the condition of the stomach. There are various tables for the graduation of doses to the respective ages, but the one devised by Gaubius is generally adopted, which is as follows:—

For an adult, say from 21 to 60.

Suppose the dose to be 1 drachm, or one. That for a person from—

14 to 21 years	would be		2 scruples,	or	$\frac{2}{3}$.
7 to 14 "	will only	require	$\frac{1}{2}$ dr.	or	$\frac{1}{2}$.
4 to 7 "	"	"	1 scruple,	or	$\frac{1}{3}$.
4 "	"	"	15 grains,	or	$\frac{1}{4}$.
3 "	"	"	10 "	or	$\frac{1}{6}$.
2 "	"	"	8 "	or	$\frac{1}{8}$.
1 "	"	"	5 "	or	$\frac{1}{12}$.

Above 60, an inverse gradation should be observed.

This table, in the main, is correct; but it will not do for estimating the doses of certain medicines—such as castor oil, opium, and calomel. Opiates affect children more powerfully than adults; but children bear larger doses of calomel than adults, in proportion to age, particularly up to two years of age.

Sex.—Women, in general, require rather smaller doses of any active medicine than men; but so much depends upon habits of life, temperament, &c., that the exceptions are almost as numerous as the examples.

Temperament also exercises much influence on the dose of

certain medicines. A person of a nervous temperament is unable to bear with impunity an amount of opium that would scarcely act on a phlegmatic person; while the sanguineous are more readily affected by the action of stimuli, &c.

Idiosyncrasy has more influence than either sex or temperament, on the action of medicines; sometimes it is very striking—for example, in some cases, opium, or any of its preparations, cannot be given without producing the most distressing symptoms; while, in others, the smallest doses of calomel will cause salivation; therefore, always listen to what your patients tell you about their peculiarities.

Habit.—This has an important influence on the operations of medicines. Persons, in the habitual use of stimulants and narcotics, require larger doses to affect them when laboring under disease; while those who have habituated themselves to the use of saline purgatives are more easily affected by these remedies. *Climate*, also, has an influence in modifying the action of medicines. Narcotics act more powerfully in hot than in cold climates, therefore, smaller doses are required in the former; but the reverse is the case with respect to calomel.

The *influence of disease* on the operations of medicines is sometimes remarkable. For example, in severe pain, opium can be administered in doses that cannot be borne with impunity in a state of health; but this is still more the case in tetanus, in which scruple doses have been given without any marked effects; also, mercury can be given in larger doses in a febrile condition without causing salivation, owing to the rapidity of the circulation.

The condition of the stomach, also, has its influence, and should be inquired into at all times, otherwise the most dangerous results may follow the use of medicines that would have acted beneficially had the stomach, the common receptacle, been in a good condition to receive them. I have known cases protracted by giving medicines without inquiring into the state of the stomach—particularly supposed cases of *worm fever*.

GENERAL QUESTIONS TO PATIENTS.

The first duty of the physician, in his actual visits to the sick, is to form a correct diagnosis of the diseases. To do this, he should get the history, the symptoms, or changes in functions, the effects of remedies, and the morbid anatomy or changes in structure. This can be best done by interrogating the patient in the following manner:—

Q. Of what age is the patient? Has he, prior to his present illness, enjoyed good health? Is his constitution naturally good, or impaired by any irregularity?

In acute diseases—as inflammation of the lungs, pleurisy, inflammatory fever, &c., the propriety of bloodletting, its extent and repetition, as well as the use of aperient and diaphoretic medicines, must, in a great measure, depend on the age, natural constitution, and habits of the patient.

Q. How long has he been ill? On what day did he feel the earliest symptoms? In what manner was he attacked? Is the complaint stationary; or is the patient worse, or better, and in what respect?

In fevers of all kinds, it is of great importance that the practitioner should be acquainted with the stage and nature of the disease, and whether the patient be in a convalescent state.

Authors divide diseases, from the period of their duration, into two kinds, named acute and chronic. The period of an acute disease has been limited to within forty days; if it extends beyond that time, it is regarded as chronic. The general symptoms of acute disease are a quick pulse, heat of skin, thirst, furred tongue, pain in the loins or limbs, and incapacity of attention or exertion of mind. These distinctions are not sanctioned by practice in many instances; for some diseases continue in an active state a much longer period; and some chronic diseases exhibit symptoms of an acute nature; but it is of great importance in all diseases to decide whether it be acute or subacute.

Q. Are the bowels properly relieved, or in a regular state?

In all diseases it is absolutely necessary to be acquainted with the state of the bowels. In acute or inflammatory diseases, they should be kept open, and in chronic complaints costiveness should be avoided. If purging should occur without the aid of medicine, during inflammatory fever, it should not be checked, but moderated.

Q. Is he troubled with or subject to piles, or easily affected by purgatives? Are his bowels irritable?

In such cases we should not use aloes or other drastic purgatives, unless it be advisable to reproduce them, for many complaints follow the suppression of them.

Q. Is he affected with slight shivering (rigors)? Is he feverish? Does he complain of pain in the head or chest?

In rheumatism or diseases of the lungs, it is of great consequence to be acquainted with the state of the system; for in case of fever or a feverish disposition, indicated by rigors, increased heat, pains in the head or chest, and quickness of pulse, guaiac, for instance, and other stimulating medicines, would be injurious in the former disease, and the narcotic stimulants in the latter.

Rigors connected with cough and short breath indicate some serious mischief to be going on in the lungs. When rigors attend acute pain in the bowels, the disease may be suspected to be of an inflammatory nature, and not simply a colic. In cases of deep-seated pains, particularly in the loin, rigors denote the pain to arise from inflammation, and if the rigors continue to recur for a week or ten days after the first attack of pain, the disease is not to be considered rheumatic, but inflammatory, and that suppuration is probably taking place.

Q. Is he restless or quiet? Has he been accustomed to taking laudanum, and in what quantity?

In super-irritative and sub-irritative diseases, a knowledge of these circumstances will determine whether laudanum may be administered alone or added to any other medicine; and the dose.

Q. Is he affected with shivering fits, or cold spells? Are they succeeded by heat and perspiration?

All inflammatory diseases are generally ushered in with rigors which are succeeded by an increased heat of the body, and sometimes by perspiration. These symptoms, occurring during inflammatory fever, or local inflammation, so deceive an inexperienced practitioner as to lead to the improper exhibition of antiperiodics. In doubtful cases, it will be necessary to inquire how often the shiverings occur, and if only once a day, at what period, and how long they last; and also the degree of heat and perspiration; and particularly, if there be any intermission or remission of the fever after the termination of the perspiration till the recurrence of the rigors or cold sensations. This is important, as they may be symptomatic of some local mischief that may be going on in the system.

Q. Did he ever take an emetic? What was its general effects?

Some people suffer so much during the operation of an emetic that it should not be given, as in such cases it is often productive of mischief.

Q. Has he ever been affected in the same manner, and when, and how often?

When a patient is found in an insensible state, this question put to his friends will in some degree enable the practitioner to determine whether the disease be apoplexy, catalepsy, the stupor following epilepsy, a fit of intoxication, or swooning. If the patient has been similarly affected, the doctor has the advantage of inquiring what was then done and its effects. Females are frequently troubled with swooning fits from disease of the spine, heart, and stomach, but most frequently from ulceration or polypus of the os tincæ, or some disease of the uterus; therefore the condition of the uterus, as well as the spine, heart, and stomach, should be particularly inquired into. The use of the speculum is the only correct way of learning the condition of the womb, and should be used more than it is; no sensible woman will object to it, if approached properly, when her health is seriously involved.

OF THE TONGUE.

The condition of the alimentary canal is revealed, in part, by the state of the tongue; therefore, it is necessary to know its appearance in health as well as in disease. In healthy persons, as well as in diseased, it presents a variety of appearances. In some it is habitually clean, in others slightly furred; in some florid and indented, in others pale; in some compact and firm, in others flaccid; in some covered with a white fur, particularly in the morning before taking food. Hence the importance of asking the following questions:—

Q. What is the natural appearance of his tongue? Does it present an appearance different from that in health? In what particular?

Q. Is the tongue furred, and of what color? Is there a disagreeable taste in the mouth, nausea in the stomach, or loss of appetite?

These questions will determine the propriety of exhibiting an emetic or drastic cathartic. Physicians, in almost every disease, particularly in fevers, examine the state of the tongue, for from the tongue a judgment may be formed concerning the nature, increase, and remission of fever.

If swollen, it is inflammation of the tongue itself (glossitis),

or of the adjacent parts, frequently from salivation, or in malignant disease.

A yellow, loaded, and bitter tongue is indicative of bilious fever or biliary derangements.

It, however, should be remembered that fur collects on the tongue in almost all severe diseases. Thus the tongue is loaded with a white fur in the first stages of fever, in catarrh, in quinsy, and in acute rheumatism, as in inflammations.

A pale and tumid tongue, with large papillæ, is indicative of gastric debility and deficiency of the red particles in the blood, as in chlorosis.

A white and slightly loaded tongue indicates inflammation or high irritation of the mucous membrane of the stomach and intestinal canal.

A livid tongue indicates some disease of the heart or lungs which greatly affects the respiration. When red at the tip or edges, or both, it is indicative of inflammation of the stomach and intestines. You will also find it morbidly red and tender in some forms of scarlatina and typhoid fever, after the disappearance of the fur.

A contracted and pointed tongue is frequently an attendant of cerebral or meningeal inflammation, and if drawn to one side indicates threatened paralysis.

A flabby and dilated tongue occurs in congestive states of fever.

Florid papillæ, protruding through a layer of white fur are characteristic of scarlatina; and a similar appearance exists in some cases of acute dyspepsia. But generally, in dyspepsia, the appearance of the tongue is very variable; sometimes a thick fur collects at the base of the tongue, while the edges and apex are of a bright red. Sometimes the fur extends over the whole surface.

A white and sometimes brown tongue, clammy and somewhat dry, is indicative of remittent fever.

A tongue covered with a dark scurf, and very dry, attended with wandering of the mind and dejected countenance, leads us to suspect the fever to be putrid, or strongly disposed to it.

A dark brown, hard, shrivelled tongue, makes the prognosis almost certainly fatal. Keeping the tongue between the teeth, without retracting it, is a bad sign.

A red, smooth, and shining tongue, dry around the edges, indicates considerable danger; it denotes gastric inflammation, and strong medicines should be avoided.

When the tongue becomes moist, and begins to clean off, the patient may be considered in a convalescent state.

When the tongue cleans uniformly from the point backwards, convalescence is rapid; but when it cleans irregularly in scales, from behind forward, the patient convalesces slowly.

The gums, from their proximity to the tongue, may be mentioned here, though they are signs rather of the state of the circulation than of the digestive organs. The gums are florid in plethoric states of the system; pale in anæmia; livid in cases where the functions of respiration are much impeded; swollen and hard in scurvy and purpura hemorrhagica, in which diseases they bleed on the slightest touch; swollen, with an inflamed line, in cases of salivation; marked with a blue line at the margin of the teeth in poisoning by lead. The tips and lining membrane of the mouth, like the gums, inform us as to the state of the circulation. The existence or absence of thirst, and the odor of the breath, are points that should not be forgotten in inquiring into the state of the digestive organs.

OF THE STOOLS.

Q. Are the stools pale, dark, or bilious? In jaundice, the color of the stools shows whether there be any obstruction to the free passage of the bile into the intestinal canal. If they are dark, slimy, and offensive, it is evident that digestion does not go on well, and that there is irritation in the intestinal canal. If they are pale, it is a proof there is a deficiency of the secretion of bile.

Q. Are the stools copious, hard or liquid, and is there any irritation of the rectum, or inclination to go to stool without being able to evacuate the feces?

The quantity of feces discharged is of as great consequence as frequency; for a person may have frequent motions from irritation at the fundament, and yet not be purged. The matter evacuated is often nothing but mucus, from irritation in the large intestine, which is termed tenesmus and not purging. In cases of purging, it is necessary to inquire whether the stools are soft, or whether they come away in hard lumps with a quantity of slime. When the discharge consists of soft or copious liquid feces, it is termed diarrhœa; but when they are slimy and bloody, or hard and lumpy and attended with griping pain, it is termed dysentery. It is important to keep this distinction in mind, as many lives have been lost by treating dysentery for diarrhœa. In order to avoid this, the practitioner should al-

ways examine the character of the stools minutely, and he will soon learn the proper distinctions better than we can define them on paper.

OF THE PULSE.

Q. Is the pulse weak, strong, quick, frequent, or does it intermit?

By the pulse we judge of the state of the circulation with respect to fulness and the state of the nervous system; for, the heart and arteries receiving their power of action from the brain, the manner in which the pulsation is performed will show whether the nervous or cerebral system is in a state of irritation. To draw an accurate conclusion from the state of the pulse during disease, we should have some knowledge of it when in health, for the pulse differs materially in different subjects.

At birth, it beats from 130 to 140 in a minute. The mean rate for the first month is 120; the limits during the first year are 106 to 120; for the second year from 90 to 100; for the third year 80 to 90; nearly the same for the fourth, fifth, and sixth years; in the seventh year, the pulse is about 78 to 80; from the twelfth year it differs but little from that of adult age, which is estimated at from 60 to 80 according to the age, size, and constitution.

The common standard of frequency may be placed at from 70 to 75 beats in a minute. From the 45th to the 60th year, the pulse gradually becomes slower. After this period, it again rises in frequency, generally more frequent in women than in men. Climate influences the pulse more frequently in hot than in cold countries. It must also be remembered that the pulse in health varies in the course of the day; slower in the morning; most frequent soon after dinner; slower during sleep than in the waking state. Position of body also makes some difference; slower when lying down. Slower when sitting than standing.

Mental excitement influences the pulse; joy and anger render it fuller, and fear depresses it. Therefore the physician should not examine the patient's pulse as soon as he enters the room.

A full or oppressed pulse indicates the sanguiferous system to be overloaded. A small frequent pulse, with a cool skin, indicates weakness or congestion. It is important to draw a proper distinction here; to bleed with a weak pulse might destroy life, while in congestion it would save it. A quick pulse shows great irritation of the cerebral or nervous system. It often happens that a pulse, indicative of great weakness, is attendant on in-

flammation of the lungs, stomach, intestines, and brain, but in these and the like examples, the nature of the malady, and not the state of the pulse, must determine the necessity of blood-letting.

We have no infallible index to direct us. It is impossible, from the state of the circulation in fever, to point to any certain criterion for the employment of the lancet. The state of the pulse is often ambiguous and deceptive; circumstances require the nicest discrimination, as the result is often very different in cases seemingly analogous. A precipitate decision is fraught with danger, and a mistake may be certain death. Bleeding in typhoid fever is seldom admissible.

When the pulsations rapidly follow each other, the pulse is said to be frequent; it may also be full, strong, and hard, or soft, small, or weak. A full, tense, and strong pulse is when the artery swells boldly under the finger, and resists its pressure more or less. A hard corded pulse is that in which the artery feels like the string of a violin or a piece of tightened catgut, giving considerable resistance to the pressure of the finger. When the pulsations are performed with great celerity, although the intervals be long, the pulse is termed quick. A slow pulse may therefore be quick, and a frequent pulse not quick; the term *quick* applying to the pulsation, and not to the interval of the pulsation to which the term *frequent* applies. When the strokes do not follow the usual interval, and sometimes not till after twice, thrice, or four times the usual space, it is termed *intermittent*. It arises from an unequal influx of the blood into the heart from increased irritability or disease of the organ itself. Sometimes it is produced by pressure of a tumor, or water in the chest, or pericardium. It is, however, in some people, common even in a state of health. The pulse of several domestic animals is as follows: the horse, from 32 to 38 per minute; the ox or cow, 25 to 42; the ass, 48 to 54; the sheep, 70 to 79; the goat, 72 to 76; the dog, 90 to 100; the cat, 110 to 120; the rabbit, 120; the guinea pig, 140; the duck, 124; the hen, 140.

OF THE URINE.

Q. Of what color and consistence is the urine? Does it deposit a sediment when a fever is abating and drawing to a favorable crisis?

The urine in fevers generally deposits a lateritious sediment. In putrid fever it emits an offensive smell, and is often tinged with

blood. In the last stage of pulmonary consumption, it is also offensive to the smell, and deposits a whitish matter. In cases of pain in the loins, the state of the urine will often determine whether the kidneys are the seat of the disease. In hysterical affections, the urine is pale and thin. In debilitated individuals, it has a frothy head, which often remains a considerable time on account of its abounding with viscid and oily particles. When the stomach is disordered, it deposits a sediment resembling brick-dust.

Q. Does the patient void much urine?

An excessive evacuation of urine, like excessive perspiration, is a frequent cause of debility and emaciation of the body. In dropsical cases it is of great consequence to know whether the kidneys perform their office, for dropsy will sometimes arise from a sluggish state of the kidneys.

OF THE PERSPIRATION.

Q. Is the patient troubled with night-sweats? Are they preceded by rigors and heat? At what time do they come on? Are they copious, confined chiefly to the breast, and do they smell strong?

In cases of inflammatory fevers perspiration may be considered critical, and should not be checked unless they are so excessive as to weaken the patient.

Q. Is the skin moist, or dry and hot?

In all fevers and internal inflammatory attacks, it is very necessary to attend to the state of the skin, for in those complaints it is of the first consequence to produce a moist surface. By the evaporation of perspirable matter, superabundant heat, and, probably, electric matter are conducted from the body. A dry skin, on the contrary, indicates the accumulation of heat in the system.

The perspiration is very analogous to the urine, and when either of these secretions is diminished the other is generally increased, so that they who perspire the least urinate the most, and *vice versa;* copious perspiration, attended with a sense of general lassitude and a feeble pulse, indicates great debility or laxity of the cutaneous vessels.

OF THE RESPIRATION.

Q. Is the breathing attended with difficulty?

In inflammatory fevers, difficulty of breathing indicates great plethora or a determination of blood to the lungs. In either case, the loss of blood and evacuating remedies are necessary. In dropsy of the abdomen or extremities, the state of the breathing will determine whether there be an effusion of serum in the chest. When shortness of breath comes on rather suddenly, attended with rigors and acute pains in the chest and side, termed stitches, it denotes inflammation of the lungs or pleurisy.

Q. Is there any expectoration, and is it difficult? What appearance and taste?

In all coughs it is necessary to inquire whether the patient expectorates, and its appearance. Cough generally terminates in an expectoration of a clear mucus, which has frequently a saltish taste. In chronic cough, its violence will, in a great measure, depend on the tenacity of the phlegm. In such cough, it is of great consequence to produce a secretion of mucus that will require little exertion to bring up. In inflammation of the lungs, it is necessary to attend to the appearance of the mucus expectorated; if it be clear and come up freely, it is a very favorable omen; if tinged with blood, it often indicates the propriety of bleeding. If great difficulty of breathing and cough be not attended with expectoration, the patient may be considered in great danger. In cases of cough attended with emaciation of the body, by the appearance and the quantity of the mucus expectorated, the practitioner is enabled to ascertain whether the lungs are ulcerated. If the matter is opaque, of a yellowish appearance, offensive to the taste, sometimes tinged with blood, and the patient be affected with hectic fever or much emaciation, his case is probably pulmonary consumption.

Q. What remedies has he taken, and with what effect?

By being acquainted with what has been done for the patient and the effect thereby produced, the practitioner has the great advantage of knowing what is left undone, and of forming an opinion of the situation of the patient.

OF THE EXAMINATION OF CHILDREN.

In the diseases of children, the following questions will be necessary:—

1. The age of the child.

2. Is it cutting a tooth, and how many teeth has it?

In cases of purging or fever, this will determine whether it arises from the teething.

3. Is it rickety?

4. Has it had the hooping-cough, smallpox, measles, scarlet fever? and do any of those diseases prevail in the neighborhood?

When a child is affected with fever, it will be very necessary to make those inquiries, as it may probably be indisposition preceding some eruptive fever.

5. Has it a large belly, with emaciated limbs and large joints?

These are symptoms of great weakness approaching to rickets, and often arise from worms.

We must also bear in mind that many diseases, particularly those in which the nervous system is principally involved, will recur unless the disposition of the system to the disease be effectually destroyed by a perseverance in the medicine. Hence, in consequence of a patient discontinuing the medicine when he finds himself well, in a few days he will experience a relapse, and because it has only produced temporary relief, it is very common for the patient to object to a further trial of it. Now had he continued it for a little time longer, the disposition to the disease might have been entirely overcome. Of this class of diseases are intermittent fever, nervous headaches, insanity, &c.

As many diseases are produced by the mind, and as all are more or less influenced by it, we must also attend to its condition as well as that of the body. No medical man of experience will doubt that diseases are rendered more obstinate by suffering the mind to give way to them. If courage will secure a person against the contagion of an infectious fever or an epidemic, it is clear that mental exertion and composure must be of great service under disease. Quacks owe a great deal of their occasional success to their command over the feelings of their patients. The advantages to be derived from them might be an hundred times greater were they properly directed by regular bred physicians.

One great difficulty with which physicians have to contend, particularly in a country practice, is the officiousness of nurses

and visitors in relating cases of a similar character to the one under treatment, which terminated fatally, or with ominous looks and long faces, filling the mind of the patient, so prone to depression, with the idea of imminent danger, and perhaps a fatal termination. This should be guarded against by every means in the power of the physician, as he values the comfort, not to say the life, of his patient.

PROGNOSTICS.

In every disease, the medical attendant should be, and is expected to be, able to give a pretty correct opinion of the degree of danger which hangs over the patient; hence it is necessary for him to keep posted on the prognosis of all diseases; but it will not be expected in a book like this for us to enter into any minute details on the subject, therefore we will only give the most leading prognostics.

In fevers, the more the febrile attack is diffused over the system, the less dangerous it is. Delirium alone should excite no alarm, unless it be very high, or of the low muttering, incoherent kind. In jaundice, and in diseases of the chest, it is alarming, and in the latter stage of pulmonary consumption its presence always indicates the approach of death.

In intermittent fever, a complete chill is favorable, as it foretells an efficient reaction. The premature appearance of the paroxysm, complicated with other diseases, is unfavorable.

In continued fevers, a sense of internal heat, with cold skin, or the peculiar heat called calor mordax, petechiæ, ecchymosis, &c., with a disposition to slide down in the bed—craw-fishing, as Dr. Chapman would say—are extremely dangerous symptoms. Deafness is not unfavorable in this fever.

Great confusion of thought, loss of recollection of the most recent occurrences, a restless, wandering eye, and a corresponding vacancy or confusion of countenance, are always to be dreaded in fevers and in diseases of the brain. An expression of great anxiety is equally alarming in all acute diseases, and a presentiment of death is also to be dreaded.

In yellow fever, Dr. Chapman says cases marked by forcible reaction and high fever are most favorable.*

* Dr. Chapman considers yellow fever to consist in the action of an extremely virulent poison upon the stomach, producing excessive disorder of that viscus, and involving other parts sympathetically. And, like other epidemics influenced by various agencies, assuming

In pneumonia, or inflammation of the lungs, pallidness of the countenance, with a slight degree of lividity, are symptoms of danger. The supervention of diarrhœa is also unfavorable.

Dr. Chapman says that all diseases of the heart are invested with extraordinary danger; yet some cases may be cured, and others so palliated that life may be prolonged with considerable comfort. Fainting (syncope) is to be considered alarming in diseases of the heart, or during profuse bleeding from the nose, or from any other part. Deep sighing also, under such circumstances, is most unfavorable, and often indicates rapid dissolution.

Affections of the valves of the heart are always formidable; though, if taken in the commencement, and where it is dependent on mere thickening from chronic inflammation, it may be removed.

Palpitations in nervous affections of the heart do not generally lead to any serious consequences.

The prognosis in acute inflammation of the throat is generally favorable. Death, however, may occur suddenly from suffocation.*

Dysentery is sometimes very fatal. In cholera morbus, the issue is uncertain. In cholera infantum, a prognosis is very hazardous, since the most favorable-looking cases are apt to

various forms; sometimes inflammatory, and sometimes congestive, sometimes the two conditions blended, and sometimes I think it assumes a typhoid form, and is blended with our low forms of imperfect remittent fevers. I think the manner in which it has prevailed in many places south for several summers, will bear me out in this opinion. Hence you see the importance of treating it according to the form it assumes in your city, without any regard to its nature in other places in different latitudes, and surrounded by different circumstances. In short, it should be treated as all fevers should be, according to the type it assumes. Do not bleed the first case because bleeding is recommended by some authors; don't give the second one large doses of calomel, when he is already loose in his bowels, because it benefited some one of a bilious temperament and constipated habits. Examine each case closely, and endeavor to make a prescription to suit the symptoms, taking into consideration the circumstances that influence the operation of medicines. In this way you will prove successful. It is always best to wait for the disease before you treat it.

* The erysipelatous variety of sore throat, Dr. Chapman says, proceeds from gastric disorders; in such cases, the stomach should be attended to as well as the throat.

terminate fatally, and *vice versâ*. The appearance of dark, bilious, or natural stools is a most propitious sign. A pink-colored fluid is almost certain indication of death.

In colic, the ejection of stercoraceous matter is an almost fatal sign.

Chronic or subacute peritonitis is usually curable when no structural lesions have taken place.

Thin and glairy sputæ denote a continuance of irritation, while thick yellow sputæ indicate the approach of convalescence. Catarrh, however, from the danger of its complications or degenerations, should never be neglected.

In croup, treated early and judiciously, the prospect is good; but when the breathing is audible, or when there is a crowing sound in inspiration, or a cooing or croaking respiration, danger is present, and there is no time to lose.

In hooping-cough, when the paroxysms suddenly increase in violence, and the face becomes livid, and the thumbs are drawn across into the palms of the hands, the appearance of convulsions may be anticipated.

The sudden disappearance of pain in inflammatory affections of the bowels, is always to be dreaded.

Rigors invariably excite alarm, but they are only dangerous in chronic internal diseases, in which they often indicate the formation of pus or the existence of suppuration.

Hiccough, in the advanced stages of either acute or chronic disease, is invariably alarming.

Retention of urine, as well as its involuntary discharge, is always an unfavorable symptom.

The sudden disappearance of swelling of the legs in chronic organic diseases, is indicative of approaching death.

Diarrhœa is, under every circumstance, an unfavorable event when it occurs either in fevers or in the termination of chronic diseases; and the passing of involuntary stools, when scarcely any diarrhœa exists, is equally to be dreaded.

Great and continued, or progressing emaciation, in chronic disease, and what is termed the facies Hippocratica, are to be dreaded.

In consumption, partial sweating, as of the head, the chest, or the limbs, is always an unfavorable symptom. When pregnancy occurs in a woman laboring under consumption, the disease is arrested until after delivery, as if Providence threw a shield over the mother for the safety of the offspring; but, as soon as the confinement is over, the malady proceeds more rapidly than before.

Excoriations on the parts in which the body rests—for instance, the haunches or the lower part of the back—especially if these become livid and sloughy, always indicate extreme danger.

Great difficulty of breathing, even to a feeling of suffocation, is not necessarily hazardous in asthma; for, although few diseases are so little under control by the interference of the physician, yet asthma seldom proves fatal unless it tends to the production of other diseases.

Coma, or an irresistible propensity to sleep, following the sudden suppression of gout, or the cessation of periodical bleeding in piles, or the healing of old sores, is always alarming.

General sweats are more favorable than local ones.

Critical sweats take place more frequently between midnight and morning than at any other time.

In phthisis, night-sweats are amongst the most unfavorable symptoms. Frequently, they alternate with diarrhœa.

Œdema about the ankles may arise from any cause of general debility, such as chlorosis, convalescence from acute disorders, or simply remaining for a long time in the erect posture; but, aside from these connections, it is to be dreaded as one of the first evil signs of valvular disease of the heart. Œdema of the eyelids and face, which may also proceed from the same debilitating causes, is, in their absence, a strong indication of Bright's disease of the kidney.

All diseases not involving organic changes are, with a few exceptions, more or less under the control of medicine, and are, consequently, curable. But some diseases, in which no organic changes have been discovered, are nevertheless incurable. This is the case with spasmodic asthma, which has rarely, if ever, been cured.

TABLE OF ABBREVIATIONS USED IN PRESCRIPTION.

ABBREVIATIONS.	TECHNICAL.	DEFINITION.
āā	Ana.	Of each ingredient.
Ad 2 vic.	Ad duas vices.	At twice taking.
Ad 3 tiam vicem.	Ad tertiam vicem.	For three times.
Abs. febr.	Absente febre.	In the absence of the fever.
Abdom.	Abdomen or abdomini.	The belly or to the belly.
Ad libit.	Ad libitum.	At pleasure.
Ad def. animi.	Ad defectionem animi.	To fainting.

Ad gr. acid.	Ad gratam aciditatem.	To an agreeable sourness.
Add.	Adde or addentum, addendus or addendo.	Add or let be added, to be added or by adding.
Ajac.	Ajacens.	Adjacent.
Admov.	Admove or admoveatur or admoveantur.	Apply or let be applied.
Adst. febre.	Adstante febre.	When the fever is coming on.
Altern. horis.	Alternis horis.	Every other hour.
Alvo adst.	Alvo adstricta.	When the belly is bound.
Aq. astr.	Aqua astricta.	Frozen water.
Aq. bull.	Aqua bulliens.	Boiling water.
Aq. com.	Aqua communis.	Common water.
Aq. fluv.	Aqua fluvialis.	River water.
Aq. mar.	Aqua marina.	Sea water.
Aq. niv.	Aqua nivalis.	Snow water.
Aq. pluv.	Aqua pluvialis.	Rain water.
Aq. ferv.	Aqua fervens.	Hot water.
Aq. font.	Aqua fontana or aqua fontis or aqua fontalis.	Spring water.
Bis in d.	Bis in dies.	Twice a-day.
Bib.	Bibe.	Drink.
B. M.	Balneum mariæ or balneum maris.	A salt-water bath.
Bull.	Bulliat or bulliant.	Let boil.
But.	Butyrum.	Butter.
B. V.	Balneum vaporosum.	A vapor bath.
C.	Cum.	With.
Cærul.	Cæruleus.	Blue.
Cap.	Capiat.	Let the patient take.
Calom.	Calomelas.	Calomel or the chloride of mercury.
C. C.	Cornus cervi.	Hartshorn.
Coch.	Cochlear or cochleare.	A spoonful.
Coch. ampl.	Cochleare amplum.	A tablespoonful.
Cyat. i.	Cyathus.	A glassful.
Coch. parv.	Cochleare parvum.	A small teaspoonful.
Col.	Cola.	Strain.
Color.	Coloretur.	Let it be colored.
Comp.	Compositus, a, um.	Compounded.
Cong.	Congius.	A gallon.
Cont. rem.	Continuentur remedia.	Let the medicines be continued.

Cont.	Contunde.	Bruise.
Coq.	Coque.	Boil.
Coq. ad med. consumpt.	Coque ad medietatis consumptionem.	Boil to the consumption of half.
Coq. in S. A.	Coque in sufficiente quantitate aquæ.	Boil in a sufficient quantity of water.
Cort.	Cortex.	Bark.
C. V.	Cras vespere.	To-morrow evening.
C. M. S.	Cras mane sumendus.	To be taken to-morrow morning.
C. N.	Cras nocte.	To-morrow night.
Crast.	Crastinus.	For to-morrow.
Cuj.	Cujus.	Of which.
Cujus l.	Cujus libet.	Of any.
Chart.	Chartula.	A small paper.
Collyr.	Collyrium.	An eye-water.
Collutor.	Collutorium.	A mouth-wash.
Dec.	Decanta.	Pour off.
De d. in d.	De die in diem.	From day to day.
Det.	Detur.	Let it be given.
Dieb. alt.	Diebus alternis.	Every other day.
Dieb. tert.	Diebus tertiis.	Every third day.
Diluc.	Diluculo.	At break of day.
Dil.	Dilue, dilutus.	Diluted.
Dim.	Dimidius.	One-half.
D. in 2 plo.	Detur in duplo.	Let twice as much be given.
D. in p. æq.	Dividetur in partes æquales.	Let it be divided into equal parts.
D. P. or D. in prop.	Directione propria.	With a proper direction.
Donec alv. bis dej.	Donec alvus bis dejicetur.	Until the bowels have been twice evacuated.
Donec alv. sol. fuer.	Donec alvus soluta fuerit.	Until the bowels shall be opened.
D.	Dosis.	A dose.
Decoct.	Decoction.	A decoction.
Ejusd.	Ejusdem.	Of the same.
Enem.	Enema	A clyster.
Exhib.	Exhibeatur.	Let it be exhibited.
F.	Fac.	Make.
F. fil. xii.	Fac pilulas duodecim.	Make twelve pills.
Feb. dur.	Febre durante.	During the fever.
F. venæs.	Fiat venæsectio.	Bleed.
F. H.	Fiat haustus.	Let a draught be made.

F. L. A.	Fiat lege artis.	Let it be made by the rules of art.
F. S. A.	Fiat secundum artem.	Let it be made according to art.
Gel. quav.	Gelatina quavis.	In any kind of jelly.
Gr. vi. fond.	Grana sex fondere.	Six grains by weight.
Gtt.	Gutta.	A drop.
Har. pl. sum. 3.	Harum pilularum sumantur tres.	Let three of the pills be taken.
H. D. or hor. decub.	Hora decubitûs.	At the hour of going to bed.
H. S. or hor. som.	Hora somni.	Just before going to sleep, or on retiring to rest.
Haust.	Haustus.	A draught.
In d.	In dies.	From day to day, or daily.
In fulm.	In fulmento.	In gruel.
Inf.	Infunde.	Pour in.
Inj. enem.	Injiciatur enema.	Let a clyster be given.
Lat. dol.	Lateri dolenti.	On the side that is painful.
M.	Misce.	Mix.
Mane pr.	Mane primo.	Very early in the morning.
Mani.	Manipulus.	A handful.
Min.	Minimum.	The sixtieth part of a drachm measure.
M. P.	Massa pilularum.	A pill mass.
M. x.	Mistura.	A mixture.
More dict.	More dicto.	In the manner directed.
More sol.	More solito.	In the usual manner.
M. F. Mixt.	Misce fiat mixtura.	Mix to form a liquid mixture.
M. F. Pil.	Misce fiat pilulæ.	Mix to form pills.
M. F. P.	Misce fiat pulvis.	Mix to form powder.
N. tr. S. num.	Ne tradas sine nummo.	Do not deliver it unless paid. Used by apothecaries as a caution to the clerk, when the presence of the customer prevents a verbal direction.
Opt.	Optimus.	The best.
Omn. hor.	Omni hora.	Every hour.

Omn. bid.	Omni biduo.	Every two days.
Omn. bih.	Omni bihora.	Every two hours.
O. M. or omn. man.	Omni mane.	Every morning.
O. N. or omn. noct.	Omni nocte.	Every night.
P.æ.part.æqual.	Partes æquales.	Equal parts.
Post sing. sed. liq.	Post singulas sedes liquidas.	After every loose stool.
P. r. n.	Pro re nata.	According as circumstances arise. That is, occasionally.
P. rat. æt.	Pro ratione ætatis.	According to the age of the patient.
Pulv.	Pulvis.	A powder.
Q. S.	Quantum sufficiat.	As much as is sufficient.
Repet.	Repetatur.	Let it be continued.
S. A.	Secundum artem.	According to art.
Scat.	Scatula.	A box.
Sol.	Solve.	Dissolve.
S.	Signa.	Write.
Semidr.	Semi drachma.	Half a drachm.
Semih.	Semi hora.	Half an hour.
Sesunc.	Secuncia.	An ounce and a half.
Sing.	Singulorum.	Of each.
St.	Stet.	Let it stand.
S. V.	Spiritus vinosus.	Ardent spirits of any strength.
T. O.	Tinctura opii.	Tincture of opium, generally confounded with laudanum, which is properly the wine of opium.
T. O. C.	Tinctura opii camphorata.	Paregoric elixir.
V. S.	Venæ sectio.	Opening a vein.

The above is quite a full list of abbreviations which are more or less met with in prescriptions—but we would advise physicians to avoid them as much as possible; the practice is objectionable, and in many cases dangerous to the reputation of the physician, and life to the patient. We could relate some alarming, and amusing mistakes that have occurred in this way, within our knowledge. It should also be remembered that the abbreviations used to designate certain medicines, are equally

applicable to others. In such cases, if you are not very certain you are right, after thinking twice before you commence, I would advise you to give it in plain English rather than make an uncertainty. In writing directions for taking medicine, always express numbers in words, not in figures.

TABLE OF SYMBOLS AND SIGNS USED IN PRESCRIPTIONS.

SYMBOLS.	TECHNICAL.	DEFINITION.
℞.	Recipe.	Take.
♏.	Minimum.	The 60th part of a drachm.
Gtt.	Guttæ.	Drops.
℈.	Scrupulus, vel Scrupulum.	A scruple, equal to 20 grains, Troy.
ʒ.	Drachma.	A drachm.
℥.	Uncia.	An ounce, Troy; or, in liquids, the 16th part of a wine pint, or the 20th part of the imperial pint.
℔.	Libra.	A pound weight.
O.	Octarius.	A pint.
Ss.	Semis.	Half.
Gr.	Granum or grana.	A grain, or grains.
Fl.	Fluid.	Used as a prefix to certain measures to distinguish them from weights, thus: fl℥. fluid uncia.

Formerly the symbols or signs used in chemistry and pharmacy as substitutes for words, were numerous. At the present time they are very few. The above, alone, deserve notice. It is to be regretted that some other character cannot be substituted, either for the ounce or the drachm, for they being so similar, a mistake is easily made, in the hurry of writing, by the physician, or in putting up the prescription by the apothecary, or a mistake in typography, may lead to prescriptions of the most dangerous character, as was the case in *Ellis's Formulary*. The ℥ being used for the ʒ, resulted in the death of the distinguished Dr. Baber, of Macon, who put up a prescription of Scheeles' concentrated prussic acid for a patient, and on his refusing to take it, from a caution given him by the apothecary, drank it himself, to give confidence to the patient, and was dead in two hours.

TABLE OF WEIGHTS AND MEASURES.

20 grains	make	1 scruple;
3 scruples	"	1 drachm;
8 drachms	"	1 ounce.
60 minims	"	1 fluidrachm;
8 drachms	"	1 fluidounce;
16 ounces	"	1 pint.

Apothecaries' weights, by which all medical preparations ought to be weighed, are divided into pounds, ounces, drachms, scruples, and grains.

A pound	℔	contains	twelve ounces;
An ounce	℥	"	eight drachms;
A drachm	ʒ	"	three scruples;
A scruple	℈	"	twenty grains;
A grain	gr.		

Apothecaries' measures, by which all medicines are compounded, consists of gallons, pints, ounces, drachms, and minims.

A gallon	*Cong.*	contains	eight pints;
A pint	O	"	twenty fluidounces;
A fluidounce	f℥	"	eight fluidrachms;
A fluidrachm	fʒ	"	sixty minims;
A minim	♏		

Measures which are used for convenience, which, although far from being uniform, may be used without danger for ordinary purposes. Drs. Wood and Bache estimate that the

Teacup	contains	four fluidounces;
Wineglass	"	two "
Tablespoon	"	half a fluidounce;
Teaspoon	"	a fluidrachm.

Dr. Christison gives a somewhat different calculation; he considers

A tumbler	contains	eight fluidounces;
Breakfast-cup	"	" "
Teacup	"	five "
Wineglass	"	two "
Tablespoon	"	half a fluidounce;
Dessertspoon	"	two drachms;
Teaspoon	"	one drachm.

In both these estimates, the teaspoonful is noted too low; they apply very well to the teaspoonful formerly used, but not to the much larger kind now in general use; therefore, they ought not to be used as measures for the exhibition of potent medicines.

The measure of temperature used by all the colleges is Fahrenheit's thermometer, 212° on the scale of which marks the boiling point of water, and 32° the freezing point; between 90° and 100° denote the gentle heat (calor lenis) of the Pharmacopœias.

TEMPERATURE OF BATHS.

The hot	bath	from	98°	to	106°
The warm	"	"	96°	"	98°
The tepid	"	"	62°	"	96°
The vapor	"	"	100°	"	130°

PART

APPROVED MEDICINES

We here present a tabular view of the most useful medicines for adults, effects upon the system, and diseases in which they authors and practitioners, which have stood the test of expe-

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Aloes, powder.	Pulv. aloës.	vi to xii gr.
Aloes, tincture.	Tinctura aloës.	ʒi to ℥ss.
Alum.	Alumen.	v to x gr.
Assafetida.	Assafœtida.	v to x gr.
Assafetida, tincture.	Tinct. assafœtidæ.	i to ii drachms.
Aconite, powder.	Aconiti, pulvis.	i to ii gr.
Aconite, extract.	Aconiti, ext.	½ to i gr.
Aconite, tincture.	Aconiti, tinct.	x to xx drops.
Balsam of copaiva.	Copaiba.	x to xx drops.
Bloodroot, powder.	Pulv. sang. Canaden.	x to xx gr.
Bloodroot, tincture.	Tinct. sang. Canad.	ʒi to ℥ss.
Belladonna, or deadly nightshade.	Pulv. belladonnæ.	i to ii gr.
Belladonna, extract.	Ext. belladonnæ.	¼ to ½ gr.
Blue vitriol.	Cupri sulphas.	¼ to v gr.
Blue pill.	Pil. hydrargyri.	v to x gr.

II.

IN DAILY USE.

in general practice, with the common and officinal names, doses are generally used; also various recipes from the most approved rience, with directions when and how to be administered.

EFFECTS, &C.	DISEASES PROPER FOR, &C.
Purgative.	Obstinate costiveness.
Astringent.	Flooding, colliquative sweats, diabetes, chronic dysentery, diarrhœa; its local applications are numerous.
Antispasmodic.	Asthma, hysteria, flatulence, hooping-cough.
Sedative, narcotic.	Rheumatism, neuralgia, gout, phthisis, catarrhal fevers.
Stimulant, blennorrhetic, and diuretic.	The diseases of mucous membranes, chronic dysentery, leucorrhœa, gonorrhœa, gleet.
Acrid emetic, with stimulant and narcotic powers.	Typhoid pneumonia, catarrh, amenorrhœa from torpor of the liver.
Narcotic.	All nervous diseases; in neuralgia it is one of the most effectual remedies in our possession. Dilates the pupil.
Narcotic.	In full doses, emetic; in small doses, tonic and astringent.
Alterative.	

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Calomel.	Hydr. chlor. mit.	v to xx gr.
Camphor.	Camphora.	vi to xii gr.
Camphor julap.		i to ℥ii.
Castor oil.	Ol. ricini.	½ to ℥i.
Castor, powder.	Pulv. castorei.	v to x gr.
Castor, tincture.	Tinctura castorei.	i to ii drachms.
Catechu, tincture.	Tinct. catechu.	i to ii drachms.
Chalk, prepared.	Creta preparata.	x to xv gr.
Cinnamon, powder.	Pulv. cinnamomi.	v to x gr.
Cinnamon, oil.	Oleum cinnamomi.	i to iii drops.
Cinnamon, tincture.	Tinct. cinnamomi.	i to iii drachms.
Carbonate ammonia.	Ammon. carb.	v to x gr.
Carbonate iron.	Ferri carb. pilul.	x to xx gr.
Carbonate magnesia.	Magnes. carb.	½ to i dr.
Carbonate soda.	Sodæ carb.	x to xx gr.
Colchicum root, powder.	Pulv. colchici radicis.	ii to viii gr.
Colchicum, wine.	Vin. colchici.	gtt. x to ℥ss.
Colocynth, cd. extract.	Ext. colocynth. c.	v to x gr.
Cream of tartar.	Potassæ bitartras.	℥ss to ℥i.
Corrosive sublimate.	Hydrargyri chloridum corrosivum.	$\frac{1}{16}$ to ⅛ gr.
Cubebs, powder.	Pulv. cubebæ.	℥ss to ℥iii.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Purgative.	Intestinal affections, accompanied with constipation or hepatic derangement.
Antispasmodic.	Hooping-cough, convulsive fits.
Antispasmodic febrifuge.	Nervous fever, convulsive fits.
Purgative.	Intestinal affections, accompanied with constipation.
Antispasmodic.	Convulsive fits, nervous irritability.
Antispasmodic.	Convulsive fits, nervous irritability.
Astringent.	Chronic looseness, flooding, &c.
Astringent.	Looseness, acidity.
Stomachic.	Indigestion, flatulence.
Stimulant.	Flatulency, colicky pains.
Astringent.	Looseness, and as an adjuvant to cretaceous mixtures.
Stimulant.	Typhoid fever.
Tonic and emmenagogue.	Neuralgia, chorea, chlorosis, and those diseases in which the blood is deficient in coloring matter.
Antacid.	All cases which require a laxative antacid.
Antacid.	Diseases attended with acidity of stomach, as gout, uric acid gravel, and certain forms of dyspepsia. Gout and rheumatism, especially when of a shifting or neuralgic character.
Dras. cathartic.	Dropsy and various affections depending on disordered action of the brain. (See Pilulæ Catharticæ Compositæ.)
Cathartic, diuretic and refrigerant.	Dropsical affections and cutaneous febrile affections.
Alterative.	Syphilis, cutaneous diseases, and chronic rheumatism.
Stimulant and diuretic.	Gonorrhœa, gleet, and as a stomachic and carminative in disorders of the digestive organs.

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Cubebs, tincture.	Tinctura cubebæ.	ʒi to ʒii.
Cubebs, oil.	Oleum cubebæ.	v to x drops.
Dover's powder.	Pulv. ipecacuanhæ et opii, or pulvis Doveri.	v to xv gr.
Digitalis, tincture.	Tr. digital.	x drops.
Elixir vitriol.	Acid. sulph. arom.	x to xxx drops.
Epsom salts.	Magnes. sulphas.	ʒi to ii.
Ergot, powder.	Pulv. ergotæ.	xv to xx gr.
Ergot, wine.	Vin. ergotæ.	ʒi to ii.
Foxglove.	Digitalis.	i gr.
Galls, powder.	Pulv. gallæ.	x to xx gr.
Gamboge, powder.	Pulv. gambogiæ.	iii to viii gr.
Gentian, powder.	Pulv. gentianæ.	xii to xxv gr.
Gentian, extract.	Ext. gentianæ.	ii to vi gr.
Gentian, tincture.	Tinct. gentianæ.	ʒi to ʒii.
Glauber's salts.	Sodæ sulphas.	℥i.
Guaiac powder.	Pulv. guaiaci resinæ.	gr. v to ʒi.
Guaiac, tincture.	Tinct. guaiaci.	ʒi.
Guaiac, ammoniated tinct.	Tinct. guaiaci ammoniata.	ʒi.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Stimulant and diuretic.	
Stimulant and diuretic.	
Narcotic, diaphoretic.	Rheumatism, pneumonia, dysentery, diarrhœa, and the various hemorrhages, especially that from the uterus.
Tonic and astringent.	Typhoid fevers, colliquative sweats, passive hemorrhages, and diarrhœa, dependent on a relaxed state of the mucous membrane of the intestine.
Cathartic.	Fevers and inflammatory affections, colic and obstinate constipation. Hemorrhages, and to aid parturition.
Narcotic, sedative and diuretic.	Diseases of heart, lungs, and dropsy.
Astringent.	It is seldom employed as an internal remedy, though occasionally prescribed in chronic diarrhœa.
Cathartic.	It is much employed in dropsy, attended with torpid bowels.
Tonic.	All cases of disease dependent on pure debility of the digestive organs. Dyspepsia, gout, amenorrhœa, hysteria, intermittent fevers.
Tonic.	
Tonic.	
Cathartic.	Fevers.
Stimulant.	It is mostly used in chronic rheumatism, gouty affections, and amenorrhœa and dysmenorrhœa.
Alterative and emmenagogue.	

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Hellebore, black.	Helleborus niger.	gr. x to ℈i.
Hellebore, extract.	Extr. hellebori nigri.	v to x gr.
Hellebore, tincture.	Tinct. hellebori nigri.	ʒi.
Hive syrup.	Syrupus scillæ compos.	ʒss to ʒi.
Hoffman's anodyne.	Spirit. ether. c.	ʒss to ʒi.
Hydrocyanic acid.	Acid. Hydrocyanicum dilutum.	i to ii drops.
Iodide of iron.	Ferri iodidum.	iii to viii gr.
Iodide of iron, solution.	Liquor ferri iodidi.	x to xx drops.
Iodide of potassium.	Iodidi potassium.	v to xv gr.
Iodine, tincture.	Tinct. iodinii.	v to xx drops.
Iron, subcarbonate.	Ferri sub-carb.	gr. x to ʒss.
Iron, muriated tinct.	Ferri chlorid. tinct.	x to xx drops.
Iron, phosphate.	Ferri phosph.	v to x gr.
Jalap, powder.	Pulv. jalapæ.	x to xx gr.
Jalap, extract.	Ext. jalapæ.	v to xx gr.
Jalap, tincture.	Tinct. jalapæ.	ʒi to ʒii.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Cathartic and emmenagogue.	Dropsy and amenorrhœa. Dr. Mead considered it superior to all other medicines as an emmenagogue.
Emetic and expectorant.	Croup and other pectoral affections.
Antispasmodic.	Hysteria, convulsions, and nervous irritation, and want of sleep from this cause.
Sedative.	Phthisis and various affections of the chest, attended with dyspnœa or cough, such as asthma, hooping-cough and chronic catarrh.
Tonic, alterative, and emmenagogue.	It is chiefly employed in scrofulous complaints and chlorosis, atonic amenorrhœa, and leucorrhœa.
Diuretic, alterative.	Bronchial affections, engorgement of the liver, secondary syphilis, chronic rheumatism.
Tonic and alterative.	It is used in diseases of the absorbent and glandular systems, in glandular enlargements and morbid growths, enlargement of the liver, spleen, testes, uterus, in chronic diseases of the uterus. (See *U. S. D.*)
Tonic.	Iron is given in neuralgia, chorea, chlorosis, and in all diseases in which the blood is deficient in coloring matter. (See *U. S. D.*)
Tonic.	
Tonic.	
Cathartic.	Dropsical complaints; it is much used, combined with the bitartrate of potassa, and in bilious fever, with calomel.

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
James's powder	Pulvis Jacobi.	iii to x gr.
Juniper oil.	Ol. juniperi.	gtt. iii to vi.
Kino, powder.	Pulv. kino.	x to xx gr.
Kino, tincture.	Tinct. kino.	ʒss to ʒi.
Laudanum.	Tinct. opii.	xx to xxv drops.
Lead, acetate.	Plumbi acetas.	i to iii gr.
Lime-water.	Aqua calcis.	ʒss to ii.
Lobelia, powder.	Pulv. lobeliæ.	v to x gr.
Lobelia, tincture.	Tinct. lobeliæ.	ʒss to ʒi.
Morphia, acetate.	Morphiæ acetas.	gr. $\frac{1}{4}$ to $\frac{1}{8}$.
Morphia, muriate.	Morphiæ murias.	gr. $\frac{1}{4}$ to $\frac{1}{8}$.
Morphia, sulphate.	Morphiæ sulphas.	gtt. $\frac{1}{4}$ to $\frac{1}{8}$.
Manna.	Manna.	ʒi to ii.
Musk.	Moschus.	x to xx gr.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Diaphoretic.	Febrile diseases.
Diuretic.	Debilitated cases of dropsy in connection with digitalis.
Astringent.	Chronic dysentery and diarrhœa, not attended with febrile excitement or inflammation, hemorrhages, particularly from the uterus.
Narcotic.	It is used to mitigate pain, induce sleep, allay inordinate action, diminish morbid irritability, and is more or less employed in almost every disease incident to the human frame.
Astringent.	Hemorrhage from the lungs, intestines, and uterus, dysentery and diarrhœa.
Antacid, tonic and astringent.	Dyspepsia, with acidity of the stomach, diarrhœa, diabetes, and gravel, and nausea, and vomiting. (See *U. S. D.*)
Emetic.	Catarrh, croup, pertussis, and other laryngeal and pectoral affections. It has proved most useful in spasmodic asthma. I have known it to cut short the paroxysm in a few moments.
Emetic. Narcotic. Narcotic. Narcotic.	They are applicable to all cases where the object is to relieve pain, quiet restlessness, promote sleep, or allay nervous irritation in any shape. Less stimulant, less disposed to constipate the bowels than opium.
Gentle laxative.	Costiveness in children and pregnant women.
Antispasmodic.	Hysteria, asthma, palpitation, convulsions of infants, and in obstinate hiccough.

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Myrrh, powder.	Pulv. myrrhæ.	gr. x to ℈i.
Nitre, sweet spirits of.	Spts. ether. nitrici.	ʒi to ʒii.
Nitric acid.	Acid. nitricum.	i to iii drops.
Nitric acid, diluted.	Acid. nit. dil.	x to xi drops.
Nux vomica, powder.	Pulv. nucis vomicæ.	iii to v gr.
Nux vomica, tincture.	Tr. nuc. vom.	v to xx drops.
Nux vomica, extract.	Ext. nuc. vomic. alc.	½ to i gr.
Opium.	Opium.	i to ii gr.
Paregoric, elixir.	Tinct. opii camph.	ʒi to ℥ss.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Stimulant, tonic, and expectorant.	Chronic catarrh, phthisis, asthma, and other pectoral affections in which the secretions are abundant, but not easily expectorated, chlorosis, amenorrhœa, combined with chalybeates and other tonics.
Diaphoretic, diuretic, and antispasmodic.	It is employed in febrile affections, in nausea, flatulence, to allay restlessness, and promote sleep.
Tonic, antiseptic, antisyphilitic, escharotic.	The strong acid is seldom used for any other than pharmaceutical purposes. The diluted is used in fevers of the typhoid kind, in chronic affections of liver, attended with a redundant and hasty formation of bile, and in dyspepsia. It is also very useful in the cure of old ulcerated legs.
In small doses it is tonic, diuretic; in large doses its action is chiefly on the nerves of motion. (See *U. S. D.*)	It is used in dyspepsia, pyrosis, gastrodynia, chronic dysentery, hysteria, rheumatism, spasmodic asthma, palsy, incontinence of urine from paralysis of the sphincter, amaurosis, and other nervous affections. (See *U. S. D.*)
Stimulant in small doses, in larger, narcotic, antispasmodic, diaphoretic, sedative, anodyne.	All painful affections where the inflammatory diathesis is not very considerable, diarrhœa, dysentery, cholera, pyrosis, convulsive and spasmodic diseases. (See *U. S. D.*)
See Opium and Camphor.	The same diseases as opium or its preparations. (See Laudanum.)

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Peruvian bark, powder.	Pulv. cinchonæ.	℈i to ʒss.
Peruvian bark, tincture.	Tr. cinchonæ.	ʒi to ʒii.
Peruvian bark, Huxham's tinct.	Tr. cinchon. c.	ʒi to ʒii.
Peruvian bark, extract.	Ext. cinchonæ.	i to v gr.
Pinkroot, powder.	Pulv. spigeliæ.	gr. x to ℈i.
Pinkroot, infusion of.	Infusum spigeliæ.	ʒss to ℥i.
Quassia, extract.	Ext. quassiæ.	i to iii gr.
Quassia, infusion.	Infus. quassiæ.	℥i.
Quassia, tincture.	Tinct. quassiæ.	ʒi.
Quinine, sulphate.	Quiniæ sulphas.	i to xx gr.
Quinine, acetate.	Quiniæ acetas.	i to xx gr.
Quinine, citrate.	Quiniæ citras.	i to xx gr.
Quinine, muriate.	Quiniæ murias.	i to xx gr.
Rhubarb, powder.	Pulv. rhei.	gr. x to ʒss.
Rhubarb, tincture.	Tinctura rhei.	ʒii to ℥ss.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Tonic, antiperiodic, and febrifuge.	Diseases attended with deficient action; miasmatic fevers. (See *U. S. D.*)
Anthelmintic.	It is used in worm fever, and in remitting and intermitting fevers of infancy, with quinsy.
Tonic, stomachic.	Used in intermittent and bilious fevers, dyspepsia, and in hysteria, united with tincture of valerian.
Tonic, antiperiodic, and febrifuge.	In intermittents and all periodic diseases, as a tonic; also as a febrifuge in bilious remittents, and whenever tonics are indicated; may be used with advantage endermically or by enema, where the stomach is irritable.
Tonic, antiperiodic, and febrifuge.	The last three preparations are supposed to be better adapted to those excitable persons with whom the sulphate does not agree, and in cases of weak digestive powers. There are other preparations that should be used, as ferrocyanate of quinine, and citrate of quinia and iron. (See *U. S. D.*)
Tonic, antiperiodic, and febrifuge.	
Purgative, stomachic, astringent.	Costiveness from laxity of bowels, particularly of children, and diarrhœa: externally the powder is sprinkled over ulcers, to assist their granulation and healing.

COMMON NAMES.	OFFICINAL.	DOSES FOR ADULTS.
Rhubarb, syrup.	Syrupus rhei.	℥i to ℥ss.
Silver, nitrate.	Argenti nitras.	$\frac{1}{8}$ to i gr.
Squill, powder.	Pulv. scillæ.	i to v gr.
Squill, syrup of.	Syr. scillæ.	℥ss to ℥i.
Strychnine.	Strychnia.	$\frac{1}{16}$ to $\frac{1}{6}$ gr.
Tannin or tannic acid.	Acidum tannicum.	ii to iv gr.
Uva ursi, powder.	Uvæ ursi pulv.	℈i to ℥i.
Uva ursi, infusion of.	Infus. uvæ ursi.	℥i to ℥ii.
Uva ursi, syrup of.	Syrup. uvæ ursi.	℥i to ℥ii.
Valerian, tincture.	Tr. valerian.	℥i to ℥ii.
Valerian, fluid ext.	Val. ext. fl.	x to xx drops.
Wormseed oil.	Ol. chenopod.	gtt. ii to gr. vi.
Wild cherry, infusion of.	Inf. prun. Virg.	℥i.
Wild cherry, syrup of.	Syr. prun. Virg.	℥i to ℥ii.
Zinc, sulphate.	Zinci sulphas.	ss to ii gr.

EFFECTS, &c.	DISEASES PROPER FOR, &c.
Tonic, antispasmodic, escharotic.	Chorea, epilepsy, dyspepsia, and irritable conditions of the mucous membrane of the stomach and bowels; locally to erysipelas, enlarged tonsils, fungous ulcers, warts, and venereal chancres, &c. (See *U. S. D.*)
Expectorant and diuretic.	Pulmonary complaints, humoral asthma, pertussis, dropsy, combined with a mercurial.
Spastic.	Paralysis.
Astringent.	Excessive sweats, diarrhœa, and most forms of hemorrhage, after a sufficient reduction of arterial action. (See *U. S. D.*)
Tonic, diuretic, and astringent.	Diseases of bladder and dropsies.
Antispasmodic, tonic, emmenagogue.	Hysteria, epilepsy, hemicrania, chlorosis.
Anthelmintic.	See *U. S. D.*
Sedative, tonic.	Debilitated states of the stomach or general system, attended with irritation and nervous excitability; it allays the action of the heart, and is useful in the hectic fever of scrofula and consumption, and in dyspepsia. (See *U. S. D.*)
Emetic, tonic, externally astringent.	See *U. S. D.*

The doses given in the above table are for adults, but are moderate, and may be lessened or increased as the patient may appear to have less or more vigor than is common to others. Doses for children can be calculated by the table on page 3, giving the doses for all ages.

PILLS.

Composing Pill.

℞.—Pulveris Opii* gr. x;
Saponis ʒss.
Beat together, and form the whole into 20 pills. When a quieting draught will not sit upon the stomach, one, two, or three pills may be taken, as occasion requires.

Stomachic Pill.

℞.—Extract. Gentianæ ʒii;
Pulveris Rhei,
Potassæ Sulphatis, āā ʒi;
Olei Menthæ Piper. ♏xxx;
Syrupi Simplicis q. s.
Misce, et divide in pilulas l.
Signa.—Three or four to be taken twice a day for invigorating the stomach and keeping the bowels gently open, in sedentary and dyspeptic persons.

Corroborant Pill.

℞.—Ext. Cinchonæ,
Ferri Sulphatis, āā ʒi.
Misce, et divide in pilulas l.
Signa.—Two to be taken three times a day, in disorders arising from excessive debility or relaxation of the system.

Deobstruent Pill.†

℞.—Ferri Sulphatis,
Pulveris Aloës Soc.,
——— Myrrhæ, āā ʒi.
Misce, et divide in pilulas xl.
Signa.—Two to be taken evening and morning, in obstruction of the menses.

* Opium, in a majority of cases, disposes to sleep; but many cases will be met with in which it produces wakefulness. In such cases I have found the Ext. of Hyoscyamus a good substitute.

† In consumption, the cessation of the menses is generally considered of a very unfavorable import.

Emmenagogue Pill.

℞.—Ferri Sulph. ʒi;
Galbani,
Assafœtidæ,
Aloës Soc., āā ʒss;
Tr. Assafœti. q. s.
Misce, et divide in pilulas lx.
Signa.—Give two morning and night. An excellent pill in amenorrhœa.

Tonic Pill.

℞.—Ferri Sulphatis gr. x;
Ext. Krameriæ ʒi;
Pulv. Aloës ℈i;
Olei Carui gtt. x;
Syrupi Simplicis q. s.
Misce, et divide in pilulas lx.
Signa.—Two to be taken twice daily. Useful in chlorosis, amenorrhœa, leucorrhœa, dropsy, gleet, &c.

Tonic Pill.

℞.—Ext. Cinchonæ,
Ext. Gentianæ, āā ʒi;
Ferri Sulphatis ʒss;
Pulv. Myrrhæ ʒi;
Olei Carui gtt. x;
Syrupi Zingiberis q. s.
Misce, et divide in pilulas lx.
Signa.—Three to be taken two or three times a day, in cases where the vis vitæ is impaired, chlorotic cases, &c.

Tonic and Nervine Pill.

℞.—Sul. Quiniæ,
Zinci Oxidi, āā ʒiss;
Ol. Valerian. q. s.
Misce, et divide in pilulas xxviii.
Signa.—Give one pill morning and night.

Anti-dyspeptic Pill.

℞.—Ferri Sulphatis ʒi;
Ext. Gentianæ q. s.
Misce, et divide in pilulas xxx.
Signa.—One to be taken morning, noon, and night, in dyspepsia and amenorrhœa.

Tonic and Laxative Pill.

℞.—Ext. Gentianæ ʒss;
Pulv. Aloës ʒi;
Syrupi Simplicis q. s.
Misce, et divide in pilulas xxxv.
Signa.—Take one to three for a dose. These are excellent and safe laxatives in dyspeptic cases.

Laxative Pill.

℞.—Pulv. Aloës ʒi;
—— Gambogiæ gr. x;
Saponis et Aquæ q. s.
Misce, et divide in pilulas xxxiv.
Signa.—One, two, or three to be given when necessary, for torpid bowels.

Cathartic Pill.

℞.—Hydrargyri Chloridi Mitis ϑi;
Pulv. Gambogiæ gr. viii;
Syrupi Simplicis q. s.
Misce, et divide in pilulas viii.
Signa.—Two or three pills every three hours are a powerful cathartic, well adapted to the treatment of the highest grades of inflammatory fever, except such as affect the lungs and intestinal canal. In inflammation of the womb, they are the best remedy I have ever used (Dr. Fort).

Tonic Astringent Pill.

℞.—Copaibæ,
Ext. Gentianæ, āā ʒiiss;
Ferri Sulphatis,
Pulv. Kino, āā gr. lxxx;
Syrupi q. s.
Misce, et divide in pilulas singulas gr. iss.
Signa.—Take from one to three, three or four times a day, for chronic mucous discharges and leucorrhœa.

Anti-chlorotic Pill.

℞.—Pulv. Ferri per Hydrogen ʒiiss;
Ext. Cinchonæ,
Pulv. Rhei, āā lxxxv.
Syrupi q. s.
Misce, et divide in pilulas lxxx.
Signa.—Take from one to six daily in chlorosis, and anæmia, with constipation and loss of power in the digestive canal.

Anti-leucorrhœal Pill.

℞.—Argenti Oxid. gr. xlviii;
Pulv. Ferri per Hydrog.,
Assafœtidæ, āā ʒiss.
Misce, et divide in pilulas xlviii.
Signa.—One to be taken morning and night in leucorrhœa, attended with anæmic condition of the system.

Cook's Cathartic Pill.

℞.—Hydrargyri Chloridi Mitis,
Pulv. Rhei,
—— Aloës, āā gr. xxx.
Misce, et divide in pilulas xxxii.
Signa.—Three pills are a safe cathartic in torpor of the liver and bowels, accompanying bilious fever. Dose from one to four at bed-time.

Dr. Cato's Anti-bilious Pill.

℞.—Pulv. Aloës,
—— Jalapæ,
—— Rhei, āā gr. x;
—— Gambogiæ gr. xx;
—— Ipecacuanhæ,
Hydrargyri Chloridi Mitis, āā gr. x;
Syrupi q. s.
Misce, et divide in pilulas xl.
Signa.—Dose from one to three at bed-time.*

* Bathing the head with cold water every morning has been very serviceable in some cases of palpitation of the heart. Bathing the feet in cold water every morning is a good habit with persons that take cold easily.

Dr. Massie's Anti-bilious Pill.

℞.—Ext. Colocynth. Comp.,
Scammonii,
Pulv. Aloës,
Pilulæ Hydrargyri,
Pulv. Scillæ, āā ℈i;
Ext. Taraxaci ℈ii.
Misce, et divide in pilulas xxx.
Signa.—Dose, two every night. They are valuable in bilious fever and inflammation of the liver.

Alterative Pill.

℞.—Pilulæ Hydrargyri gr. x;
Pulv. Rhei,
Soda Bicarbonatis, āā gr. xii;
Syrupi Rhei Aromatici q. s.
Misce, et divide in pilulas xii.
Signa.—These are an excellent alterative in derangement of the liver. One, twice or three times a day.

Plummer's Pill.

℞.—Hydrargyri Chloridi Mitis,
Antimonii Sulphureti Aurati, āā ℥ss;
Guaiaci Resinæ ℥i;
Copaibæ q. s.
Misce, et divide in pilulas lx.
Signa.—These pills were recommended by Professor Plummer in leprosy, secondary syphilis affecting the skin, gleet, old ulcers, &c. &c.

Anodyne Pill.

℞.—Ext. Opii gr. x;
Antimonii Sulphureti Præcipitati gr. iii;
Potassæ Nitratis gr. xxiv;
Syrupi q. s.
Misce, et divide in pilulas vii.
Signa.—One at bed-time in rheumatic affections, to diminish pain and produce diaphoresis.

Antispasmodic Pill.

℞.—Camphoræ,
Ammon. Carbon., āā gr. iii;
Pulv. Ipecac. gr. i;
Ext. Hyoscyami gr. iv;
Mucilaginis q. s.
Misce, et divide in pilulas iii.
Signa.—One or two for a dose.

Another.

℞.—Moschi ℈ss;
Camphoræ ℈i;
Ammoniaci ℈ii;
Opii gr. iv.
Misce, et divide in pilulas singulas gr. iv.
Signa.—The dose may be four or five in the twenty-four hours, in nervous diseases.

Anti-neuralgic Pill.

℞.—Ext. Conii ʒi;
Ferri Carbonatis Pilul. ʒiss.
Misce, et divide in pilulas xx.
Signa.—One, three times daily, in neuralgic affections or irritation of the spine.

Composing Pill in Pulmonary Irritation.

℞.—Ext. Conii,
Pulv. Doveri, āā gr. v.
Misce, fiant pilulæ ii.
Signa.—To be taken at bed-time, to relieve the restlessness occasioned by pulmonary diseases, rheumatic or other local pains.

Anti-dropsical Pill.

℞.—Hydrargyri Chloridi Mitis,
Pulv. Scillæ, āā gr. xii;
Confect. Rosæ q. s.
M., fiant pilulæ xii.
Signa.—One, night and morning, in dropsies depending upon visceral derangements. This preparation is one of the most celebrated of the diuretics, and, where disease of the liver causes the effusion, is decidedly one of the best. When the calomel affects the mouth, it should be omitted, and the squill combined with some other diuretic.

Another.

℞.—Pulv. Digitalis gr. xii;
Hydrargyri Chloridi Mitis gr. vi;
Pulv. Opii gr. iv;
Confect. Rosæ q. s.
Misce, et divide in pilulas xii.
Signa.—One to be taken every eight hours, in hydrothorax and ascites, when the quickness of the pulse demands the digitalis.

Anti-icteric Pill.

℞.—Pulv. Rhei ℈i;
Saponis ʒss;
Hydrargyri Chloridi Mitis gr. xii.
Misce, et divide in pilulas xxiv.
Signa.—Two or three to be taken at bed-time. Emetics, purges, fomentations about the stomach and liver, and exercise will seldom fail to cure jaundice when it is a simple disease; and, when complicated with dropsy, a scirrhous liver, or other chronic complaints, it is hardly to be cured by any means. Soap has been looked upon as a kind of specific.*

Anti-asthmatic Pill.

℞.—Pulv. Scillæ ʒii;
Pulv. Assafœtidæ ʒi;
Misce, et divide in pilulas xxx.
Signa.—Two to be taken twice or thrice a day. Useful in chronic asthma.

Another.

℞.—Pulv. Digitalis gr. vi;
—— Scillæ gr. xii;
Syrupi Tolutani q. s.
Misce, et divide in pilulas xii.
Signa.—One to be taken three or four times daily, in pituitous asthma.

* "When jaundice appears," says some author, "it may be reckoned a proof of the patient's being a veteran worshipper at the shrine of Bacchus. The drunkard should be taught to look into a glass, that he might spy the changes in his countenance. The first stage will present him with redness of the eyes, the second will exhibit the carbuncle nose, and the third an obstinate jaundice."

Another.

℞.—Pulv. Digitalis gr. v;
—— Opii gr. v.
Misce, et divide in pilulas x.

Signa.—One every four hours in spasmodic asthma. A teaspoonful of Tinct. of Castor and Saffron mixed together in a cup of Valerian Tea, twice or thrice a day, is an excellent remedy for spasmodic asthma. A strong cup of coffee will sometimes give ease in an asthmatic paroxysm. In nervous asthma, antispasmodics and tonics are the most proper medicines. Paregoric, Peruvian Bark, Iron, bitter infusions, &c.; in short, everything that braces the nerves or abates spasms. Galvanism is the most efficacious in relieving habitual asthma, and issues have a good effect; they may be set either in the back or side, and should never be allowed to dry up. Issues are extremely proper in most chronic diseases.

Anti-hysteric Pill.

℞.—Camphoræ,
Assafœtidæ, āā ʒiii;
Ext. Belladonnæ ϑi;
—- Opii gr. x;
Syrupi q. s.
Misce, et divide in pilulas lxx.

Signa.—One to be taken the first day, and increase one each day until six are taken daily, if necessary.

Dr. Cross's Anti-cholera Pill.

℞.—Pulv. Opii gr. ss ad iii;
Pulv. Capsici gr. ii;
Hydrargyri Chloridi Mitis gr. iv ad xii.
Misce, et ft. pilul. una.

Signa.—Dose, one every two hours, varying according to circumstances. This is said to be good, but I should treble the quantity of opium.

Anti-dysenteric Pill.

℞.—Pilulæ Hydrargyri gr. xxiv;
Pulv. Ipecac. gr. iv;
—— Opii gr. ii vel iii.
Misce, et divide in pilulas viii.

Signa.—One every four, six, or eight hours.

Astringent Pill.

℞.—Aluminis,
Pulv. Kino, āā ʒiss;
Syrup. q. s.
Misce, et divide in pilulas lxx.
Signa.—From two to eight to be taken daily, in chronic diarrhœa and chronic menorrhagia.

Anti-diarrhœal Pill.

℞.—Pilulæ Hydrargyri ʒss;
Pulv. Opii gr. xx;
Ipecacuanhæ ʒss.
Misce, et divide in pilulas xv.
Signa.—One every six or eight hours until the discharges are arrested.

Another.

℞.—Pulv. Opii gr. iss;
Hydrargyri Chloridi Mitis gr. iii;
Ipecacuanhæ gr. iii.
Misce, et divide in pilulas x.
Signa.—One to be taken night and morning, in chronic diarrhœa.

Anti-syphilitic Pill.

℞.—Hydrargyri Chloridi Corrosivi gr. ss;
Ext. Cinchonæ gr. x;
—— Opii gr. ss;
Pulv. Glycyrrhizæ q. s.
Ut fiant pilulæ ii.
Signa.—The two pills may be taken one in the morning and the other at night. Dupuytren was partial to these pills in the treatment of syphilis; their action must be closely watched.

Another.

℞.—Hydrargyri Chloridi Mitis gr. xv;
Aquæ Destillatæ gtt. xxx vel xl;
Confect. Rosæ ℈i;
Pulv. Glycyrrhizæ q. s.
M., fiant pilulæ xl.
Signa.—One pill three times a day, in syphilis. As salivation rapidly follows the use of Calomel, its effects must be watched.

Creasote Pill.

℞.—Creasoti gtt. x;
Pulv. Glycyrrhizæ,
Mucilaginis āā q. s.
Misce, et divide in pilulas xx.
Signa.—Give one three times a day, in bronchitis, neuralgia, irritable stomach, hæmatemesis, &c.

Anti-intermittent Fever Pill.

℞.—Quiniæ Sulphatis gr. xvi;
Mucilaginis q. s.
M., fiant pilulæ viii.
Signa.—One to be taken every hour, in the apyrexia of intermittent fever, commencing eight hours before the expected chill. In fever, where the remission is short, say one, two, or three hours, give them at once, or in two doses.*

Tonic Alterative Pill.

℞.—Pilulæ Hydrargyri,
Quiniæ Sulphatis,
Pulv. Aloës, āā gr. xii;
Syrupi Rhei Aromatici q. s.
Misce, et divide in pilulas xii.
Signa.—One, three times a day for a few days, after bilious intermittent fever, to strengthen or regulate the secretions of the liver and bowels.

Anti-rheumatic Pill.

℞.—Hyd. Chlor. Mitis,
Antimon. Sulph. Aurat., āā gr. xii;
Guaiaci Resinæ,
Colchici Ext. Acet., āā gr. xxiv.
Misce, et divide in pilulas xii.
Signa.—Take one three times a day.

* Dr. Chapman regarded Arsenious Acid or Sulphate of Copper as superior to Quinine in chronic cases of intermittent fever, and also as respects completeness and permanency of cure. In intermittent developing itself merely on some organ, the eye or ear, for instance, or as a nervous disease, the treatment will be the same as in a normal presentation. Intermittents being blended with a more serious disease, as dysentery, should not be disregarded altogether, but only till the more urgent affection be cured.

Dr. Cartwright's Anti-gout Pill.

℞.—Guaiac. Resin. ℈ii;
Pulv. Aloës ʒi;
—— Camphoræ ℈i;
Saponis Cast. ʒii.
Misce, et divide in pilulas xxxvi.

Signa.—Two to be taken every night at bed-time. Dr. Cartwright states that, after having been a martyr to gout, he was entirely exempted from it by the use of the above pill. (See Anti-gout Mixture.)

Many have thought that they had *the* remedy for gout, as quacks think they have for all diseases, but there is no malady which shows the imperfections of medicine, or sets the advantages of temperance and exercise in a stronger light, than gout. It has been so often induced by excess of wine and idleness that, in every age, it has justly been styled the offspring of Bacchus. As a means of preventing gout, universal temperance and muscular exercise claim primary attention. This course is as old as Celsus, who strongly recommends it, and whoever will submit to it in the fullest extent may expect to reap solid and permanent advantage. Hippocrates observes that women seldom have the gout, and never before the age of forty-five. Hard drinking is particularly injurious; it brings on premature decay, and, more than any other cause, paves the way for the diseases of age before the meridian of life.

Dr. Graves's Hydragogue Cathartic Pill.

℞.—Pulv. Jalapæ,
—— Rhei,
—— Scammonii, āā gr. v;
—— Elaterii gr. ss;
Bitartratis Potassæ,
Sulphatis Potassæ, āā ʒss;
Syrupi Zingiberis q. s.
Misce, et divide in pilulas iv vel vi.

Signa.—Take at once. This is an excellent pill to clear the chest, relieve breathing, and diminish the dropsical effusion.

Aperient or Diaphoretic Pill.

℞.—Hyd. Chl. Mitis,
Jalapæ Pulv., āā gr. xx;
Ant. et Potas. Tart. gr. ii;
Syrupi q. s.
Misce, et divide in pilulas viii.

Signa.—Dose, two at bed-time; repeat in the morning, if necessary. A good anti-bilious pill (Ewell).

POWDERS.

Cathartic Powder.

℞.—Hydrargyri Chloridi Mitis,
Pulv. Rhei, āā gr. x;
—— Ipecacuanhæ gr. iii.

Misce et Signa.—To be taken at once, in syrup or molasses. This is an excellent cathartic in bilious fever, &c.

Another.

℞.—Hydrargyri Chloridi Mitis gr. v;
Pulv. Jalapæ,
—— Rhei, āā gr. v.

Misce et Signa.—To be given as the former.

Another.

℞.—Pulv. Rhei ℈i;
Magnesiæ ℈ii;
Olei Cinnamomi gtt. i.

Misce et Signa.—To be given in syrup, sugar, or water.

Another.

℞.—Potassæ Bitartratis ʒii;
Pulv. Jalapæ ʒi.

Misce, et divide in chartulas vi.

Signa.—Give one every three hours, until they operate, in syrup of some kind. A good cathartic in dropsy.

Another.

℞.—Magnesiæ Sulphatis ℥i;
Antimonii et Potassæ Tartratis gr. ss.

Misce et Signa.—To be dissolved in six ounces of water, and taken for a dose. An excellent cathartic in inflammatory affections originating from cold.

Another.

℞.—Sulphuris Sublimati ℥ss;
Potassæ Bitartratis ℥i.

Misce et Signa.—Mix in sufficient quantity of molasses, and give a teaspoonful two, three, four, or five times a day, as may be necessary, to move the bowels, to children in some diseases of the skin.

Laxative and Alterative Powder.

℞.—Hydrargyri Chloridi Mitis gr. iv;
Magnesiæ Sulphatis gr. xvi.
Misce, et divide in pulveres iv.
Signa.—Give one in syrup every six or eight hours, until they operate. This is a most excellent powder to move the bowels in advanced stages of fevers.

Astringent Powder.

℞.—Aluminis gr. v;
Pulv. Opii gr. i;
Hydrargyri Chloridi Mitis gr. i.
Misce in pulverem i.
Signa.—To be given in syrup—blackberry, if convenient—every six or eight hours, in dysentery with bloody mucous discharges. As soon as bile is discovered in the operations, the calomel may be omitted.

Another.

℞.—Plumbi Acetatis gr. ii;
Pulv. Opii gr. i.
Misce in pulverem i.
Signa.—Give one every half hour, in profuse flooding. In hemoptysis and other hemorrhages, give according to circumstances.

Emetic Powder.

℞.—Antimonii et Potassæ Tartratis gr. i;
Pulv. Ipecacuanhæ ℈i.
Fiat pulvis.
Signa.—To be taken in a wineglassful of sweetened water. An active emetic.

A milder one of the same.

℞.—Antimonii et Potassæ Tartratis gr. iss;
Pulv. Ipecacuanhæ gr. xv.
Misce, et divide in pulveres iv.
Signa.—One to be taken every ten or twenty minutes, in warm water, until vomiting is excited.

Febrifuge Powder.

℞.—Ipecacuanhæ gr. xii;
Potassæ Nitratis ʒii.
Misce, et divide in chartulas xii.
Signa.—One to be taken every two or three hours (Ewell).

Stimulant Diaphoretic Powder.

℞.—Pulv. Guaiaci Resinæ,
Potassæ Nitratis, āā ʒi;
Pulv. Ipecacuanhæ gr. ii.
Fiat pulvis in chartulas sex dividendus.
Signa.—One to be taken every three hours in syrup or molasses. A good remedy in rheumatism and gout, after sufficient depletion.

Refrigerant Diaphoretic and Alterative Powder.

℞.—Potassæ Nitratis ʒi;
Antimonii et Potassæ Tartratis gr. i;
Hydrarg. Chloridi Mitis gr. vi.
Misce, et in chartulas sex divide.
Signa.—One to be taken every two hours in syrup or molasses. Used in bilious fevers.

Anti-rheumatic Powder.

℞.—Sulphuris ʒii;
Pulv. Guaiaci Resin.,
—— Radic. Colchici, āā ℈i.
Misce, et divide in chart. viii.
Signa.—Give one every four hours, until the bowels are thoroughly moved. After this, one may be used night and morning.

Astringent and Alterative Powder.

℞.—Hydrarg. Chloridi Mitis gr. i;
Plumbi Acetatis gr. ss.
M., et div. in chartulas iv.
Signa.—One every three hours, in cholera infantum. The above dose is adapted to any age between ten and twenty months. (Dr. T. D. Mitchell.)

Laxative and Antacid Powder.

℞.—Pulv. Rhei gr. x;
Magnesiæ Carbonatis ʒss.
Misce et Signa.—To be taken in syrup or molasses. Used in diarrhœa and dyspepsia, &c.

Tonic Powder.

℞.—Pulv. Cinchonæ ʒii;
Ferri Subcarbonatis,
Pulv. Zingiber., āā ʒii.
M., et div. in chartulas xii.
Signa.—One to be taken three times daily in syrup. Excellent in relaxed states of the system, chronic chills, &c.

Substitute for Dover's Powder.

℞.—Morphiæ Sulphatis gr. ii;
Pulveris Glycyrrhizæ,
Cretæ Preparatæ,
Camphoræ, āā ℈ii.
Misce et Signa.—This compound may be used in all cases in which Dover's Powder is employed. Dose, ten grains, containing the sixth of a grain of Morphia.

MIXTURES.

Twining's Cathartic Spleen Mixture.

℞.—Pulv. Jalap.,
—— Rhei,
—— Colombæ,
—— Zingiberis,
Potassæ Bitartratis, āā ʒi;
Ferri Sulphatis ℈ss;
Tinct. Sennæ ʒiv;
Aquæ Menthæ Pip. ℥x.
Misce et Signa.—Give one ounce and a half for an adult, at 6 A. M., to be repeated at 11 A. M., daily. This is an excellent purgative tonic in engorgement of the spleen. Cup, and apply a sinapism, if necessary.*

* Costiveness is generally a forerunner of the disease, and in many cases seems to have been the principal exciting cause.

Aperient Mixture.

℞.—Sennæ ℥i;
Aquæ Bullientis Oj.
Infuse for half an hour, and add:—
Magnesiæ Sulphatis ℥ss;
Tinct. Sennæ Compositæ ℥i.

Signa.—Three tablespoonfuls to be taken every two or three hours, until it operates, in cases of obstinate costiveness or colic. A laxative clyster will be necessary, if a speedy evacuation be required.

Laxative Absorbent Mixture.

℞.—Magnesiæ Carbonatis ℥i;
Pulv. Rhei gr. x;
Aquæ Dest. ℥iii;
Aquæ Cinnamomi,
Syrupi Simplicis, āā ℥i.

Misce et Signa.—A tablespoonful may be taken for a dose, and repeated three times a day, if necessary. To a young child, half a spoonful will be sufficient. As most diseases of infants are accompanied with acidity, this mixture may be given with a view either to correct these, or to open the bowels.

Another.

℞.—Magnesiæ Carbonatis ℥ss;
——— Sulphatis ℥iii;
Tinct. Rhei ℥ss;
——— Hyoscyami ℥ss;
Aquæ Menthæ Pip. ℥iv.

Misce et Signa.—A tablespoonful to be taken two or three times a day. This is an excellent remedy for nervous constipated persons.

Another.

℞.—Magnesiæ Carbonatis ℥i;
Pulv. Rhei gr. x;
Tinct. Opii gtt. vi;
——— Menthæ Piperitæ gtt. vi;
Aquæ Dest. ℥ii.

Misce et Signa.—A teaspoonful to be given every two or three hours, until it operates, in cases of gripes and flatulence affecting children.

Dr. Dewees's Anti-colic Mixture.

℞.—Magnesiæ Carbonatis ʒss;
Tincturæ Assafœtidæ gtt. lx;
——— Opii gtt. xx;
Sacchari Albi ʒi;
Aquæ Destillatæ ℥i.

Misce et Signa.—Twenty-five drops to be given to an infant of two to four weeks old, in flatulent colic, diarrhœa, &c.*

Anti-diarrhœal Mixture.

℞.—Copaibæ,
Spts. Æther. Nitrici, āā ʒv;
Ferri Liquor. Nitrat. ʒiii;
Tr. Opii ℥ss;
Sacch. Albi,
Acaciæ Pulv., āā ℥ss;
Aq. Cinnam. q. s. ut fiant ℥viii.

Signa.—Dose for an adult, one tablespoonful three times a day. This is excellent in some cases of chronic diarrhœa.

Anti-diarrhœal Mixture for Infants.

℞.—Magnes. Sulphatis ʒi;
Tinct. Rhei ʒii;
Aquæ Carui ʒvii.

Misce et Signa.—Take a teaspoonful every six hours. This is an excellent remedy when the evacuations are abundant but fecal, and unattended with tenesmus.

Another.

℞.—Ol. Ricini ʒi;
Pulv. Acac. ℈i;
Syrup. Simp. ʒi;
Tinct. Opii gtt. iv;
Aquæ Aurant. Flor. ʒvii.

Misce et Signa.—Give a teaspoonful every four hours. In inflammatory diarrhœa, if there is no great irritability of stomach, I think highly of the above mixture.

Tenesmus is treated by Laudanum and Mucilage enema.

* If the patient makes a noise with his teeth, particularly when asleep, the existence of worms in the stomach may be suspected.

Anti-diarrhœal Mixture.

℞.—Argent. Nitrat. Crystall. gr. ¼;
Aqua Destill. ℥ii;
Pulv. Acac. ℈ii;
Sacch. Albi ℥ii.

Misce et Signa.—A teaspoonful of this mixture is to be given every two hours, in advanced and obstinate cases of diarrhœa occurring in children, especially in newly-weaned infants.

Dr. Massie's Anti-diarrhœal Mixture.

℞.—Cretæ Preparatæ ℥ii;
Sacchari Albi,
Pulv. Acaciæ, āā q. s.;
Olei Cinnamomi gtt. iii;
Tinct. Opii ℥i;
——— Kino ℥ii;
——— Catechu ℥i;
Aquæ Destillatæ ℥iv.

Misce et Signa.—Give a tablespoonful every two hours to correct the secretions, when the diarrhœa is the result of acid generated in the primæ viæ.

Dr. Hun's Anti-diarrhœal Mixture.

℞.—Olei Cajuputi,
—— Caryophylli,
—— Menthæ Piperitæ,
—— Anisi, āā ℥i;
Alcohol ℥iv.

Misce et Signa.—Dose, from one to two drachms in hot brandy and water or syrup. This will afford the most speedy relief in diarrhœa accompanied with pain.

Astringent Anti-diarrhœal Mixture.

℞.—Tinct. Catechu ℥i;
——— Opii ℥ss;
——— Camphoræ ℥ss;
——— Myrrhæ ℥ss;
——— Capsici ℥ss.

Misce et Signa.—From one to two teaspoonfuls for adults; 12 to 24 drops to children one year old. It should not be given until the discharges have been sufficient to empty the bowels completely. In most cases of mere looseness, a teaspoonful

given, in a warm glass of water, three times, will be sufficient to effect a cure.

People predisposed to pulmonary consumption are very subject to diarrhœa, and in them it generally proves very obstinate; and, when imprudently checked by astringent medicines, is generally succeeded by cough and other symptoms of incipient consumption. In such cases, we should moderate, instead of restraining it. Persons subject to diarrhœa, from changes of the weather, or when excited by mental emotions, or on any slight deviation from an accustomed mode of living, should wear flannel next the skin.

Hope's Mixture.

℞.—Aquæ Camphoræ ℥iv;
Acidi Nitrici gtt. iv;
Tinct. Opii gtt. xl vel lx.
Fiat Mistura.
Signa.—Dose, a tablespoonful every two hours, in diarrhœa and dysentery.

Anti-dysenteric Mixture.

℞.—Limonum Succi vel
Aceti ℥ii;
Sodii Chlor. ℥ss;
Infus. Menthæ Pip. Oss;
Sacchar. Alb. q. s.
Misce et Signa.—Dose, a wineglassful every two or four hours. (Ewell.)

Anti-cholera Mixture.

℞.—Tinct. Opii ℥i;
Liquor. Ammoniæ,
Tinct. Olei Menthæ Piperitæ, āā ℥ss;
Æther gtt. xxv;
Tinct. Camphoræ,
——— Capsici, āā ℥i.
Misce et Signa.—Give immediately; if the patient throws it up, repeat at once. This is said to be, and doubtless is, an excellent prescription in extreme cases, when the patient is cramped.

Anti-hysteric Mixture.

℞.—Tinct. Assafœtidæ ʒii;
Spiritus Ammoniæ Aromatici ʒii;
Aquæ Camphoræ ℥vii.

Misce et Signa.—Give two tablespoonfuls every three or four hours.

Another.

℞.—Tinct. Carui ℥ss;
Aquæ Camphoræ ℥v;
Spiritus Ætheris Compos. ʒi;
Tinct. Opii,
——— Lavandulæ, āā gtt. xxx.

Misce et Signa.—Give two tablespoonfuls three times a day.

Another.

℞.—Spt. Æther. Compos.,
Tinct. Valerianæ, āā ℥i;

Misce et Signa.—A teaspoonful for a dose, with a wineglass of water, pro re natâ, shaking the phial each time.

Anti-asthmatic Mixture.

℞.—Misturæ Ammoniaci ʒiv;
Syrupi Scillæ ʒiii;
Vini Antimonii gtt. lx;
——— Aceti ℥ss.

Misce et Signa.—Give two tablespoonfuls often, or when either the cough or shortness of breath is troublesome. (See Anti-asthmatic Pill.)

Another.

℞.—Galbani ʒii;
Aceti Scillæ,
Aquæ Fœniculi, āā ℥iiss;
Liquor. Ammoniæ Acetatis ʒii;
Spiritus Ætheris Nitrici ʒi;
Syrupus Altheæ ʒss.

Misce et Signa.—Dose, three or four teaspoonfuls a day. In humid asthma, this is equal, if not superior, to any remedy that we know of.

Another.

℞.—Vini Antimonii ℥ss;
Tinct. Lobeliæ ℥iii;
——— Opii Camph. ℥ss.
Misce et Signa.—Take a teaspoonful every hour until relieved.*

Anti-rheumatic Mixture.

℞.—Tinct. Guaiac. Ammoniat. ℥ss;
Mel. ℥ss;
Aquæ Camphoræ ℥vi.
Misce et Signa.—Take two tablespoonfuls three or four times a day, in chronic rheumatism; rub well the affected parts with Anti-rheumatic Liniment.

Another.

℞.—Vini Antimonii ℥i;
Tinct. Opii gtt. lxxx;
Aquæ Camphoræ ℥iv.
Misce et Signa.—Give two tablespoonfuls twice or three times a day, as the case may require, in acute rheumatism, when the pain is very severe and skin hot.†

Diaphoretic Mixture.

℞.—Aquæ Camphoræ ℥v;
Liquor. Ammoniæ Acetatis ℥iii;
Spiritus Ætheri. Nitrici ℥iii.
Misce et Signa.—Give three tablespoonfuls every four or six hours, in deep-seated inflammations, particularly of the hip joint.

* If the person be advanced in years, or affected with swelling of the legs, an issue or seton is improper. "The asthmatic patient," says Aretæus, "loves walking in the open air with his mouth open, and is dissatisfied with the largest house, which seems too small to breathe in."

† Whatever remedies are used in chronic rheumatism, it will be absolutely necessary to persevere with them for a considerable length of time, in order to obtain from them the desired advantage.

Another.

℞.—Tinct. Opii gtt. xxv;
Spiritus Ætheris Nitrici ℥i;
Vini Antimonii ℥i;
Aquæ Dest. ℥ss.

Misce et Signa.—To be given at a dose pro re natâ, in dropsy.

Diuretic Mixture.

℞.—Aquæ Menthæ Pip. ℥v;
Vini Aceti ℥vi;
Spiritus Ætheris Nitrici ℥ss;
Syrupi Zingiberis ℥iss.

Misce et Signa.—Two teaspoonfuls to be taken three times a day, in obstruction of the urinary passages.*

Sudorific Mixture.

℞.—Liquor. Ammoniæ Acetatis ℥iii;
Ipecacuanhæ gr. x;
Tinct. Ol. Menthæ Piperitæ gtt. xv;
Aquæ Dest. ℥v.

Misce et Signa.—Three tablespoonfuls to be taken every two hours, until it produces the desired effects.

* A majority of cases of retention of urine arise from an enlargement of the prostate gland, and, for their relief, require the use of the catheter. They demand prompt assistance, and if relief be too long delayed, the consequences are most serious. Bleeding, warm fomentations, emollient clysters, mucilaginous drinks, &c., are to be resorted to, according to the symptoms of the patient. The following infusion more speedily produces relief than anything I ever tried. It may be thus prepared: Pour upon an ounce of the leaves of uva ursi, an ounce of gum Arabic, and half an ounce of cream of tartar, a pint of boiling water. After simmering gently for five or ten minutes, stir it up that the gum may be well dissolved; pour it off, and sweeten with sugar. Dose, a wineglassful three or four times a day. During an attack of obstruction of urine, the dose may be repeated every half hour. Dr. Vander Broeck says that large cupping-glasses applied to the superior or external parts of the thighs will, nine times in twelve, relieve retention of urine dependent upon cerebral affection.

Anti-nervous Mixture.

℞.—Ext. Krameriæ ʒiss;
Aquæ Camphoræ ℥vi;
Spiritus Ammoniæ Aromatici ʒii;
Spiritus Lavandulæ Compositi ʒii.

Misce et Signa.—Give two tablespoonfuls three or four times a day. For general nervousness, irritability, and periodical headache, this is a very valuable remedy.

Mixture for Cramp in the Stomach.

℞.—Ætheris ʒii;
Sacchari Albi,
Pulv. Acaciæ, āā ʒiss;
Tinct. Opii gtt. lx;
Aquæ Cinnamomi ℥ii.

Misce et Signa.—Give a teaspoonful every hour in cramp of the stomach.

Anti-pertussis Mixture.—Mixture for Hooping Cough.

℞.—Tinct. Assafœtidæ ʒi;
Ipecacuanhæ gr. x;
Tinct. Opii gtt. x;
Aquæ Dest. ℥ii.

Misce et Signa.—Give to a child two years old a teaspoonful every four hours, increasing ten drops for every additional year.*

Brown Mixture.

℞.—Pulv. Ext. Glycyrrhizæ,
——— Acaciæ, āā ʒii;
Aquæ Ferventis ℥iv;
Misce, fiat solutio et adde:—
Tinct. Opii gtt. xl;
Spt. Ætheris Nitrici ʒi;
Vini Antimonii ʒii.

Signa.—Take one tablespoonful for a dose, pro re natâ, in catarrh and common winter cough.

* Croup is dangerous from the suddenness of the attack and the rapidity of its progress, and requires the most prompt and decided measures to prevent suffocation, and should not be neglected.

Expectorant Mixture.

℞.—Syrupi Scillæ ℥ss;
Tinct. Opii Camphoratæ ℥ii;
Vini Antimonii ℥i;
Pulv. Acaciæ ℥ss;
Aquæ Dest. ℥iii.

Misce et Signa.—A teaspoonful every two or four hours. This is for children.*

Alterative Mixture.

℞.—Iodinii gr. iii;
Potassii Iodidi gr. vi;
Aquæ ℥i.

Solve et Signa.—Take from six to ten drops thrice a day, in a draught of water. It is used in catarrh, phthisis, and in syphilis, combined with scrofula.

Griffith's Myrrh Mixture.

℞.—Myrrhæ ℥i;
Ferri Sulphatis ℈i;
Potassæ Carbonatis ℥i;
Sacchari ℥ii;
Aquæ ℥vi.

Fiat Mistura.

Signa.—Dose, a tablespoonful, according to circumstances. Given as a tonic in phthisis.

Tonic and Anti-periodic Mixture.

℞.—Sul. Quiniæ,
Salicin, āā ℥i;
Liq. Potas. Arsenitis ℥i;
Ferri Subcarb. ℥ss;
Aquæ Font. ℥viii.

Dissolve the Quinine and Salicin in ℥iv of the water, by

* The principal object in the treatment of pneumonia and pleurisy is to unload the vessels of the lungs by bleeding, and such remedies as are calculated to produce a determination of blood to the surface of the body; but, if the constitution of the patient be naturally weak, the extraction of blood from the chest by cupping or leeches will often prove more serviceable than general bleeding.

means of Sulph. Acid q. s.; then add the mineral solution and Iron. Shake well, and add the remainder of the water.

Signa.—Dose for an adult, one teaspoonful three times a day. Good in chronic chills.

Anti-periodic Mixture.

℞.—Sulphatis Quiniæ gr. xx;
Acidi Sulphurici gtt. i;
Sacchari Albi ʒi;
Aquæ Cinnamomi ʒiiss.

Misce et Signa.—A teaspoonful for a dose every hour, during the apyrexia of intermittents.*

Another.

℞.—Liquoris Potassæ Arsenitis gtt. xxx;
Tinct. Opii gtt. xx;
Spiritus Lavandulæ Compositi ʒi;
Aquæ Cinnamomi ʒiv.

Fiat Mistura et Signa.—A tablespoonful for an adult, a teaspoonful for a child two to four years old, every two or three hours, during the apyrexia of intermittents, watching the effects.†

* How to take Quinine without tasting it? Dr. W. H. Edwards says that Quinine may be taken without tasting its bitterness by putting the salts in powder in the middle of a tablespoonful of thick mucilage of slippery elm, so as not to touch the spoon, and immediately swallowing it.

† In the very early stage of remittent or congestive fever of the South, it may, eight times out of ten, be cut short at once by the use of Quinine, either by the mouth or rectum; but where it has degenerated, lost its paroxysmal tendency, and become seated, our object should be to husband the strength, our treatment systematic, and our remedies directed to palliate its violence until its course is run. This truth should not be forgotten, as I am certain many lives have been lost by not doing enough sometimes in the early stage, and doing too much in the advanced. Dr. Rush said disease was a lawless evil. To understand its nature it should be inspected every hour of the day and night. This is particularly true in reference to typhoid fever; to be successful, we must watch its symptoms, and accommodate our remedies to them, and not to our convenience. Remember that the cure often turns upon a remedy being used not only on a certain day, but a certain hour. Our late epidemic of yellow fever in Savannah would furnish many proofs of the truth of this remark.

Alterative Mixture.

℞.—Tinct. Iodinii ʒi;
Mucilaginis Acaciæ ʒii;
Aquæ Destillatæ ʒvi.

Fiat Misturæ et Signa.—A tablespoonful every two hours, employed in cases of ulceration, accompanied by purulent discharge from the meatus auditorius, and in the scrofulous diathesis.

Anti-urticaria Mixture.

℞.—Quin. Sulph. gr. xii;
Ammon. Carb. ʒi;
Magnes. Carb. ʒss;
Aquæ Fon. ʒviii.

Fiat Mistura et Signa.—Take one tablespoonful thrice a day.

Emmenagogue Mixture.

℞.—Tinct. Aloës ʒss;
Ferri Chloridi Tinct. ʒss;
Tinct. Valerianæ ʒss.

Misce et Signa.—Take a teaspoonful in Chamomile Tea two or three times a day.

Imperial Mixture or Drink.

℞.—Potassæ Bitartratis ʒss;
Aurantii Cort. ʒiv;
Sacchari Albi ʒiv;
Aquæ Bullientis Oiii.

Macera per horam in vase leviter clauso et cola.

Signa.—Take a wineglassful or more, ad libitum. This is an excellent cooling laxative, diuretic and refrigerant, in febrile diseases, particularly in scarlet fever. In fact, in most cases, this is all that is necessary to give, with proper attention to the throat.* (See Gargles.)

* *Scarlet Fever.*—All that is requisite in the treatment, in a majority of cases, is to keep the patient in a moderate and equable temperature, to enforce a light diet, keep the throat well swabbed, the bowels opened with cooling, acidulated, gentle aperients—the imperial drink is the best (*ad libitum*). If the skin is hot and dry, a warm bath, every two or three hours, is a charming sedative; it moderates the fever, and disposes the patient to a calm sleep.

Anti-gout Mixture.

℞.—Tinct. Guaiac. Ammoniat. ℥vi;
Aquæ Camphoræ ℥vi;
Tinct. Rhei ℥ss;
Mel. ℥ss.

Mix, by rubbing the honey and the Guaiac up in a glass mortar, and then add the other articles by degrees.

Signa.—Give two tablespoonfuls every four or six hours, and rub with the Anti-rheumatic Liniment.

Anti-gonorrhœal Mixture.

℞.—Copaibæ,
Spt. Ætheris Nitrici, āā ℥ss;
Pulv. Acaciæ,
—— Sacch. Alb., āā ℥i;
Spt. Lavand. Comp. ℥ii;
Tinct. Opii ℥i;
Aquæ Destill. ℥iv. *F. M.*

A tablespoonful for a dose three times a day. Shake before using.

Another.

℞.—Pulv. Cubebæ ℥i;
Aluminis ℥i;
Pulv. Acaciæ,
—— Sacchar. Alb., āā ℥ss;
Aquæ Menth. Pip. ℥xii.

Misce et Signa.—Dose, three tablespoonfuls four times a day. Shake before using.

Another.

℞.—Copaibæ,
Tinct. Cubebæ,
—— Catechu,
Spt. Ætheris Nitrici, āā ℥i;
Tinct. Opii Camph. ℥iss;
Pulv. Acaciæ,
—— Sacchar. Alb., āā ℥ss;
Aquæ Menthæ Pip. ℥ivss.

Misce et Signa.—Take one tablespoonful two or three times a day. Shake before using.

Another.

℞.—Copaibæ,
Spt. Ætheris Nitrici,
Spt. Lavandul., āā ℥ii;
Pulv. Acaciæ ℥i;
Carb. Sodæ ℥ii;
Tinct. Opii ℥ii;
Spiritus Genevæ (Gin) ℥viii.

Misce et Signa.—Take two teaspoonfuls three times a day. Shake before using.

Another.

℞.—Copaibæ ℥i;
Pulv. Acaciæ ℥ii;
—— Sacchari ℥i;
Spt. Æther. Nit. ℥iss;
Olei Terebinth. ℥ii;
Tinct. Opii gtt. l;
Aquæ ℥iv.

Misce et Signa.—Take two teaspoonfuls three times a day.

Another.

℞.—Copaibæ ℥i;
Acaciæ ℥ss;
Aquæ Cinnamomi ℥ii;
Syrup. ℥i;
Tinct. Gentianæ Comp. ℥ss;
—— Cubebæ ℥i;
Aquæ Fluvialis ℥iss;
Tinct. Lavandul. Comp. ℥iiss.

Misce et Signa.—Dose, tablespoonful three or four times a day. (Dr. Pancoast.)

Chopard's Anti-gonorrhœal Mixture.

℞.—Copaibæ Resin.,
Alcohol.,
Syrup. Balsam. Tolut., āā ℥i;
Aquæ Menth. Pip.,
Aquæ Flor. Aurantii, āā ℥i;
Spt. Ætheris Nitrici ℥ii.

Misce et Signa.—Take from two to six tablespoonfuls daily. Shake before using.

Dr. P. F. Eve's Anti-gonorrhœal Mixture.

℞.—Copaibæ,
Pulv. Cubebæ,
Pulv. Acaciæ, āā ℥ii;
Syrup. Buchu vel Uvæ Ursi ℥iv;
Aquæ Cinnamomi Oi.
Misce et Signa.—Dose, an ounce three times a day.

COLLYRIA, OR EYE-WATERS.

Astringent Collyria.

℞.—Liquoris Plumbi Acetatis gtt. xii;
Vini Opii gtt. xl;
Aquæ Rosæ ℥iv.
Ft. collyrium.
This should be applied with a linen rag four or five times a day.

℞.—Sulphatis Zinci,
Acetatis Plumbi, āā gr. vi;
Aquæ Rosæ ℥iv.
Misce.—To be filtered. To be used as the above.

Collyrium of Vinegar.

℞.—Aceti Destillati ℥i;
Spiritus Vini Diluti ℥ss;
Aquæ Rosæ ℥viii.
Fiat Mistura.—Excellent to weak eyes, after depletion.*

Collyrium of Corrosive Sublimate.

℞.—Hydrargyri Chlorid. Corros. gr. ii;
Aquæ Destillatæ ℥viii.
Fiat Solutio.—Good in gonorrhœal and scrofulous ophthalmia.

* Inflammation or redness of the eyes is not unfrequently the distinguishing badge of the drunkard, as if to point him out by the finger of scorn. Who hath woe, who hath sorrow, who hath contentions, who hath babbling, who hath wounds without cause, who has redness of eyes? says Solomon; they that tarry at the wine, they that go to seek mixed wines. In such case, it is best to take a strong temperance pledge, and adhere to it. But when inflammation of the eyes occurs in subjects whose absorbent system is naturally delicate (termed the scrofulous habit), it will require, in addition to the eye-waters, the treatment recommended for scrofula.

Collyrium of Copper.

℞.—Sulphatis Cupri gr. v;
Camphoræ ℥i;
Aquæ Bullientis ℥viii.

Rub the camphor with the water, then strain and add the copper. This is most excellent in the purulent form. A good application to infants.*

Collyrium of Iodine.

℞.—Iodidi Potassii gr. xxiv;
Iodinii gr. i;
Aquæ Rosæ ℥vi.

Misce, et apply three or four times a day. It may be used with benefit in scrofulous ophthalmia, and ulcerations of the cornea and conjunctiva.

Collyrium of Nitrate of Silver.

℞.—Nitratis Argenti gr. ii;
Aquæ Destillatæ ℥ii;
Fiat solutio.

At the close of acute ophthalmia.

Collyrium of Alum.

℞.—Aquæ Rosæ,
Aquæ Destill., āā ℥ii;
Aluminis ℈i.

Misce.—Used in chronic inflammation.

The above recipes are intended principally for chronic sore eyes, when they remain weak and tender after the inflammation has partially subsided. In acute inflammation of the eye, bleeding and purgative medicines are always necessary; and, if the heat and pain be great, a poultice of bread and milk, softened with sweet oil or fresh butter, may be applied to them at least all night, and they may be bathed with lukewarm milk and

* People subject to inflammatory attacks of the eyes or eyelids, should pay particular attention to the state of the digestive organs; on any symptoms of indigestion or determination of blood to the head, they should take a cathartic. Infants born in winter are very subject to sore eyes, from the action of the cold air on them. All that is requisite in a majority of such cases, is to keep the head warm and wash the eyes with fresh rose-water.

water, slippery-elm or sassafras-pith water. If the inflammation is slightly purulent, apply the alum cataplasm every three or four hours, and, if of long standing, a seton should be put upwards and downwards between the shoulder blades. It may be dressed twice a day with basilicon cerate. I have read of persons who had been blind for a considerable time, that recovered sight by means of a seton placed as above.

GARGLES, MOUTH-WASHES, &c.

Cooling Gargle.

℞.—Aquæ Dest. ℥vi;
Potassæ Nitratis ℥iss;
Mellis Despumati ℥i.

Misce.—This is a cooling gargle, and may be used in fever for cleaning the tongue and fauces.

Discutient Gargle.

℞.—Potassæ Nitratis ℥i;
Pulv. Acaciæ ℥iii;
Aquæ Dest. Oss.

Solve et Signa.—To be used frequently for inflammatory sore throat.

Detergent Gargle.

℞.—Infusi Salvii Oss;
Mellis Despumati ℥i;
Tinct. Myrrhæ,
Spiritus Ætheris Nitrici, āā ℥ss.

Misce.—This is an excellent gargle in ulcerated sore throat.

Astringent Gargle.

℞.—Corticis Quercus Falcatæ ℥ss;
Aquæ Oi.

Boil for a quarter of an hour, then add:—
Aluminis ℥ii;
Vini Oporto ℥iv.

Misce et Signa.—To be used every two or three hours in cases of relaxation or falling down of the palate.

Acidulated Gargle.

℞.—Rosæ Gallicæ ℥ii;
Aquæ Bullientis ℨvi.
Fiat infusum, cola et adde:—
Mellis Despumati ℥i;
Acidi Sulphurici Diluti gtt. xxx.
Fiat Gargarysma.—For inflammation of the throat and fauces, mouth, &c.

Gargle of Borax, &c.

℞.—Boratis Sodæ ℥i;
Tinct. Myrrhæ ℨss;
Mellis Despumati ℥i;
Aquæ Rosæ vel Dest. ℨiv.
Fiat Gargarysma.—To be used as a gargle or mouth-wash, in ptyalism or scorbutic affections of the gums. Omit the Myrrh and water, and there is nothing better for the thrush in children.

Gargle for Chronic Sore Throat.

℞.—Sulphatis Quiniæ gr. xv;
———— Cupri gr. xvi;
Acidi Sulphurici Aromatici ℥i;
Aquæ ℨviii.
Fiat Mistura et Signa.—To be used frequently in chronic and obstinate sore throats.

Muriatic Acid Gargle.

℞.—Infusi Cinchonæ fℨiv;
Mellis Despumati f℥i;
Acidi Muriatici gtt. x vel xviii.
Fiat Gargarysma.—In chronic inflammation, when the pain and swelling have been reduced by depletion.

Wash of Sulphate of Copper, &c.

℞.—Cupri Sulphatis ℥ii;
Pulveris Cinchonæ ℨss;
Aquæ Destill. fℨiv.
Misce et Signa.—In the gangrenous sore mouth of children, applied to the full extent of the ulceration of excoriation.

Wash in Ptyalism.

℞.—Creasoti,
Olei Terebinth., āā gtt. xx;
Aquæ Dest. ℥iv;
Pulv. Acaciæ q. s.
Signa.—Wash the mouth and gums every two or three hours.

OINTMENTS AND LINIMENTS.

Ointment for Piles.

℞.—Adipis ℥i;
Liq. Plum. Subac. gtt. xxv;
Tinct. Opii ʒi.
Misce bene.
Signa.—Anoint the parts twice a day.

Another.

℞.—Pulv. Gallæ ℥ss;
——— Hyoscyami Fol. ℥ss;
Adipis ℥ii.
Misce bene.
Signa.—Apply it to the parts every morning.

Ointment for Itch.

℞.—Sulphuris Sublimati ℥ii;
Adipis ℥iv;
Ol. Lavandulæ ʒi.
Fiat Unguentum.—To be rubbed on the parts affected every night, till the eruption disappears. The internal use of sulphur will, in all cases, assist its external application.

Stramonium Ointment.

℞.—Stramonii Fol., contus., ℔i;
Adipis ℔iii.
Let them simmer together over a gentle fire, till the leaves become crisp and dry. Then press out the lard, return it into the vessel when cleansed, and add six ounces of beeswax; set the whole on the fire, when the wax has melted, remove the vessel and strain. This ointment is excellent for external inflammations and piles and burns; and, if colored with Red Precipitate, it is the very best for old indolent ulcers. I would advise all to make enough in the spring to do them a year.

Ointment for Blistering in half an hour.

℞.—Adipis partes xxxii;
Olei Amyg. Dulc. partes ii;
Liquoris Ammoniæ Fort. partes xvii.

Melt the lard, add the oil, then the ammonia, which must be strong, and keep the contents of the bottle well mixed by shaking them until cold.

Iodine Ointment.

℞.—Iodinii gr. iii;
Adipis ʒii.

Fiat Unguentum.—Applied to scrofulous swellings, when the skin is unbroken.

Ointment of Iodide of Zinc.

℞.—Zinci Iodidi ʒi;
Adipis ʒi.

Fiat Unguentum.—A drachm to be rubbed on twice a day in tumors.

Devergie's Ointment for Chilblain.

℞.—Adipis ʒviiss;
Creasoti gtt. x;
Liquoris Subacetatis Plumbi gtt. x;
Aq. Ext. Opii gr. i.

Misce.

Signa.—Apply to the affected parts.

Ointment for Diseases of the Skin.

℞.—Unguenti Hydrargyri Nitratis ʒiss;
Sulphuris Sublimati ʒi;
Adipis ʒiii.

Fiat Unguentum.—This is a good application for almost all affections of the skin.

Emollient Ointment.

℞.—Olei Palmæ ℔ii;
Olei Olivæ Oi;
Terebinthinæ ʒiv;
Ceræ Flavæ ʒvi.

Melt the wax in the oils, and then add the turpentine and

strain the ointment. This is a most excellent application for inflamed parts, &c.

Poke-root Ointment.

℞.—Phytolaccæ Radicis ℥iii;
Adipis ℔i.

Boil for a quarter of an hour and strain. This ointment has quite a reputation in Virginia, with the old ladies, for all kinds of old sores and ulcers, and it is an excellent application to indolent and purulent ulcers and sores.

Dr. Cato's Ointment for old Sores.

℞.—Olei Olivæ,
Sevi,
Terebinthinæ,
Ceræ Flavæ, āā ℥iii;
Cupri Sulphatis,
——— Acetatis, āā ℥i.

Melt the first, second, and fourth articles together, and then add the other ingredients, and stir until it cools. This is one of the best ointments I have ever used on old indolent ulcers and sores.

Ointment of Belladonna.

℞.—Extracti Belladonnæ ℥ii;
Aquæ Destillatæ ℥ii;
Adipis ℥ii.

Misce.—Employed by M. Chaussier, as a direct application to the neck of the uterus in case of rigidity.

Ointment for Hydrocephalus.

℞.—Hydrargyri Iodidi partes ii;
Potassii Iodidi " iii;
Camphoræ " ii;
Adipis " xxxii.

Misce et Signa.—To be rubbed on the head, in hydrocephalus, in doses of half a drachm to a drachm.

Liniment for Burns.

℞.—Olei Olivæ,
———— Lini,
Aquæ Calcis, āā ℥i vel ii.

Misce bene.—This forms an excellent application for recent scalds and burns.

Volatile Liniment.

℞.—Olei Olivæ,
Aquæ Ammoniæ, āā ℥i.
Misce.—To be applied to bruises, rheumatic parts, &c., and to the neck in inflammation of the throat.

Anti-rheumatic Liniment.

℞.—Tinct. Opii,
——— Belladonnæ,
Pulv. Camphoræ,
Aquæ Ammoniæ,
Olei Terebinthinæ,
—— Sassafras,
—— Origani, āā ℥ii;
Tinct. Capsici Oi.
Misce.

Creasote Liniment.

℞.—Creasoti gtt. x;
Olei Olivæ ℥i.
Fiat Linimentum.—Used in herpes, &c.

CATAPLASMS OR POULTICES.

Cataplasms or poultices are modifications of fomentations. They generally consist of pulpy substances, capable of absorbing moisture. They are chiefly intended either to act as discutient, revulsive, or to promote suppuration. Poultices should never be heavy, nor very bulky, but they should be frequently repeated when used as fomentations in colic and in inflammation of the bowels, and they should be made with a decoction of hops or poppy heads, instead of water.

Mustard Cataplasm.

Take of Mustard one part; Corn-meal two parts; Vinegar enough to make a cataplasm.

Cataplasm of Pepper, &c.

Take of Mustard two tablespoonfuls; Black Pepper and powdered Ginger, each two tablespoonfuls; Simple Syrup enough to make a cataplasm.

To be applied to the region of the stomach in severe pain or sickness, or to the soles of the feet when revulsion is required.

Emollient Cataplasm.

Take of ground Flaxseed and Corn-meal equal parts; Goulard's Extract of Lead ℥i; Water or Milk enough to make a cataplasm.

The milk or water may be warmed if desirable.—Applied to inflammatory tumors.

Yeast and Charcoal Cataplasm.

Take of Yeast a sufficient quantity, and thicken it to the proper consistence with Charcoal and Slippery-elm Bark, finely pulverized.

This is a very useful application to ulcers in a gangrenous or mortified condition.

Alkaline Cataplasm.

Take of Lye, rather weak, warm it and stir in of Slippery-elm bark, or Flaxseed, or Meal sufficient to form a poultice.

This is a most excellent poultice, and should be used more than it is. It is useful in inflammation of the breast and other parts, felons, wounds, fistulæ, &c.

Discutient Cataplasm.

Make a very strong tea of White or Red-oak Bark, and thicken with Corn-meal to the consistence of a poultice. Apply it as hot as can be borne, and change it every two hours.

Another.

Take of Milk half a pint or more; of the inner bark of the common Bay-tree Root a sufficient quantity to form a poultice. The bark can be easily scraped or rasped off.

I have known this poultice to decrease inflammation of the breast that looked impossible to be cured in any other way than by suppuration. It should be applied two or three times a day. In most cases it is best warm. Try it.

Emollient Cataplasm.

Take of White Lily Root four ounces; fat Figs and raw Onions, bruised, of each one ounce; Yellow Basilicon Ointment

two ounces; Corn Meal as much as necessary. Boil the root along with the figs in a sufficient quantity of water, then bruise and add to them the other ingredients so as to form the whole into a soft cataplasm. Where it is necessary to promote suppuration, this cataplasm may be used with great advantage.

Another.

Take of Meal half a pint; strong Beer-grounds a sufficiency to form a poultice; then add one drachm of Camphor; dissolve in half an ounce of Spirits of Turpentine. Mix well together. To be applied as they are above.

Cataplasm of Alum, commonly called Alum Curd,

Is made by briskly agitating the whites of two Eggs with a lump of Alum till a coagulum is formed.

It is useful in some cases of ophthalmia, when attended with a watery excretion, if applied to the eye between two pieces of linen rag. The alum curd has been found an efficacious remedy applied to cuts, burns, and chilblains, previously to the skin's cracking and becoming sore.

Saturnine Poultice.

Crumbs or slices of bread are to be soaked in lead-water, which are afterwards to be simmered in an earthen vessel over a gentle fire to a due consistence. To superficial inflammation. This form of cataplasm may be used by making a dough of corn-meal and lead-water.

FOMENTATIONS.

Fomentations are generally intended either to ease pain by taking off tension and spasm, or to brace and restore the tone and vigor of those parts to which they are applied. The first of these intentions may generally be answered by warm water, and the second by cold. Certain substances, however, are usually added to water with a view to heighten its effects, as anodynes, narcotics, astringents, &c. We shall, therefore, subjoin a few of the most useful medicated fomentations.

Anodyne Fomentation.

Take of Laudanum four ounces; Water one pint; mix. For

painful affections of the joints, as chronic rheumatism, &c. Hops dipped in hot vinegar will answer as well.

Aromatic Fomentation.

Take of Ginger or Pepper and garden Mint each one ounce; say Wine, or any kind of spirits, a pint. Boil them a little, and strain the liquor. Pains of the bowels, which accompany dysenteries and diarrhœas, flatulent colics, uneasiness of the stomach, and retchings to vomit, are frequently abated by fomenting the abdomen or region of the stomach with the warm liquor.

Strengthening Fomentation.

Take of Oak Bark, say two ounces; Water three pints. Boil the water with the bark to the consumption of one-third; then strain the remaining decoction. This astringent liquor is employed as an external fomentation to weak parts, to prolapsus ani, &c.

There are a number more used in domestic practice, and frequently with good success, containing Jamestown Weed (Stramonium), Mullein Leaves (Verbascum Thapsus), Tansy, Pine Tops, &c.

CLYSTERS.

This class of medicine is of more importanee than is generally imagined. Clysters serve not only to evacuate the contents of the bowels, but as fomentations in inflammation of the bladder and lower intestines, and also to convey very active medicines into the system when they will not sit upon the stomach, Opium and Quinine, for example. We have cured many cases of imperfect remittent fever, where the stomach could not retain cold water, by injecting fifteen to thirty grains of Quinine with fifteen drops of Laudanum, when the fever was at its lowest, which is most frequently between 1 and 7 o'clock A. M. Here I would remind young physicians of the importance of seeing such patients between midnight and day. I have no doubt many valuable lives have been lost from the lack of this precaution. Visits are generally made from 10 to about the time that the fever is rising, and too late for the Quinine, so a day is lost; and, what is worse, the true character of the disease is not comprehended by the physician, and thus day after day the fever rises and falls under a milk-and-water treatment, and

patients finally succumb for the lack of a timely visit and prescription in the outset.

The following are some of the most effective clysters that we know of, after considerable experience in the use of them:—

Common Clyster.

Take of Flaxseed Tea or Corn-meal Gruel from one to two pints; Sweet Oil two or three ounces; Common Salt one teaspoonful; Brown Sugar two tablespoonfuls. M.

Simple and Emollient Clyster.

Milk and Water in equal parts; Flaxseed Tea; Mallow Tea; Infusion of Quince Seed; Barley Water; Mucilage of Gum Arabic or Slippery Elm; thin Starch. Half a pint of either of these should be administered a little more than milk-warm. They are useful and efficacious where mere relaxing and emollient effects are required.

Purgative Clyster.

Take of Boiling Water one pint; Senna Leaves one ounce; Coriander Seed, well bruised, one drachm. Infuse about one hour in a covered vessel; strain; then add Salt one teaspoonful; Molasses one tablespoonful. Stir until the salt is dissolved. To be applied milk warm.*

Laxative Clyster.

Take of Epsom Salts two ounces, dissolve in a quarter of a pint of warm gruel or broth, with an ounce of fresh butter or sweet oil.

Anodyne Clyster.

Take of Starch, Jelly, or Water half a pint; Laudanum forty drops. Mix. The whole to be injected in cases of dysentery, violent purging, and pain in the bowels.†

* Dr. Chapman thinks in the advanced stages of disease that it is always better to administer our medicines by injection, the rectum then presenting a more susceptible surface than the stomach. In this way, sometimes a cure is effected when the case seems desperate.

† A pill of Opium inserted into the anus will frequently produce the same good effect as injections of starch and laudanum.

Anti-spasmodic Clyster.

Take of Tinct. of Assafœtida half an ounce; Laudanum forty drops; Gruel half a pint. Mix. For spasmodic affections of the bowels.

Nutrient Clyster.

Take of good Beef Tea, thickened with Arrowroot, twelve ounces. In cases of extreme debility of the body, or when the patient cannot take food by the mouth, through some obstruction in the throat, this affords considerable support to the system, and has been the means of preserving the lives of patients till the cause has been removed. It should be thrown up with a flexible tube longer than the clyster pipes in common use, which should be gently introduced up the rectum.

Astringent Injections for Leucorrhœa and Gonorrhœa.

℞.—Sulph. Zinci gr. x;
Tinct. Opii ℥ss;
Aquæ Rosæ ℥iv.
Misce et Signa.—To be injected several times a day.

℞.—Aluminis gr. x;
Aquæ Rosæ ℥iv.
Misce et Signa.—To be used frequently.

℞.—Aquæ Destillatæ ℥iv;
Plumbi Acet. ℈i.
Misce.

℞.—Zinci Sulph.,
Plumbi Acet., āā ℈iss;
Aquæ Dest. ℥viii.
Solve. Filter, and use for injection.*

℞.—Vini Rub. ℥vi;
Acidi Tannici gr. xviii.
Misce. Use as the above.

* In the treatment of leucorrhœa, care should be taken to ascertain whether inflammatory irritation exist about the uterus, and, if it be present, to remove it by suitable treatment and regimen before we have recourse to astringent injections.

℞.—Aquæ Dest. ℥iv;
Argent. Nit. gr. i ad xxx.
Misce.

℞.—Liquor. Sodæ Chlorinatæ ℥i;
Aquæ Dest. ℥iv ad v.
Misce et Signa.—Inject three or four times a day.

℞.—Zinci Sulph. ℥i;
Plumbi Acet. ℥i;
Liquor. Sodæ Chlorinatæ ℥ss;
Sacchari Albi ℥i;
Pulv. Alum. ℥ss;
Rosæ Gallicæ ℥ss;
Aquæ Destill. Oi.
Misce; simmer all gradually over a slow fire fifteen or twenty minutes; strain, and when cold put into a bottle and cork tight. To be injected two or three times a day.

℞.—Hydrargyri Chloridi Mitis ℥i;
Pulv. Acaciæ ℥i;
Tinct. Opii f℥ss;
Aquæ f℥viii.
Fiat Mist.—For chronic gonorrhœa or gleet.

℞.—Cupri Sulphatis gr. vi;
Aquæ Destill. f℥vi;
Tinct. Opii f℥i;
Fiat Solutio.—To be injected in chronic gonorrhœa.

℞.—Acidi Pyrolignei ℥i;
Aquæ Destill. ℥viii.
Fiat Injectio.—To be injected twice a day, with a silver or glass syringe, in gonorrhœa or purulent discharge from the meatus auditorius.

℞.—Catechu gr. xxi;
Aquæ Destill. f℥vi.
Fiat Injectio.—To be used four or five times a day for the ear.

PART III.

MISCELLANEOUS MEDICAL INTELLIGENCE USEFUL TO THE YOUNG PRACTITIONER.

SIGNS OF PREGNANCY.

The diagnosis in the early month is very difficult. Hence the importance of being *very* particular in giving an opinion, or administering medicine.

The first rational sign is suppression of the menses; but we must remember that this cannot positively be relied upon.

There are other constitutional changes that are equally uncertain, viewed separately; but collectively they will assist in forming a correct diagnosis. For instance, changes in disposition and tastes; fainting, headaches, toothaches, palpitations, &c.; buffy coat in the blood when drawn; altered function of stomach and bowels; morning sickness; heart-burn; diarrhœa; irritation about the bladder or rectum; œdema of the lower extremities, one or both; change in the color of the skin, &c.; movements of the fœtus as felt by the mother at the time of quickening and after, or by the practitioner through the abdominal parietes; the areola and inflated state of the nipples. After the fourth month, the souffle of the uterine circulation may be heard; and after the fifth, the short, ticking, double strokes of the fœtal heart; these last are a certain sign of pregnancy; they average from 100 to 150 in a minute. The two other certain signs of pregnancy do not occur until the seventh month; viz: the ability to feel the head of the child *per vaginam*, and its movements through the abdomen.

NATURAL LABOR.

Previous to any particular hints or directions, it is well to remark that very few cases of labor need the interposition of art. It would be well to remember this truth, and not make an unnecessary display of ignorance by employing forceps and other alarming instruments. In natural labor there are three stages: the *first* commences with uterine contractions, and terminates with the full dilatation of the os uteri and rupture of the membranes; the *second* terminates with the birth of the child; the *third* with the expulsion of the placenta.

SIGNS OF LABOR.

The pain attending it is of a peculiar character. A real labor-pain is situated in the back and loins; comes on and goes off regularly. A false pain is in the abdomen; comes and goes irregularly; produces a pinching, griping sensation; has no effect upon the os uteri, &c. The patient may sit up or walk about as she pleases, until the os uteri be nearly dilated, when she should lie down. The bed should be protected from injury attendant on the discharges, by some thick folded covering; the neatest method is Hodge's. (See Warrington, *Obstetrician's Catechism.*) The patient should have her night-dress drawn up, and pinned around the waist to prevent it being soiled, and a sheet pinned around the body should occupy its place. The usual obstetric position, in this country and England, is on the left side, with the back turned to the accoucheur and the hips well towards the edge of the bed, with the knees of the patient somewhat drawn up. She should be allowed the support of a handkerchief, a rope, or twisted sheet fastened to the bed-post against which her feet are fixed. It will be better to pass a short, round, strong stick through the loop, that, with either hand, she may pull with equal force during a strong bearing-down pain.

Should there be an inclination to pass anything from the bowels or bladder, it should not be resisted.

After the bearing-down pains have continued some time, the os uteri and passages are perfectly dilated, and the bag of water comes low down, breaks, and is brought away; the head of the child almost immediately approaches the external parts. As soon as the head enters the vagina, the abdominal muscles are called into involuntary action, and the violent straining pains

of the second stage commence. Now is the time the patient calls for help; and this is the time to help. As the child's head, which is the part most frequently presented, begins to protrude and press upon the perineum, the latter must be supported with a soft cloth or a folded towel, applied to it with the palm of the left hand; with the right hand we should ascertain whether the cord be around the child's neck, &c. Let this slip over the shoulders—the anterior one first. There is another mode of supporting the perineum, which has many advantages, and I invariably adopt it. It consists in so applying the right hand that the thumb, when adducted, forms with the index finger the letter V. Support is thus given with the palm of the hand, or rather the fleshy part of the thumb, to the perineum, while the thumb and forefinger protect either labium. A soft napkin may be interposed to protect the hand. Let this pressure be continued until the head emerges from the vagina. Let the body of the child be expelled slowly; the uterus contracts better, the placenta is more readily detached, and there is less liability to hemorrhage. Support with the left hand the head and body of the child, as they successively come into the world. As soon as the child is born, bring it out from under the bed-clothes; wrap it up in a warm cloth; a flannel petticoat is generally best and most convenient. Wait till the cord has ceased to beat and the child has begun to cry stoutly, before you apply the ligature to the cord. Generally there is no need of hurry. If the child is healthy, it will begin to breathe, and with its first breath will begin to cry. When the action of the lungs is well established by the child's crying, tie the navel-string closely with a piece of narrow tape twine, or any convenient string, about two inches from its abdomen, and another more distant, and cut between them, and very carefully deliver the child to the nurse. Lay your hand upon the abdomen to ascertain if there is a second child; if so, the uterus will be found nearly as large as before labor; if not, it will be contracted to the size of the child's head, or smaller. If there be a second child, its expulsion must be conducted on the same principle as that of the first; during all of this time you should not forget the first child. See that it is washed tenderly, and dressed quickly and properly.

The membranes of the twin may be ruptured in the course of half an hour, or when they protrude, for the passages are perfectly dilated, and there is always danger that the placenta of the first child may become separated and cause hemorrhage. This fact must not be forgotten.

Should the second child present with the arm, back, or shoulder, turning should be performed immediately; otherwise wait four hours for the uterus to contract before interposing art, unless in cases where hemorrhage or any other circumstances demand immediate delivery.

During the first hour after labor, ascertain every now and then, whether the fundus be contracted, otherwise we are never secure against hemorrhage, especially internal. So long as the placenta is retained, there is more or less danger of hemorrhage. If long retained, the passage will have contracted so as to make the removal difficult and dangerous. For these reasons the placenta should not be suffered to remain in the uterus for more than an hour and a half or two hours after birth of the child.

Grasp the uterus gently with the hand through the integuments, and use slight friction upon the fundus. This will, in many cases, be sufficient to produce contraction of the womb, and expulsion of the secundines.

Should this fail, you should, in the course of ten or fifteen minutes, wind the navel string around the first two fingers, and gently draw upon it for a moment or two. (Be very careful not to break it.) Introduce the examining finger, and if you can reach the insertion of the cord, the placenta is, in all probability, detached. Press it backwards into the hollow of the sacrum, and then bring it gently forward in the direction of the vagina. As it approaches the os externum, twist it round three or four times; the membranes will thus come away without laceration.

Should this fail, the hand, well lubricated on the outer surfnce, is to be introduced into the uterus. The placenta should not be withdrawn suddenly, but the uterus should be suffered to expel it with the hand by its own contractions. Examine the secundines after removal, to see if they are entire, and ascertain that the uterus is well contracted. The next thing, say after the lapse of ten or fifteen minutes, is to turn the patient, so that dry cloths can be neatly placed over those which were soiled during labor; and the bandage should be unfolded and brought smoothly down on the back and applied.

If the uterus has well contracted into a small globe, it will not be necessary to apply the bandage very tightly; but if the uterus appear indisposed to contract firmly, or if there be any signs of hemorrhage, it will be proper to draw the bandage tightly over the patient's pelvis and lower part of the abdomen. It is best to begin the tightening of the bandage from below upwards.

Unless she has been greatly prostrated by long and violent labor, or by hemorrhage, it is best, as soon as convenient, to have the patient placed comfortably upon the dry part of the

bed, the place prepared for her to lie in after delivery. This being done with as little fatigue as possible, she should be supplied with some cool drink or light nourishment. She should not be allowed to rise up for any purpose for several days. Her nourishment should be given her from a spout-cup, or a tube, or from a spoon. She should take a dose of castor oil, or calcined magnesia, on the third day, if necessary. If after pains occur, you should always inquire into the cause before prescribing for them, as the indication of treatment differs greatly. If they depend upon the condition of the nervous system, you should give anodynes, such as camphor, morphia, &c. If they depend upon irritation in the bowels, as flatulence, feces, &c., direct warm injections. If the patient is very feverish, bleed. If dependent upon the want of tonic contraction of the uterus, give ergot.

CARE OF THE CHILD.

The child should be anointed with lard and sweet oil, in order to remove a white scurf which more or less covers the skin of a new-born infant, and which soap alone will not remove. The soap should be mild, bland, and not strongly alkaline. When the scurf is well rubbed with the oil, wash the whole body with soap and *lukewarm* water, taking care not to wash the eyes with the same cloth with which the body was washed. Bind up the navel-string as you would a sore finger, being careful that the navel shall protrude through the aperture in the centre of the covering, lay it against the belly, and put a band around the bowels to keep it securely. If you grease it at all, simple lard is the best application. Do not use any medicated ointments, or apply burnt cotton to the part. I believe that two-thirds of the cases of tetanus that we meet with in children from one to two weeks old are produced in this way.

After putting on the belly-band or roller, the child may be dressed according to the desire of the mother or friend, provided it be done quickly, and the clothing be such as to keep the child sufficiently warm, and allow it the necessary freedom of motion. As soon as this is done, and the mother made comfortable, the child should be put to the breast, that the instinct with which children are born may not be lost, and because the earlier the child is put to the breast the more fully does the uterus contract, the sooner is the milk secreted, the more easily does the child draw out the nipple, the sooner is the meconium purged off, and the less chance will there be of the mother suffering

from milk fever, sore nipples, distended, painful, and knotty breasts, milk abscess, or the child from flatulence, disordered stomach and bowels, aphthæ, &c. In most cases, it will be necessary to give the child one or two teaspoonfuls of pure olive oil. Always examine the oil before it is given, as most of the sweet oil kept in the shops is more poisonous and griping than the meconium. In some healthy mothers, particularly in first confinement, there is a deficiency of milk until the third or fourth day after delivery; in such cases it must be supplied by an artificial diet as like the breast milk as can be secured. (See *Dietetic Preparations.*) A few spoonfuls are to be given through the sucking-bottle. This will secure the infant's stomach from repletion. The breast milk being in a few days fully established, and furnished in sufficient quantity, this artificial food is to be put aside, and the child is to obtain its nourishment from the breast alone. A teaspoonful of water every morning will frequently prevent the thrush, a very common and troublesome disease of children.

When the meconium lodges in the intestines more than twenty-four hours, it produces much disturbance. The child is griped, screams much, and refuses the breast; and both mother and nurse become so annoyed or distressed by it as to be tempted to resort to some artificial means of quieting it, as by giving it warm tea, such as catnip, aniseed, &c.; or, under an impression that it is hungry, will feed it with gruel, bread, and water, or boiled crackers, &c. &c. Physicians should inquire into all these things, so as to avoid such difficulties. However, when such cases occur, two grains of Sodæ Carb. in a teaspoonful of warm water, and repeated p. r. n., will give relief.

After the first week, where the bowels are constipated and unhealthy in color, the following laxative will be useful:—

℞.—Hydrarg. cum Cretâ,
Sodæ Carb., āā gr. ii.
M. ft. pulvis.

Where there is diarrhœa, with unhealthy watery evacuations, you will find relief from—

℞.—Hydrarg. cum Cretâ,
Pulv. Rhei, āā gr. ii.
M. ft. pulvis.

Where the diarrhœa is very severe, and the child appears in a state of collapse, use the following enema with the above mentioned powder:—

℞.—Amyli ℥i;
Tinct. Catechu gtt. xv—xxv.
Ft. enema.

Five drops of Tinct. Opii may occasionally be substituted for the Catechu, or added; but opium in any form with young children is a dangerous remedy, and requires careful watching.

It is an alarming truth, that the bills of mortality show that one child in five dies within a year after birth, and one in three before the completion of the sixth year. In some great cities, the rate of mortality is still more frightful; in others it may not be so great; but whatever it is, it might be greatly diminished, if the family physician would feel it his duty to instruct the mother as much how to nurse, clothe, and manage her child, at least till after the teething stage, as how to wash and clothe and manage it immediately after birth—a duty which strikes my mind as equally imperative, and, were it faithfully discharged by all family physicians, would result in much good.

The distress of witnessing a suffering infancy cut short by an early death, just as the dear little child, the father's pleasure, the mother's life, was beginning to reward all their cares and anxiety, might be prevented in hundreds of cases. Then permit me, young doctors, to entreat you to acquire a thorough familiarity with all the diseases of children, rules of nursing, clothing, dieting at different ages, &c., and to discharge your whole duty fearless of consequences, even if you should thus offend some good, kind old grandmother that was brought up under the vulgar errors in nursing, and would have the child to eat a little morsel of everything, and the mother to eat to prevent it from getting sick.

It will not be expected that, in a small book like this, I should give in full the rules for the nursing, clothing, and management of children; hence, I shall merely give a few hints on some points which require more than usually grave consideration.

OF MOTHERS WHO OUGHT NOT TO SUCKLE.

There are some women who ought never to undertake the office of suckling, not so much on account of their own health as on account of that of their offspring.

A woman who has a consumptive and strumous taint in her constitution should not suckle her infant. No fact in medicine is better established than that which proves the transmission from parents to children of a constitutional liability to pulmo-

nary disease, and especially to consumption; and if the infant be nourished from such a parent, this hereditary predisposition will be confirmed in a majority of cases. Mothers of a highly susceptible nervous temperament, who are excited and agitated by the ordinary occurrences of the day, will do their offsprings more harm than good by attempting to suckle them, as their milk will be totally unfit for healthy nourishment. Children have frequently died, shortly after nursing, in cases where the mother has previously been under great excitement. The habit of passively yielding to every transient emotion—a habit entirely too common among certain women—should, in view of the grave effects attending it, be especially guarded against; self-control should be carefully cultivated. The mother who only nurses her infant when it suits her convenience, ought not to engage in this duty at all. With such a mother, if the child does not sicken, pine, and die, it will not have to thank her for its good fortune.

The child, then, under the foregoing circumstances, should be provided with its support from another source, and it is the physician's duty to suggest the best of all sources—a wet-nurse. This being decided on, his next duty is to give instructions concerning the qualities she must possess.

OF A WET-NURSE.

The first point to be inquired into is her general health. A wet-nurse should be clean, healthy, sober, and temperate. Next, the condition of her breast—the quality of her milk—its age, and her own. Her milk should not be more than two or three months old, and she should be middle-aged, because, at this period, she will have more milk than the very young, and more and better milk than the old. If the milk be too old, the infant suffers from the oppression of food too heavy for its digestive power. In fact, such milk has been observed to be very injurious.

As to the diet of the wet-nurse, it should not differ much from that to which the individual has been accustomed. It is erroneous to suppose that a woman, when nursing, requires to be much more highly fed than at other times. She should be provided with a wholesome mixed animal and vegetable diet, and a moderate quantity of malt liquor, in case the latter be found necessary. As a general rule, however, porter, wine, or any stimulant is quite unnecessary if she be in sound and vigorous

health. I very much suspect that the process of teething, in some cases, is rendered painful and difficult by the stimulants taken by the mother or nurse.

GENERAL DIRECTIONS.

The nurse should take exercise daily in the open air. Sponging the whole body with cold water with salt in it, every day or two, should be insisted upon if possible. She should never be allowed to have medicines of any kind at her command, to administer to the child whenever she may think proper. Children have frequently been destroyed by the nurse giving them laudanum to secure for herself a good night's repose.

RULES FOR NURSING THE INFANT.

The Plan to be followed until the first Teeth appear.—For a week or ten days the appetite of the infant must be the mother's or the nurse's guide as to the frequency in offering the breast.

The week or ten days having expired, the infant is to be nursed until the end of the lying-in month, at regular intervals of every four hours, night and day. This will allow sufficient time for each meal to be digested and the stomach to regain the time necessary for the digestion of the next, and tend very essentially to promote the due and healthy action of the bowels.

The lying-in month having expired, it is advisable to alter the periods of night-nursing, or rather to do away with night-nursing altogether; that is, to suckle the infant as late as ten o'clock P. M., and not put it to the breast again until about five o'clock the next morning.

If parent or nurse be a healthy woman, the quantity of milk supplied by the breast will generally be found sufficient to afford adequate nourishment to the child without additional nourishment. If, however, after the expiration of some months, a deficiency should exist, it must be made up by the mixture of cow's milk and water, and of this alone; if it agrees with the child, it must be given too through the sucking-bottle until the teeth appear, after which time an alteration in the kind of food and the mode of exhibiting it may be adopted.

In the choice of food, the mother should be guided by the advice of her physician and circumstances; the physician should be guided by the condition and health of the child, and not by

another child, because it was of the same age. There are many other points in the rules of the nursery that the physician should instruct mothers in, but the above are the most important, and should be observed until the infant is weaned entirely from the breast, which should generally take place between the ninth and twelfth month. It should be effected gradually.

Bathing and Cleanliness.—It is also the duty of the family physician to instruct the mother how to bathe her child. Too much attention cannot be paid to cleanliness—it is essential to the infant's health, when properly done. The principal points to which especial attention should be paid are the following: Temperature of the water. In the early weeks of the infant's life it should, as soon as taken from its bed in the morning, be washed in warm water, from 96° to 98°, and be put into a bath of the same temperature for a few minutes every evening before it is put to rest. To bathe a delicate infant of a few days or even weeks old in cold water, with a view to "harden" the constitution (as it is called) is the most effectual way to undermine its health, and entail future disease. By degrees, however, the water, with which it is sponged in the morning, should be made tepid—the evening bath being continued warm enough to be grateful to the feelings.

A few months having passed by, the temperature of the water may be gradually lowered until cold is employed, with which it may be either sponged or even plunged into it every morning during summer. If plunged into cold water, however, it must be kept in but a few minutes, for, at this period especially, the impression of cold continued for any considerable time, depresses the vital energies and prevents that healthy glow on the surface which usually follows the momentary and brief action of cold, and upon which its usefulness depends; with some children, indeed, there is such extreme delicacy and deficient reaction as to render the cold bath hazardous—no warm glow over the surface takes place, when its use inevitably does harm; its effects, therefore, must be carefully watched.

Drying the Skin.—The surface of the skin should always be carefully and thoroughly rubbed dry with flannel; indeed, more than dry, for the skin should be warmed and stimulated by the assiduous gentle friction made use of. For this process of washing and drying must not be done languidly, but briskly and expeditiously, and will then be found to be one of the most effectual means of strengthening the infant. It is especially necessary carefully to dry the armpits, groins, and nates; and, if the child is very fat, it will be well to dust over these parts with hair-powder or starch contained in a muslin bag. This

prevents excoriations and sores, which are frequently very troublesome. Soap is only required to those parts of the body which are exposed to the reception of dirt.

If a child is of a delicate and strumous constitution, the cold bath during the summer is one of the best tonics that can be employed, provided it is succeeded by a glow, a feeling of increased strength, and a keen appetite; if not, it ought at once to be abandoned for the warm or tepid bath. The opinion that warm baths generally relax and weaken is erroneous, for in all cases, when properly employed, they give tone and vigor to the whole system; just as the cold bath does to the more robust, and those that it suits. This should be remembered by physicians, and not allow mothers to bathe their little delicate babes in cold water, simply because some kind friend had been in and advised it, because her fine, fat, strong boy had been taking it every morning, and, of course, improving every hour. The above hint is dropped merely to remind young physicians that every case should be treated according to its symptoms and circumstances, and by the rules as laid down under the "Art of Prescribing Medicines."

CLOTHING.

Infants are very susceptible of the impressions of cold. A proper regard, therefore, to a suitable clothing of the body is essential to their enjoyment of health. Unfortunately, an opinion is prevalent that the tender child has naturally a great power of generating heat and resisting cold, and from this popular error have arisen the most fatal results; therefore, the physician cannot too often make it known to mothers that children, instead of being warmer than adults, are generally a degree or two colder, and, moreover, part with their heat more readily. These facts show how absurd must be the folly of that system of "hardening the constitution and showing off," which induces some parents to expose their dear little children to the cold, cutting currents of an easterly wind in the lightest clothing. It is as cruel as absurd.

The leading principles which a physician should give a patient to guide her in clothing her infant, are as follows:—

The material and quantity of the clothes should be such as to preserve a sufficient proportion of warmth to the body, regulated, therefore, by the season of the year and the delicacy or strength of the infant's constitution.

They should also possess lightness as well as warmth, and therefore flannel and calico are the best materials to use.

They should be so made as to put no restrictions on the free movements of all parts of the child's body—loose and easy, as the babe can itself give no explanations of the inconveniences it suffers.

The clothing should be changed daily; this is eminently conducive to health.

With regard to caps, I am at a loss to speak. I think, however, it is one of the old customs that should be continued; they should be made of thin material, with no under cap. The head is to be kept cool, not warm. As soon as the hair begins to grow, provided it is not very cold weather, caps may with advantage be left off altogether, night as well as day.

The change in short clothing should always be avoided in cold weather.

Notwithstanding all the rules of nursing and the management of children may be closely observed by the mother, according to the direction of her physician, children will sometimes get sick, and, very wisely, the doctor is sent for; therefore it will not be thought amiss to drop a few hints on the

SIGNS OF DISEASE.

The signs of disease are manifested separately by the countenance, the breathing and cough, the manner of sleep, in the cry, the gestures, and in the stools.

The Countenance.—In health, the countenance of a child is expressive of serenity in mind and body; but, if the child be unwell, this expression will be changed, and in a manner which, to a certain extent, will indicate what part of the system is at fault. The brows will be contracted if there is pain, and its seat is in the head. This is frequently the very first outward sign of anything being wrong, and will occur at the very onset of disease; if, therefore, observed at an early period, and proper remedies used, its notice may prevent one of the most fearful of infantile complaints.

But if this sign or symptom is passed by unheeded, and the above disease be threatened, soon the eyes will become fixed and staring, the head hot and moved uneasily from side to side upon the pillow, or lie heavily upon the nurse's arm; the child will start in its sleep, grinding its teeth, and awake alarmed and screaming; its face will be flushed, particularly the cheeks, as

if rouged; its hands hot and feet cold; its bowels obstinately costive, or its motions scanty, dark-colored, and foul.

If the lips are drawn apart so as to show the teeth or gums, the seat of the pain is in the bowels. This sign, however, will only be present during the actual existence of suffering; if, therefore, there be any doubt whether it exist, press upon the stomach and watch the effect on the expression of the countenance. If the pain arise simply from irritation of the bowels, excited by undigested matter, it will be temporary, and the sign will go and come just as the spasm may occur, and slight remedial measures will give relief. If, however, the disease be more serious, and inflammation ensue, this sign will be more constantly present, and soon the countenance will become pale or sallow and sunken; the child will dread motion, and lie upon its back, with the knees bent up to the belly; the tongue will be loaded; and in breathing, while the chest will be seen to heave with more than usual effort, the muscles of the belly will remain perfectly quiescent.

If the nostrils are drawn upwards, and in quick motion, pain exists in the chest. This sign, however, will generally be the accompaniment of inflammation of the chest, in which case, the countenance will be discolored, the eyes more or less staring, and the breathing will be difficult and hurried; and, if the child's mode of respiring be watched, the chest will be observed to be unmoved, while the belly quickly heaves with every inspiration.

Convulsions* are generally preceded by some changes in the countenance. The upper lip will be drawn up, and is occasionally bluish or livid. Then there may be slight squinting, or a singular rotation of the eye upon its own axis, alternate flushing or paleness of the face, and sudden animation, followed by languor. These premonitory signs will sometimes manifest themselves many hours, and sometimes days, before the attack occurs; and, if noticed in time, and suitable medical aid be resorted to, the occurrence of a fit may be altogether prevented.

The state of the eyes should always be attended to. In health they are clear and bright, but in disease they become dull, and give a heavy appearance to the countenance; though, after long

* During teething, convulsions are more frequent than at any other period; not that they so commonly arise from the irritation caused by the cutting of a tooth, as is generally thought, for it is more often the result, even at this time, of irritation of the bowels from some error in diet, which is the great source of convulsive affections.

continued irritation, they will assume a degree of quickness which is very remarkable, and a sort of pearly brightness which is better known from observation than it can be from description. The direction of the eyes, too, should be regarded; for from this we may learn something. When the infant is first brought to the light, both eyes are scarcely ever directed to the same object. This occurs without any tendency to disease, and merely proves that regarding one object with both eyes is only an acquired habit. But when the child has come to the age when the eyes are by habit directed to the same object, and afterwards it loses that power, this circumstance alone may be looked upon as a frequent prelude to disease affecting the head.

THE BREATHING.

The breathing of a child in health is formed of equal inspirations and expirations, and it breathes quietly, regularly, inaudibly, and without effort. But let inflammation of the air-tubes of the lungs take place, and the respiration will become in a few hours so quickened and hurried, and perhaps audible, that the attention has only to be directed to the circumstance to be at once perceived. Now all changes which occur in the breathing from its healthy standard, however slight the shades of difference may be, it is most important should be noticed early. For many of the complaints of the chest, although very formidable in their character, if only noticed early by the physician, may be arrested in their progress, but otherwise they may get beyond the control of art. Physicians should make themselves acquainted with the breathing of children in health, and they will readily mark any change which may arise in disease. A cough should also be noticed. Hoarseness is generally a premonitory symptom of croup; a disease excessively rapid in its progress, and requiring the most prompt and decided treatment.

THE SLEEP.

The sleep of an infant in health is quiet, composed, and refreshing. In very early infancy, when not at the breast, it is for the most part asleep in its cot; and although, as the months advance, it sleeps less, yet when the hour of repose arrives, the child is no sooner laid down to rest than it drops off into a quiet, peaceful slumber. Not so if ill. Frequently it will be unwil-

ling to be put into its cot at all, and the nurse will be obliged to take the infant in her arms. It will then sleep but for a short time, and in a restless and disturbed manner. If it suffer pain, however slight, the countenance will indicate it, and as when awake so now. If there is anything wrong about the head, the contraction of the eyebrow and grinding of the teeth will appear; if anything wrong about the bowels, the lips will be drawn apart, showing the teeth or gums; and in both instances there will be great restlessness and frequent startings.

THE STOOLS.

The stools of a healthy infant will be of a lightish yellow color, the consistence of thin mustard, having little smell, smooth in appearance, and therefore free from lumps or white curded matter, and passed without pain or any considerable quantity of wind. And, as long as the child is in health, it will have daily two or three, or even four of these evacuations. But, as it grows older, they will not be quite so frequent; they will become darker in color, and more solid, though not so much so as in the adult.

Any deviation, then, from the above characters is, of course, a sign of something wrong; and, as a deranged condition of the bowels is frequently the first indication we have of approaching disease, their appearance, color, and the manner in which they are discharged are the points principally to be inquired into by physicians. If the stools have a very curdy appearance, or are too liquid or green, or dark-colored, or smell badly, they are unnatural. And it should be borne in mind that, in a healthy child, the motion is passed with but little wind, and as if squeezed out; but in disease it will be thrown out with considerable force, which is a sign of great irritation. The number of stools passed within the four-and-twenty hours it is important to note.

THE CRY.

By crying, the infant, for the most part, manifests its sensations and wants. A physician, therefore, should learn to distinguish with accuracy that cry which denotes hunger, and that which proceeds from pain and other causes. It is important for a young physician to make himself acquainted with this subject, and not believe that it is all "guess-work, as it regards

the complaints of young children, because they can't explain anything," to use the language of Dr. Meigs. "I feel more at home in asking a child what is the matter with it than in asking an adult. I can always know what is the matter with a child, for it never misleads me; but men and women constantly mislead me, or endeavor to do so. And so they will you, my young doctor; and if you don't wish to show your credulity, which in our profession, is ignorance, you must 'keep a good look-out' for the truth."

The cry of pain and suffering is variously expressed. If a child that is usually placid and cheerful gets fretful, fractious, and crying, with its fingers continually going to its mouth, this denotes toothache and pain, caused by a coming tooth pressing against a tender and inflamed gum.

If a child not accustomed to cry much, on some occasion is perpetually crying, this denotes some continued recurring painful sensation somewhere.

If a child cry violently loud, with frequent intervals of rest, and at the same time drawing up its legs towards its body, it is a sign that it is suffering from disorder and pain in the bowels.

If a child cry violently, as if it would go into convulsions, you may venture to say perhaps it has the earache. But, before you apply the remedy, apply Dr. Meigs's diagnostical test, which is to put the pulp of your thumb on the meatus auditorius, and suddenly press the cartilaginous tube inwards upon the ear, and, if it cry violently, you may know you are right, and direct your efforts to cure the suffering baby.

If a child has pain in the head, there will be an occasional scream, short, sharp, and quick.

If a child has pain in any of its joints, it will cry occasionally only, which will coincide with some spontaneous or forced motion of the joint.

If a child have a disease of the lungs, it will utter a peculiar cry; this will be modified by the modification of the respiratory movement involved in the pulmonary disease. In like manner will it tell if the pain be in the urinary bladder or lower part of the rectum. I can't describe the sound; but every doctor ought to know it, for in this way nature speaks the truth.

The following observations by Dr. Meigs are so strikingly illustrative of my present purpose that, although I fear I am making my little book too large for the pocket, I cannot refrain from inserting them here: "The brain speaks, the lungs, the stomach, the bowels, the teeth, the joints, the marrow, the organs of the senses—each has a language of its own; so that the body may be compared to a great polyglot, since so many

organs as it hath so many vernaculars hath it. There is a rich mine of diagnosis in the physiognomical expressions of the human face, but no man can write them; an artist may paint, but no print can print them; he that would possess the wealth of such treasures must dig for them himself in the clinical mine. One may look through the eyes down into the soul, into the most intimate life-cell, and read its expression there, because the cerebro-spinal axis and the ganglionic nerves often express their patible conditions clearly and plainly through the eyes. The whole temper of man, moral and intellectual, as well as physical, is written in legible characters upon his countenance.

"There is nothing more common among men than to trust or abhor their brethren upon the faith of their physiognomical expression as to intelligence, as to probity, as to purposes. In like manner, his health and security, and his prospects as to life and death are discoverable by a glance at his face, gesture, or decubitus."

INQUIRIES CONCERNING THE SICK-ROOM.

Choice and Furnishing of the Sick-room.—In every case of disease, however slight its nature, the sleeping apartment of the sick should be airy and well ventilated, and, if possible, large, lofty, and with a northern aspect, in order to avoid the heat of the mid-day or the afternoon sun; the windows should be capable of being opened by drawing down the uppermost sash, an advantage however, which cannot always be obtained. No room should be used in cities as a sick-room, unless it has a chimney, but neither the chimney-board nor soot-board of the apartment should be put up even in summer. No article of unnecessary furniture should be permitted to remain in the room, and that which is left in it should be of a description fitted to administer to the convenience of the invalid.

Two tables are sufficient—one of them may be small, the other large, for the accommodation of medicines not in immediate use, and also for spare glasses and other necessary articles. A sofa, if the apartment be sufficiently large to admit of it, is a very important piece of furniture in the sick-room; the erect or the sitting posture being injurious, in many diseases, and when the sick-bed requires to be made, a sofa affords the means of removing the patient from the bed with as little inconvenience to him as possible.

If there is not space for a sofa, there should be an invalid or reclining-chair; and when circumstances will permit, it should

be of that kind which is susceptible of a variety of changes so as to vary at pleasure the position of the patient. There should not generally be more than two other chairs in the room. If there be a looking-glass in the apartment, it should not be in a situation which admits of the patient's seeing himself.

The washing-stand will require two additional basins, a tumbler, and a large bucket or jug under the table, always full of water.

There should be no kettle nor any implement of cooking in the sick-room, even in winter, and when a fire is required.

A carpet over the floor is best; when there is no carpet the floor should be swept, never washed. An invalid may as well sleep in a swamp as in a room the floor of which is frequently washed.

The French bedsteads, without curtains, are those best adapted for the sick-room.

Ventilation is always of primary importance; it is particularly demanded in those fevers in which miliary eruptions display themselves. Under no circumstances is it so essential as in febrile diseases of an infectious kind, such as smallpox and scarlet fever.

Next to ventilation nothing is of more importance than the regulation of the temperature of the sick-room, avoiding both extremes of elevation or of depression; but much depends on the nature of the disease.

The best general temperature of a sick-room is 60° F., and it is preferable to regulate this rather by the thermometer than by the sensation of the patient or the nurse. So important is the regulation of the temperature, especially in fevers, that it often does more good than any other remedial measure. I have seen patients laboring under high delirium in a close, ill-ventilated room, become rapidly quite collected by merely lowering the heat of the apartment twelve or fifteen degrees. On the contrary, even a moderate depression of the usual temperature of the sick-room, in pulmonary disease, will excite coughing and augment the severity of all symptoms. The temperature is too little attended to by physicians generally.

In convalescence the temperature of spring and autumn ought to be maintained as near as possible, at 55° to 60° F.

The air of sick-chambers should be frequently renewed.

Cleanliness in the sick-room is also essential, yet it may be carried so far as to become an annoyance to the invalid, and, consequently to prove injurious. It is not requisite to sweep the room daily, or to dust and to arrange the furniture every morning, provided order be preserved in the room, and nothing

but what is immediately necessary for the comfort and convenience of the invalid be permitted to remain in it.

The period generally chosen for cleaning and arranging the sick-room, should be the morning, as after a night's rest the patient is more able to bear the little noise and bustle which it always more or less occasions.

Some very excellent people are in the habit of neglecting this duty until the doctor rings the bell, or knocks at the door; then everything being out of place, they go to work to place them, like a chicken with its head off, first against the bedpost then over a chair, and all over the room. The doctor comes in and finds his patient confused and excited, the pulse quick, and if he is not a good judge of the pulse and countenance, so as to detect the cause of the excitement, he will perhaps bleed, and if he surmises the cause, it detains him perhaps half an hour longer than would have been necessary if the patient had not been thus excited. So you see, my young doctor, that this is all wrong. Yes, you say it is; but ask me whose business is it to correct these little errors that are attended with so much danger and inconvenience? I say it is the doctor's business; your business so far as your practice extends. You ask me then how you are to do it. I will tell you, it is the easiest thing possible. In the first place, when you are called to visit the sick, always go, and with a pure motive to do, if possible, what you have been sent for to do—to cure or relieve the suffering; then, the first time you see anything done that is to the injury of the patient, take the friend or friends out, say in a very courteous, polite manner, that such and such things should not be done. If you see it again, tell them politely, but positively that it must not be done. If you discover it the third time, take the friends out and tell them that the patient is very ill, and for his recovery it is important for your directions to be carried out, not only in giving the medicines at stated periods, but also in every other particular, and if it cannot be done you will be compelled to request them to relieve you and procure the services of a doctor who practices alone for money. This is best spoken in the softest and mildest tone and manner. Adopt this course, and you will have but few difficulties, and your end will be peaceful.

If it should be necessary to hire a sick-nurse, it will be expected from you to give some instructions on the qualifications which a nurse should possess. On this subject I shall merely say that a nurse should be not under twenty-five or over fifty years of age; strong, healthy, of good temper, obliging disposition, clean and neat in her person, of sober habits, and not dis-

posed to gossip, and good-looking if possible; but a good nurse should not be refused because she is homely, although we do think good looks a recommendation anywhere, and particularly in a nurse. Nothing sinks deeper in the minds of nervous invalids than an ugly, harsh look from the nurse. Hence doctors should advise those good, efficient, old, homely nurses that what they lack in beauty they make up in cheerfulness and winning smiles.

Having arranged the sick-chamber to your notion, procure a suitable nurse, and, of course, understand the temperament, habit, idiosyncrasy and disease of your patient. His fever rises, and it becomes necessary to bleed, cup, or leech him. I imagine I hear some young doctor, who is yet to see his first patient, say: "A few hints on these points, if you please." I would advise the friends of that young man to give him a trial; I will vouch for his doing all he does do right. It would be well for all young physicians to remember an old but true adage: "The first impression is the most lasting."

OF PHLEBOTOMY OR BLOODLETTING.

The operation of bleeding being so frequently performed by planters, it is generally regarded by the public as a very trivial operation; but this is a mistake, as it is a very important operation, and hence many expert surgeons have almost an invincible dislike to it, while the person ignorant of the great nicety, steadiness, and exactness necessary, as well as its effects on the constitution, performs it with the greatest freedom, but not with uniform success, as is proved by the many melancholy cases of wounded tendons and punctured arteries that are met with by physicians, and admitted into our hospitals.

Bleeding is usually performed at the bend of the arm, and the vein selected should, if possible, be the median-cephalic (that which runs from the centre of the bend towards the outer side of the arm). This vein is not only more safe and convenient for opening, but the blood flows more freely from it, which, in many acute diseases, is of great consequence; for it is a well-established fact that the speedy extraction of a few ounces of blood is more beneficial than double the quantity taken slowly from a small vein or orifice.

The person being properly seated in a good light, a ligature or bandage of tape or ribbon should be tied round the upper arm a little above the elbow, say about three fingers' breadth,

sufficiently tight to compress the veins so as to prevent the return of blood, but not so tight as to prevent its passing by the brachial artery, for after the ligature is applied the pulse should continue to beat, otherwise the vein will scarcely bleed after it is opened. The arm should be extended, and if the vein does not rise well the patient should shut his hand or grasp a stick; the physician should then take the arm into his left hand, and if the vein appear loose under the skin he should place the thumb of his left hand on it about an inch and a half or two inches below the part he has fixed on to make the puncture. The lancet, being firmly held between the forefinger and thumb of the right hand, is then to be steadily introduced into the vein obliquely, and taken out by elevating the point directly upwards, so as to enlarge the puncture. When sufficient blood has been taken, the ligature is removed, the thumb placed on or just below the orifice to check the bleeding, and the wound is closed by a small compress of lint; this is secured by a bandage passed diagonally across the bend of the arm, the ends being carried around, one above the other, below the elbow, brought in front, and made to cross each other immediately over the puncture, in the form of the figure 8; they are then secured by tying them together.

Bleeding may be performed, also, at the back of the wrist, at the ankle, and at the neck. The best vein to select, in the first of these situations, is that which is seen running up the arm from the back of the thumb. That in the second is the internal saphena, which is seen taking its course from the great toe along the internal border of the leg, in front of the inner ankle. The external saphena, which passes behind the outer ankle, may be opened if it appear the larger of the two, which is rarely, however, the case. The mode of opening these veins is similar to that described for the bend of the arm; but, in addition, it is usual to immerse the hand or foot in warm water to promote the bleeding. The external jugular vein, on either side of the neck, is sometimes opened in cases of apoplexy in adults, and in children when the veins at the elbow are hidden by fat. It is an operation neither dangerous nor difficult, and is performed in the following manner: The vein is to be compressed just above the collar-bone, either with the thumb of the operator's left hand, or by placing upon it a thick pledget of lint, &c., confined there by a bandage tied under the opposite armpit; the vein being then fixed by two fingers of the left hand, an opening is to be made in a direction rather across it, and this should be somewhat wider than is usually made in bleeding at the arm. The stream of blood may be directed into the basin

by a folded card, or other similar contrivance, to prevent its trickling down the breast; and when a sufficient quantity has been taken away, a piece of common sticking-plaster is to be placed on the orifice, and over that a pledget, which is to be kept in place by a bandage or handkerchief, wound gently round the neck.

Cupping.—By the word cup, is understood a little bell-glass, three to four inches high, from which we exhaust the air, so that when applied on the skin it may cause a congestion of this membrane, from the pressure of the atmosphere upon the parts around the cup itself. These cups, though made of various materials, yet differ chiefly in the manner in which the air within them is exhausted; some being slightly open at the top, and fitted to receive the end of a small air-pump; others being entirely closed, and exhausted by the use of fire, applied internally in different ways. Whenever the cup is simply applied on a part, it causes a flow of blood and temporary fulness of the vessels in the skin; but when the flesh is cut after this application of the cup, the blood will flow freely from the incisions, on the exhausted cup being again placed over the part, though it could not do so previously. This mode of depletion is termed cupping, or the application of wet cups, in contra-distinction to dry cupping, or that in which the cup is applied merely to draw the blood to the surface. When it is desirable to exhaust a cup, it may be done either with the pump, by fitting it to the cup as prepared for it, applying the latter to the part perpendicularly, and then working the piston once or twice as in any ordinary syringe; or by the use of fire to rarefy the air within the cup itself.

With the latter view, various means have been employed; thus the air may be rarefied either by the rapid insertion of a candle or little torch, followed by the instant application of the cup to the part; or else fire may be placed in the cup and it at once put on the skin. To do this, some practitioners shake a little alcohol around the inside of the cup, pour out what flows readily, and inflame the little that adheres to the glass by a lighted piece of paper; others introduce small balls of inflamed cotton saturated with alcohol; others simply use pieces of burning paper; but the two last cause unnecessary pain, by burning the skin on which they fall. The best and neatest way of exhausting a cup, is the following: Cut several pieces of letter-paper, slightly glazed, into strips about one inch and a half wide. Wrap this round the end of the fore-finger, so that about one-third of its width shall project beyond the end of the finger, and having thus formed a little tube, tear off the remainder of the strip, and twist the part projecting beyond the finger, so as

to close up the tube, and form a little cap like a thimble. Dip the open end of this thimble lightly into alcohol; a small portion will adhere to its glazed surface; touch it in a candle; throw it into the glass, and apply the latter at once to the part. The shape of the thimble is such that it will nearly always fall on its apex, or twisted end, whilst the part wet with the alcohol, or the base, will stand uppermost and sufficiently far from the skin to prevent its being burnt. Having by either of these modes exhausted a cup, allow it to remain on the surface of the part till the skin under it has become turgid, then, if blood is to be taken, cut the integuments by means of the scarificator, and reapply the cup as before: removing it when filled or half filled with blood, and again applying it, if necessary. In order to remove the cup, introduce the nail of the fore-finger under its edge, and gently force the cup on to its side, so as to allow the air to enter. After wet cupping, the parts should be cleansed, and covered with cerate or an oiled rag.

If the regular cupping apparatus, as furnished by the cutler, is not at hand, we may perform the operation very well by using wine-glasses or tumblers; scarifying the parts, if blood is to be taken, by rapid punctures of a thumb-lancet, bistoury, or sharp pen-knife.

In using the scarificator, the operator should regulate the depth of the lancets, previous to its application, and then place it firmly in contact with the skin before touching the spring, so as to avoid the lacerated incision which will probably otherwise result from the cut of the lancet, if loosely applied.

Leeching.—Leeches afford the most effectual means of abstracting blood locally, being often applicable to parts which, from their situation or great tenderness, would not admit of the use of cups, and, in the case of infants, are always preferable to the latter.

In order to apply them with ease to any part, care should be taken to free it, by washing, from all medicaments, and by shaving from all the hair or down on the skin. If the leech is very active or hungry, it will readily attach itself to the part when thus cleansed; but generally it is necessary to moisten the surface with a little blood, or with milk, or with sugar and water, when the leech will readily leave the vessel containing it, and attach itself to the skin. If it is desirable to attach a leech to any one point, place it in a large quill or glass tube, and put this directly on the part; when, as the animal cannot escape, it will readily adhere. But when the part is not so circumscribed, it suffices to apply the edge of the cup containing them just below the point, and let them crawl on to it; or place

them under a tumbler, and, by confining their wandering, cause them to attach themselves to the portion beneath the glass.

Where blood is wanted to induce them to bite, it may be readily obtained by tying a string tightly around the extremity of the finger, so as to render it turgid, and then lightly pricking it with a lancet; the blood escapes in points, and may then be smeared on the part. This operation causes no pain, unless very often repeated on the same finger. But if a part is thoroughly cleansed from all secretions, hairs, &c., and care is taken in the preservation of the leech, it will attach itself without necessitating this operation.

Leeches continue to draw blood until they are gorged, when they drop off. But if it becomes necessary to remove them before they are thus filled, it should be done by washing them with a little salt and water, and not by pulling them off; as this is very apt to leave the teeth in the wound, where it serves as an irritant, besides being destructive to the leech. Six American leeches are calculated to draw one ounce of blood; but as their bites frequently bleed as much as the animal itself drew, this is but an approximation to the quantity. Some persons are in the habit of cutting off the tail of the leech, in order to cause it to continue sucking for a long time, as the blood passes out as fast as swallowed; but it is a barbarous practice, and of course destructive to the utility of the animal. After the leech has come away, the bites continue to bleed, and this may often be encouraged by the application of flannels, and cloths wrung out of hot water. But if it is not desirable to take this extra amount of blood, cover their bites with a piece of linen, moistened in sweet oil, or spread with fresh lard or cerate. Occasionally it happens, in the case of children or weakly individuals, that the after-bleeding is profuse and debilitating, and that it is absolutely necessary to arrest it at once. Various measures have, therefore, been recommended, but I have generally found, under these circumstances, that it is only necessary to touch each bite with a sharp-pointed piece of lunar caustic, or to dry the spot thoroughly, and then apply over it a small piece of patent lint or cotton, wet with collodion. A hot needle, stitches, &c., have been recommended, but the above is less painful, and more readily applied. In our large cities, where leeching is the peculiar business of a class of individuals, there is generally no difficulty in their employment; but with the country practitioner it is different, as he must preserve and apply them himself, and this is found to be a very onerous duty. Let it, however, be recollected, that their application is sometimes a matter of absolute necessity; that, as above shown, it is simple, and two

of the objections to their use are removed. Their preservation is then the only point of difficulty, and this may be obviated by a slight attention to the habits of the animal. The leech, when gorged, remains inactive or unfit for use for several weeks, and is also liable to disease, by which numbers are lost. All that is necessary to guard against this, is perfect rest in a vessel of fresh water; in a few weeks they will again be fit for use. The preservation of them by the following rules is easy, and always insures a supply: Never squeeze them to cause them to disgorge, it brings on disease. Place them in clean water, and change it frequently. Then, in order to keep them in health and ready for use, place them in a cool place, and arrange a mixture of moss, turf, and fragments of wood at the bottom of the vessel containing them, laying a few stones on the pieces to keep them in position. Place in it, also, a piece of wood or earthenware filled with small holes, so that the leech may keep up its natural habits, and by drawing itself through the holes in the board or through the moss, sticks, or stones, free itself from the secretion of slime found on its body, which otherwise becomes the cause of disease. By changing the water occasionally, and keeping the trough, tub, or jar, covered with a piece of muslin, in a cellar, any practitioner can always have a supply of these useful animals at his command. Let it be recollected, however, that those which have been used are to be kept separate from the others for about two months, when they may be replaced in the trough till again called for.

THE MEANS OF FUMIGATING INFECTED CHAMBERS, ETC., AND PREVENTING THE PROGRESS OF CONTAGIOUS DISEASES.

The Nitrous Fumigation, in the form of Gas.—The gas or vapor is obtained by pouring one ounce of sulphuric acid upon two ounces of the nitrate of potash, in a large tea-cup placed in a basin containing hot water; the gas required will be immediately disengaged.

This quantity will be sufficient for a small apartment, and may be used in a sick-room, provided it be placed at some distance from the patient. If the room be large, two cups should be used; and, if intended to fumigate a whole house, several should be placed in various parts, closing the doors and windows for half an hour.

The chloride of lime and soda are also powerful disinfecting

agents, almost instantaneously destroying every bad smell, and all effluvia arising from animal or vegetable decomposition, and effectually preventing their deleterious influence.

Directions for the Use of the Chloride of Lime.—To a pound of the chloride of lime add four gallons of water; stir the mixture well; and, after allowing it to settle for a short time, pour off the clear solution, and keep it in well-corked bottles.

In large towns and cities suffering from infectious or contagious disorders, it is strongly recommended to sprinkle the rooms morning and evening with the mixture, and to place some of it in shallow dishes or basins in the different rooms, particularly the bedrooms.

In typhus or putrid fevers, infectious complaints, &c., the mixture should be sprinkled about the room and bed-linen occasionally, the usual precaution for renewing the air of the room being equally attended to. A wineglassful added to the water of a night-chair or bed-pan will prevent any smell.

The effluvia from drains, sewers, cesspools, &c., will be destroyed by pouring into them a quart of the mixture added to a pailful of water, and repeating the operation until the smell ceases.

Water in cisterns may be purified, and all the animalculæ destroyed, by putting into it a small quantity of the pure liquid, say about one pint to one hundred gallons of water.

Bugs may be destroyed by well washing the joints of bedsteads and all crevices with the pure liquid.

Stables and slaughter-houses may be purified by the same process.

Directions for the Use of the Chloride of Soda.—This preparation will retain its properties for a considerable time, if kept from the light in a glass bottle well stopped; and, when used, it must be mixed in the proportion of one ounce or two large spoonfuls to each pint of water. The use of this mixture is regulated by precisely the same rules as are given for that prepared with the chloride of lime. It has been most successfully applied in the following cases, viz., carbuncles, hospital gangrene, ill-conditioned ulcers, ulcerated sore-throats, and fetid discharges of every description. The proportions to be used vary according to the state of the disease. Generally, it is best to commence with one part of the soda to eight of water. Frequent repetitions of a weak solution are more effectual than the stronger mixtures.

OF DIET.

Diet consists in that course of eating and drinking which every man employs for the support of life, and varies therefore with every individual in a certain degree, according to taste and circumstances. It is not an easy matter to ascertain the exact quantity of food proper for every age, sex, and constitution, or the exact proportion of animal and vegetable nourishment which is most conducive to health. This cannot, perhaps, be fully ascertained; but we may admit, as a general rule, that two-thirds or three-fourths of vegetable to one-third or fourth of animal food is the most proper.

Three meals in a day are as many as nature requires, and certainly as much as the stomach can properly digest. Dinner ought to form the chief of these. Hearty suppers, particularly of meat, in which some people indulge themselves previously to their retiring to rest, are highly prejudicial to health, hence the old adage—

"Great suppers a very great evil we call;
That your sleep may be sound let your supper be small."

Of Diet under Disease.—If it be necessary to pay attention to diet in health, as all will admit, it is certainly still more so under disease; therefore we will give the form suited to the different stages:—

Low or Fever Diet may consist of panada gruel; milk thickened with arrowroot; plain bread pudding; arrowroot; tapioca; jellies; rice; milk; chicken or veal tea. Drink barley-water, acidulated with lemon or orange whey; imperial drink; thin gruel; balm, sage, or mint tea.

Restorative or Convalescent Diet.—Rice or bread pudding; hartshorn, isinglass, or calves'-feet jelly; fresh oysters or shell-fish; veal, fowl, rabbit, and lamb. Drink genuine porter; port or claret wine with water; weak pure brandy and water.

Generous or Full Diet.—Rice or bread pudding; broth; soup; oyster and shell-fish; veal, lamb, mutton, beef, pork, &c; jelly of hartshorn, calves'-feet, or isinglass; meat soup, with vegetables. Drink porter; sherry, port, or claret wine; or brandy diluted with water, if necessary.

OF DRINK.

Drink, as is well known to all, is that supply of liquid which the body requires to repair its fluid parts, and the necessity of

this supply, as well as its quantity, are both pointed out by a certain feeling which the want of it excites, named thirst. Therefore you perceive, from the purpose that drink is naturally designed to serve, the liquid composing it should be of the simplest and most diluent kind; hence water is the drink of all animals, and also of man in his natural state. But, along with refinement, this part of aliment, as well as food, has changed the simplicity of its nature; it has become impregnated with a variety of foreign matters, which stimulate and disorder the system, and thus, instead of answering the original intention of nature as a pure elementary fluid in allaying thirst, it is formed only to please the palate and to create a desire for the enjoyment of it beyond what either nature requires or reason approves. Drinking is indispensably necessary to the support of animal life. The use of it, however, like that of food, requires certain regulations, and we are more apt to exceed in the proportion of drink than of food. There are many people, however, who scarcely ever drink except at meals, the time when water or dilution is least necessary, as its immoderate indulgence at meals dilutes the gastric juice, and thereby retards, instead of hastening, digestion, and makes the food pass off quickly. Hence the mass of blood is thinned by it, and general debility ensues, distinguished by universal relaxation and too copious a discharge of different excretions; so it will be perceived that excess in drinking as well as eating should be avoided.

A glass of cold water early in the morning is the best tonic; it will give vigor and tone to the stomach, and prepare it for the approaching meal. It will remove any viscid phlegm which may be collected in it, and which may vitiate the appetite for the morning repast, much better than a glass of the distilled spirits of the country. At first, this cold water beverage may be disagreeable; but, if continued for a few mornings, it will prove a refreshing and agreeable relish. I have known many feeble persons to become strong by the use of this natural beverage prepared by God to nourish and invigorate his creatures. There are, however, many cases of indigestion or atonic dyspepsia in which a teaspoonful or two of brandy, added to half a glass of water, and drunk immediately after dinner, will be of great benefit. We should be careful not to continue the brandy too long, lest we augment the disease, instead of relieving it, as the continued use of spirits disorders the stomach by its chemical action on the internal coat, thereby producing a vitiated secretion of the gastric juice, the effect of which is indigestion, the very disease we are endeavoring to cure.

The prevalency of indigestion with ladies, particularly in the South, may be justly attributed to inactive life and to error in diet; but with the men and the slaves of the same section it is more frequently produced by the excessive use of spirituous liquors and tobacco. The best treatment in such cases is cold water in the place of liquor, and poplar bark in the place of tobacco, the juice to be swallowed. I have known many cases cured by this treatment.

DIETETIC PREPARATIONS.

Biscuit Jelly.

White Biscuit four ounces; Water four pints; boil down one-half; strain; evaporate to one pint. Add White Sugar q. s.; Wine four ounces; Cinnamon Water one drachm. In debility of the digestive organs.

Hartshorn Jelly.

Hartshorn Shavings one ounce; Water four pints; boil to two pints; strain. Warm again; add Orange Juice an ounce; White Sugar six ounces or q. s.; Wine five ounces.

Sago Jelly.

Soak Sago in water for an hour; pour it off, adding more; boil till the Sago is transparent; then add Wine and Sugar q. s.

Isinglass Jelly.

Isinglass two ounces; Water two pints; boil to one; strain; and add Milk one pint; White Sugar Candy one ounce. Nutritive.

Chicken Jelly.

Cut a Chicken into small pieces, bruise the bones, and put the whole into a stone jar, with a cover that will make it water-tight. Set the jar in a large kettle of boiling water, and keep it boiling for three hours; then strain off the liquid, and season it slightly with salt, pepper, and mace, or with loaf sugar and lemon-juice, according to the condition of the patient for whom it is intended.

Rice Jelly.

Mix a quarter of a pound of Rice, picked and washed, with half a pound of Sugar, and just sufficient Water to cover it. Boil till it becomes a glutinous mass; then strain, and season with whatever may be thought proper.

Bread Jelly.

Boil a quart of Water, and suffer it to cool. Take one-third of a sixpenny loaf of Bread, slice it, pare off the crust, and toast to a light brown. Then put it into the water, place it on hot coals in a covered pan, and boil it gently till you find it dissolved by straining through a cloth, and set it away for use. When it is to be taken, warm a teacupful, sweeten it with sugar, and add a little grated lemon-peel.

Arrowroot Jelly.

Mix three tablespoonfuls of best Bermuda Arrowroot in a teacup of water quite smooth, cover it, and let it stand a quarter of an hour. Put the yellow peel of a Lemon into a pint of water, and boil to one-half. Then take out the Lemon-peel, and pour in the dissolved Arrowroot, while the water is still boiling; add sufficient White Sugar to sweeten it well, and let it boil together for five or six minutes. It may be sweetened, if thought necessary, with two teaspoonfuls of Wine and some grated Nutmeg. It may be boiled in milk instead of water, or in wine and water, according to the condition of the patient.

Port Wine Jelly.

Melt an ounce of Isinglass in a little warm water; stir it into a pint of Port Wine, adding two ounces of Sugar Candy, one ounce of Gum Arabic, and half a Nutmeg grated. Mix all well, and boil it ten minutes, or till thoroughly dissolved. Then strain through muslin and cool.

Tapioca Jelly.

Take of Tapioca two spoonfuls; Water one pint; boil gently for an hour, or until it assumes a jelly-like appearance. Add Sugar, Wine, and Nutmeg, with Lemon juice to suit the taste and the nature of the case. This is improved by washing the Tapioca well, and allowing it to steep for five or six hours, changing the water three times, then proceed as before.

Sago.

Wash in two or three waters, and let it soak for two or three hours. To a teacupful of Sago allow a quart of Water, and some of the peel of a Lemon. Simmer till all the grains look transparent. Then add Wine and Nutmeg, and boil together for a few minutes (or plain with milk).

Barley Water.

Wash clean some Pearl Barley, and to two ounces of Barley add one quart of Water. Add a few Raisins or some Lemon-peel and Sugar, and boil slowly till reduced one-half; then strain and sweeten. As nourishment in inflammatory diseases.

Rice Water.

Take of Rice two ounces, wash it well, and add two quarts of Water. Boil for an hour and a half, and then add Sugar and Nutmeg as much as may be required. To be taken *ad libitum.* Mixed with milk, this is an excellent diet for children.

Chicken Water.

Take half a Chicken divested of all fat, and break the bones; add to this half a gallon of Water, and boil for half an hour. Season with salt.

Beef Tea.

Take of lean Beef cut into shreds one pound; Water one quart; boil it for twenty minutes, taking off the scum as it rises. After it grows cold, strain the liquor.

Essence of Beef.

Take of lean Beef sliced one pound, put it into a bottle or jar closely corked. Place this in a vessel of cold water and boil for an hour or more. Then decant and skim the liquid. Chicken tea may be made in the same way. Very nourishing and palatable.

Liebig's Soup.

To prepare this broth, half a pound of the flesh of a recently killed animal (beef, or the flesh of a fowl) is chopped fine, and well mixed with a pound and an eighth of distilled Water, to

which four drops of pure Muriatic Acid, and from half to a drachm of Common Salt, have been added. After an hour, the whole is thrown on a common hair sieve, and the fluid is allowed to run off without pressure. The first portion, which is turbid, is poured back, until the fluid runs off quite clear. On to the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red color, and an agreeable taste of broth. The sick are allowed to drink a cupful cold at pleasure. It must not be heated, as it then becomes turbid, and deposits a thick coagulum of animal albumen and hæmatin.

Wine Whey.

Boil a pint of Milk, and when boiling add a large wineglass of Sherry or Madeira Wine. Let it boil again, and then remove it from the fire, and let it stand a few minutes. Then remove the curd, pour the whey into a bowl, and sweeten it.

Rennet Whey.

Wash a small bit of Rennet about two inches square in cold water, to remove the salt. Put it into a teacup, and pour on lukewarm water enough to cover it. Let it stand all night, and in the morning stir Rennet Water into a quart of warm Milk; cover it, and set it near the fire till a firm curd is formed. Pour off the whey, and it will be found a very cooling and palatable drink.

Corn-Meal Gruel.

Take of Corn Meal one handful; Water two quarts; boil it till only one quart remains; then strain off the liquor, and season it to the palate with salt, sugar, and nutmeg, to which may be added a spoonful or two of wine.

Rice Gruel.

Take of ground Rice one ounce; Cinnamon one drachm; Water two pints. Boil for forty minutes, adding the Cinnamon near the conclusion. Strain and sweeten, and add Wine, if necessary.

Rice Milk.

Take a large teacupful of Rice, washed nicely; Water one pint. Boil it for about half an hour, then add a quart of new

Milk. Let it simmer over a slow fire till it is sufficiently done, and then add to it a little Sugar and Nutmeg.

Rice Caudle.

When the water boils, pour into it some grated Rice mixed with a little cold water; when of a proper consistence, add Sugar, Lemon-peel and Cinnamon, and a glass of Brandy to a quart. Boil all smooth.

Bran Tea.

Take of fresh Wheat Bran one pint; Water three quarts. Boil down one-third, strain, and add Sugar, Honey, or Molasses, according to the taste of the patient.

Lemonade.

Take of fresh Lemon juice four ounces; fresh Lemon-peel half ounce; White Sugar four ounces; Boiling Water three pints. Let them stand till cold, and then strain off for use. In fevers, a little Spirits of Nitre may be added.

Medicated Lemonade.

Take of White Sugar one pound; Tartaric Acid quarter of an ounce; Essence of Lemon 30 drops; Water three quarts. Mix.

Tamarind Water.

Put Tamarinds into a pitcher or tumbler till it is one-third full, then fill it up with cold water; cover it, and let it infuse for a quarter of an hour or more.

Molasses Posset.

Put into a saucepan a pint of the best Molasses, a teaspoonful of powdered White Ginger, and a quarter of a pound of fresh Butter. Simmer on hot coals for half an hour, stirring frequently. Then stir in the juice of two Lemons, or two tablespoonfuls of Vinegar; cover the pan, and let it stand by the fire five minutes longer.

Cocoa.

Boil two ounces of good Cocoa in a quart of water, and, as soon as it boils, set it on coals to simmer gently for an hour or more. To be used hot.

Toast Water.

Toast some pieces of Bread brown (not burnt), then put them into a pitcher, and fill it up with boiling water. Let it stand till cold, then strain it and put it into a decanter.

Pectoral Water.

Take of common Barley and Raisins stoned, each two ounces; Liquorice Root half an ounce; Water two quarts. Boil the water first with the barley, then add the raisins, and afterwards, near the latter end of the boiling, the liquorice. The decoction then will be fully completed, when one quart only of the liquor will be left after straining.

Imperial Drink.

Take of Cream of Tartar one drachm; the outer rind of fresh Lemon or Orange-peel half a drachm; Loaf Sugar one ounce; Boiling Water two pints. When they have stood in a pitcher about ten minutes, strain off the liquor.

Flaxseed Tea.

Take of Flaxseed one ounce; White Sugar one ounce and a half; Lemon-juice two tablespoonfuls; Boiling Water two pints. Infuse them in a pitcher some hours, and then strain off the liquor. An ounce of Liquorice, shaved, may sometimes be used instead of sugar.

Chicken Broth.

Take a middling-sized Chicken, divide it into two parts; put one-half into a saucepan with a quart of water; season with a little salt; as the scum rises take it off; then may be added a small bundle of parsley and a crust of bread. When they have boiled about three-quarters of an hour, the parsley may be taken out, and the broth will be fit for use, or it may be used seasoned only with salt. Mutton broth can be made in the same way.

Bread Pudding.

Take of crumbs of Bread about half a pound; new Milk about three-quarters of a pint. Pour the milk boiling hot upon the bread, and let it stand about an hour covered close up; then add the yolks of two eggs well beaten; a little grated nutmeg;

about a spoonful of rose-water; a little salt and sugar also, if agreeable. Beat the bread well, and mix the whole together with a spoon. Tie it then close up in a clean linen cloth, and when the water boils put it in; boil about three-quarters of an hour, then take it out, lay it upon a plate, and pour over it some melted butter, mixed with a little mountain wine, if there be no objection, and sprinkle a little sugar over all. This is a good convalescent diet.

Rice Pudding.

Wash and pick some Rice; throw among it some Pimento finely powdered, but not much; tie the Rice in a cloth, and leave room for it to swell. Boil it in a quantity of water for an hour or two. When done, eat it with butter and sugar, or milk. Put lemon-peel, if you please. It is very good without spice, and eaten with salt and butter.

Or swell the rice with a very little milk over the fire; then add some more milk, an egg, sugar, allspice, and lemon-peel. Bake in a deep dish.

Custard Pudding.

Mix by degrees a pint of good Milk with a large spoonful of Flour, the yolks of four Eggs, and a little pounded Cinnamon. Butter a basin that will exactly hold it, pour the batter in, and tie a floured cloth over. Put it in boiling water over the fire, and turn it about a few minutes to prevent the egg going to one side. Half an hour will boil it.

PART IV.

MEDICAL AND MISCELLANEOUS STATISTICS.

The following table is intended to embrace a variety of tables containing much valuable information to the practitioner, and affording at a glance much that might otherwise require hours of research.

POISONS.

We present the following table of poisons under two general heads: First, the corrosive, or those which act specifically on the coats of the stomach and intestinal canal; and second, the sedative, or those which destroy life by depriving the nervous system of that power by which the great functions of animal life are carried on and sustained. This division is the most natural, as not only the effect of each class upon the system is entirely dissimilar, but the treatment requisite to be had is of a distinct and marked character.

Corrosive Poisons.

	ANTIDOTES AND TREATMENT.
The strong Mineral Acids. Nitric Acid. Muriatic Acid. Sulphuric Acid. Oxalic Acid.	Magnesia, Chalk, Whiting, in milk or water; mucilaginous or soapy liquid, in large quantities. When Sulphuric Acid has been taken, the use of much water will be improper. Stomach-pump; mechanical irritation of the fauces; Magnesia, Chalk, Whiting, in small quantities of liquid; Muriate of Lime, diluted.

	ANTIDOTES AND TREATMENT.
The strong Alkalies. Ammonia. Potassa. Soda. Lime.	Stomach-pump; emetics, diluents, demulcents, Olive Oil, diluted Vinegar, Lemon-juice, or Citric Acid, *ad libitum*.
Creasote.	Albumen; white of eggs; milk; wheat flower.
Antimony, Salts of. Tartar Emetic. Butter of Antimony.	Astringent infusions, as of Galls, Oak Bark, Peruvian Bark, Columbo, Kino, Catechu, or Green Tea, very strong, with copious draughts of warm water.
Baryta. Barii Chloridum.	Alkaline Sulphates (Epsom or Glauber Salts), in solution; stomach-pump.
Copper, Salts of. Acetate. Carbonate. Nitrate. Sulphate.	Demulcents; Albumen, as milk or whites of eggs in solution; flour and water. Vinegar must be avoided.
Gold, Salts of.	Sulphate of Iron, with a free use of mucilaginous drinks.
Silver, Salts of. Nitrate (Lunar Caustic).	Chloride of Sodium (common salt) in large quantity of water; stomach-pump.
Tin, Salts of. Chloride (Dyer's Liquid).	Stomach-pump; emetics, diluents, demulcents, milk, or four whites of eggs.
Iron, Salts of.	Carbonate of Soda, with mucilaginous drinks.
Lead, Salts of.	Sulphate of Magnesia (Epsom Salts), or diluted Sulphuric Acid.
Zinc, Salts of.	Diluents; Carbonate of Soda, with demulcents, milk, albumen.
Mercury, Salts of. Bichloride (Corrosive S.), Bicyanide. Iodide. Nitrate.	Albumen, as whites of eggs, in large quantity; flour and water; milk.
Nitre. Phosphorus.	Warm demulcents; Magnesia; stomach-pump.

Sedative Poisons.

Gaseous Poisons. Carbonic Acid. Sulphuretted Hydrogen. Carburetted Hydrogen.	The open air. Asphyxia must be treated by copious effusions of cold water to the head and face, if the surface is warm, and bloodletting; mechanical excitement of respiration by manipulating the thorax and abdomen; feet in hot water and friction to the chest.
Alcohol, or Spirituous Liquors.	An emetic should be given, followed by copious draughts of warm water; congestion of the brain and other symptoms to be treated on general principles. As the best prophylactic to this poison, we would suggest the temperance pledge rigidly conformed to.
Opium. Morphia, &c.	Stomach-pump; emetics, as Tartar Emetic, Sulphate of Copper or Zinc; external excitation; keep in motion; mechanical excitement of respiration; cold affusion to the head and face; feet in hot water; electro-magnetism; internal stimulants; Ammonia, coffee, vegetable acids.
Hydrocyanic Acid.	Same as in Opium. Mixed Oxides of Iron, obtained by precipitating solution of green Sulphate with Potash.
Oil of Bitter Almonds.	Same as in Hydrocyanic Acid.
Oil and Water of Wild Cherry—Laurel.	The same.
Aconitum - Napellus (Aconite). Atropa-Belladonna (Deadly Nightshade). Conium Maculatum (Spotted Hemlock). Colchicum. Digitalis. Helleborus Niger (Black Hellebore). Stramonium.	The general treatment in poisoning by the other simple narcotics and acrid narcotics in this list is the same as in Opium. Emetics, stomach-pump, followed by the administration of purgatives. No antidote can be relied upon; but, as Tannin decomposes these alkaloids, the free use of decoction or infusions containing it may be given with advantage. (In poisoning from Digitalis, the recumbent posture, to prevent syncope.)

Sedative Poisons—continued.

Tobacco. Veratrum, &c. Nux Vomica. Strychnia.	Veg. Astringents; Conium; Ether; Chloroform.

Points necessary to be observed in investigating cases of Poisoning.

When a practitioner is called to a case of poisoning, it is his duty not only to make every effort to save life, but to observe and note down every circumstance which may tend to detect the perpetrator of the crime.

The following are the principal points which demand the attention of a medical jurist, in all cases of suspected poisoning, with respect to

Symptoms.

1. The time of their occurrence; their nature.
2. The exact period at which they were observed to take place; after a meal, or after food or medicine had been taken.
3. The order of their occurrence.
4. Whether there was any remission or intermission in their progress, or whether they continued becoming more and more aggravated until death.
5. Whether the patient had labored under any previous illness.
6. Whether the symptoms were observed to recur more violently after a particular meal, or after taking any particular kind of food or medicine.
7. Whether the patient has vomited; the vomited matters, if any, especially those first ejected, to be procured; their color noted, as well as their quantity.
8. If none be procurable, and the vomiting has taken place on the dress, furniture, or floor of the room, then a portion of the clothing, or carpet may be cut out and reserved for analysis.
9. Endeavor to ascertain the nature of all the different articles of food or medicine last taken.
10. Ascertain the nature of all different articles of food used at a meal.
11. Any suspected articles of food, as well as the vomited matter, to be sealed up in a proper vessel and reserved for analysis.
12. Note down in their own words all explanations voluntarily

made by parties present, or who are supposed to be concerned in the suspected poisoning.

13. Whether more than one person partook of the food or medicine; if so, whether all these persons were affected, and how.

14. Whether the same kind of food or medicine had been taken before by the patient or other persons without ill effects following.

In the event of the death of the patient, it will be necessary for a practitioner to note down—

15. The exact time of death, and thus determine how long a period the person has survived after having been first attacked with the symptoms.

16. Observe the attitude and position of the body.

17. Observe the state of the dress.

18. Observe all surrounding objects. Any bottles, papers, packets, weapons, or spilled liquids lying about should be collected and preserved.

In the event of a post-mortem examination being ordered by a coroner—

19. Note the external appearance of the body, whether the surface be livid or pallid.

20. Note the state of countenance.

21. Note all marks of violence on the person, or discomposure of the dress, marks of blood, &c.

22. If found dead, when was the deceased last seen living, or known to have been alive.

23. Note all circumstances leading to a suspicion of suicide or murder.

Inspection of the body:—

24. Observe the state of the abdominal viscera.

25. If the stomach and intestines be found inflamed, the seat of inflammation should be exactly specified, also all marks of ulceration, effusion of blood, corrosion, or perforation.

26. The contents of the stomach should be collected in a clean vessel; their color, odor, and nature specified.

27. The contents of the duodenum should be separately collected.

28. Observe the state of the large intestines, especially the rectum.

29. The state of the larynx, fauces, and œsophagus, whether there be in these parts any marks of inflammation or corrosion.

30. Note all morbid changes in the thoracic viscera and the brain.

HINTS TO DYSPEPTICS.

The following articles had generally better be avoided by dyspeptics:—

Cream,	Mashed potatoes,	Sprats,
New bread,	Sausages,	Eels,
Hot rolls,	Stuffing of meats,	Cheese,
Fat bacon,	Ditto of poultry and game,	Pastry in all its shapes,
Green tea,	Smoked beef,	Salads,
Buns,	Salt meat,	Raw vegetables,
Sweet biscuits,	Peas, suet, &c.,	Cucumbers,
Rich soups,	Marrow puddings,	Radishes,
Pork,	Fried fish,	Lettuces,
Beef,	Boiled salmon,	Nuts, walnuts,
Veal,	Mackerel,	Cocoanuts,
Ham,	Shrimp and other sauces,	Almonds and filberts.

A person in health may partake of every one. This array of "forbidden fruit" is only for "invalids." As to quantity, every person should regulate that by his feelings; he ought to know when he has eaten enough; it is impossible for a physician to say how much in general is requisite for every individual, for our appetite and capacities vary every day. We can say this much, however, that more maladies are created by over-feeding than under-feeding, and that a majority of us consume more than there is really any occasion for. Every man in search of health should reflect for himself.

TABLE

Of Articles of Diet, with the time required for their Digestion.

Articles.	How Dressed.	Time of Digestion h.	m.
Rice	Boiled	1	0
Sago	"	1	45
Tapioca	"	2	0
Barley	"	2	0
Milk	"	2	0
*Ditto	Raw	2	15
*Tripe	Boiled	1	0
Venison steak	Broiled	1	35
Turkey	Roasted or boiled	2	30

Articles.	How Dressed.	Time of Digestion h.	m.
*Goose	Roasted	2	30
*Pig, sucking	"	2	30
Lamb	"	2	30
Chicken	"	2	45
*Eggs	Hard boiled	3	30
Ditto	Soft	3	0
*Ditto	Fried	3	30
*Custard	Baked	2	45
*Salmon	Boiled	1	30
Oysters	Raw	2	55
*Ditto	Stewed	2	30
Beef	Roast	3	30
Beef steak	Broiled	3	0
*Pork steak	"	3	15
*Ditto, fat and lean	Roasted	5	15
*Ditto, recently salted	Boiled	4	30
Mutton	Roasted	3	15
Ditto	Broiled or boiled	3	0
*Veal	Broiled	4	0
*Ditto, cutlets	Fried	4	30
Fowls	Boiled	4	0
*Ducks	Roasted	4	0
*Butter	Melted	3	30
*Cheese, old strong	Raw	3	30
*Soup, beef, vegetables, & bread	Boiled	4	0
*Soup, bean	"	3	0
Ditto, barley	"	1	30
Ditto, mutton	"	3	30
Chicken soup	"	3	0
*Hashed meat, and vegetables	Warmed	2	30
*Sausages, fresh	Boiled	3	20
*Heart, animal	Roasted	4	0
*Beans	Boiled	2	30
Bread	Baked	3	30
Dumpling, apple	Boiled	3	0
Apples	Raw	2	50
*Parsnips	Boiled	2	30
*Carrots	"	3	15
*Turnips	"	3	30
Potatoes	"	3	30
*Cabbage	"	4	30

Those articles in the above Table marked *, should be avoid-

ed, or eaten very sparingly by the invalid, for it does not follow that that which is the more readily soluble is the most suitable to a morbidly sensitive stomach. This list is founded upon experiments made on small quantities. Of course, the more there be taken the more time is required on account of the process of digestion occasioned by the absolute irritation from the distension of the stomach. As far as my experience is concerned, I would rather have the reader rely upon his own judgment for his guide, than the time stated on the outer margin, as the time varies with the health and seasons, and with perfect or imperfect mastication.

TABLE

Of Physicians. Made out by DR. C. A. LEE, *from the Census of* 1850.

States.	Number of Physicians.	Population.	Ratio of physicians to population.	Number of inhabitants to square miles.
Maine . . .	659	583,169	854	12.5
New Hampshire	623	317,976	510	39.6
Vermont . . .	663	314,120	473	39.26
Massachusetts .	1,643	994,514	605	137.17
Rhode Island .	217	146,545	679	122.95
Connecticut. .	560	370,792	662	78.06
New York . .	5,060	3,097,394	612	67.33
New Jersey . .	608	489,555	801	71.46
Pennsylvania .	4,071	2,311,786	570	49.19
Delaware . .	114	91,532	838	43.17
Maryland . .	990	583,034	588	53.00
Dist. of Columbia	104	51,687	496	1033.74
Virginia . . .	2,163	1,421,661	657	23.17
North Carolina .	1,083	869,039	802	19.1
South Carolina .	905	668,507	738	23.87
Georgia . . .	1,295	906,185	699	15.62
Florida . . .	135	87,445	647	1.48
Alabama . . .	1,264	771,623	610	15.21
Mississippi . .	1,217	606,526	498	12.86
Louisiana . .	912	517,762	567	12.52
Texas	616	212,592	346	0.65
Arkansas . .	449	209,897	465	4.02
Tennessee . .	1,523	1,002,717	658	22.79
Kentucky . .	1,818	982,407	540	26.07
Ohio	4,263	1,980,329	464	49.55
Michigan . .	854	397,654	465	7.07
Indiana . . .	2,170	988,416	455	29.24
Illinois . . .	1,402	851,470	607	15.37
Missouri . . .	1,351	682,044	504	10.49
Iowa	542	192,214	354	3.77
Wisconsin . .	581	305,391	525	5.66
California . .	626	92,597	147	0.49
Territories.				
Minesota . . .	13	6,077	467	0.04
New Mexico .	9	61,547	6,838	0.29
Oregon . . .	45	13,294	295	0.04
Utah	16	11,310	711	0.06
Total . .	40,564			

The total indicates the ratio of practitioners to the whole population to be one in 511. There are more physicians in California to the inhabitants than any other State, being one in 147. And so of most of the new States. More in Georgia than South Carolina, and more in Alabama, Mississippi, Louisiana, and Texas, than Georgia. This will doubtless be a good lesson to many of our young professional aspirants.

TABLE

Exhibiting the Different Classes of Disease, as occurring each Month, for a series of Years, in the Practice of DR. E. M. PENDLETON, *Sparta, Ga.*

GENERAL CLASSES OF DISEASE.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Digestive . . .	35	51	53	106	117	88	100	106	116	101	50	46	97
Respiratory . .	35	53	49	57	36	24	34	21	28	65	106	51	55
Brain and nerves .	17	21	16	20	24	18	20	21	18	14	15	12	21
Osseous . . .	8	12	19	10	19	22	23	21	17	9	9	17	186
Urinary . . .	4	5	11	12	11	11	11	9	6	14	3	10	107
Visual . . .	4	3	5	5	4	7	3	2	2	2	1	3	43
Cutaneous . .	6	1	2	13	7	4	7	9	8	4	9	12	82
Articular . . .	8	8	8	6	6	7	8	7	7	4	6	3	76
Female . . .	32	25	4	52	49	37	35	50	40	35	28	31	455
Abscess . . .	8	7	5	8	14	14	7	20	15	13	9	18	130
Periodic fevers . .	6	4	6	9	11	8	31	58	108	70	29	6	346
Continued fevers .	6	5	6	10	13	3	0	9	7	11	3	6	79
Eruptive fevers .	7	14	7	5	6	3	4	5	8	3	4	6	74
Injuries . . .	6	19	10	12	12	18	17	12	14	18	16	17	171
All others . .	14	11	13	16	13	11	14	17	20	12	15	13	169
Aggregate . .	194	239	253	341	342	275	314	367	416	375	303	251	3,662

TABLE

Showing the Percentage of Deaths in the cases presented in the preceding Table.

Diseases.	No. of Cases.	Deaths.	Per Cent.
Diarrhœa	252	1	5.5
*Gastro-enteritis	94	5	5.3
Hepatitis	21	2	9.5
Worm fever	86	2	2.3
Dysentery	33	1	3.0
Puerperal convulsions	8	5	62.5
Uterine hemorrhage	18	3	16.2
Metritis	13	2	15.3
Dentition	43	2	4.6
Phrenitis	5	2	40.0
Scarlatina	3	1	33.3
Organic diseases of heart	4	3	75.0
Intermittent fever	209	0	0
Colic	107	0	0
Dyspepsia	81	0	0
Pneumonia	44	6	13.6
Phthisis pulmonalis	8	7	87.5
Bronchitis	49	2	4.0
Hooping-cough	22	2	9.0
Croup	14	1	7.1
Delirium tremens	5	1	20.0
Common continued fever	31	4	12.9
Inflammatory fever	48	3	6.2
Influenza	186	2	1.1
Bilious fever	119	0	0
Inflammation of bladder	6	1	16.6
Tetanus	2	1	50.0
Catarrhal fever	90	3	3.3
Rubeola	25	0	0
Erysipelas	16	0	0

* This includes gastritis, enteritis, and gastro-enteritis proper.

TABLE

Exhibiting the Climate, and condition of the Atmosphere for the two Years of the time in which the above Practice occurred at Sparta, Ga. (Lat. 33° 17′ 30″ N., Long. 50° S. W. of Washington. Elevation above the sea, 550 feet.) By E. M. PENDLETON.

Months.	Barometer.	Thermometer.		Clear sky.	Cloudy sky.	Rain in inches.
		Mean.	Range.			
1850.						
January .	29.36	52.5	12.6	213	417	6.26
February .	29.35	49.4	14.9	255	405	4.27
March . .	29.39	55.6	13.6	217	405	7.70
April . .	29.40	63.3	15.6	205	395	5.31
May . . .	29.37	68.8	13.7	357	263	4.17
June . .	29.40	76.0	14.8	332	268	1.03
July . . .	29.38	80.5	12.6	332	288	5.23
August . .	29.38	80.5	13.9	370	250	3.64
September .	29.39	75.4	15.7	353	247	0.35
October . .	29.40	63.2	19.4	465	155	2.48
November .	29.46	55.1	16.9	362	238	5.45
December .	29.44	51.3	12.5	198	422	7.27
	29.39	64.3	14.6	3659	3653	53.26
1851.						
January .	29.50	49.4	13.7	234	386	3.29
February .	29.55	44.7	15.9	237	323	4.83
March . .	29.48	57.2	17.0	307	313	5.88
April . .	29.37	62.1	14.9	287	313	8.07
May . . .	29.49	72.2	15.6	355	265	0.93
June . .	29.43	77.1	13.7	284	316	6.44
July . . .	29.43	81.5	15.2	374	246	3.13
August . .	29.45	78.5	11.9	273	347	4.40
September .	29.51	71.7	15.0	333	267	0.90
October . .	29.44	64.6	18.5	472	148	1.19
November .	29.42	52.0	15.3	302	318	6.53
December .	29.53	48.8	15.1	345	275	1 80
	29.48	64.1	15.1	3803	3517	47.39

TABLE

Showing the Difference between Minims, Drops, and Grains of various Medical Liquid Preparations of the Pharmacopœia of the United States, &c.

	Number of drops in 20 minims.	Number of minims in 20 drops.	Number of drops in 20 grains.	Number of grains in 20 drops.
Sulphuric acid	30	13.3	25	16
——— ether	50	8	60	6
Rectified alcohol	46	8.6	57	7.1
Nitric acid	28	14.2	22.2	18
Acetic acid (crystallizable)	40	10	40	10
Muriatic acid	18	22.2	18.1	22
Oil of wormseed	40	10	50	8
——— peppermint, of aniseed ——— sweet almond, olive ——— ricinus	40	10	43.5	9
——— cloves	40	10	36	11
——— cinnamon	40	10	32	12.5
Copaiba	40	10	40	10
Diluted alcohol	40	10	42	9.5
Tinct. of hydriodate of potassa, cantharides, kino, digitalis, assafetida, sulphuric acid, colchicum, opium, valerian, guaiacum	40	10	43	9.4
Tinct. (volat.) of valerian, of guaiacum	40	10	50	8
——— of muriate of iron	44	9.1	50	8
Wine (Teneriffe)	26	15.3	25	16
——— antimonial	24	16.6	25	15.3
——— of opium (Sydenham's laud.)	26	15.3	29	13.7
——— of colchicum root ——— of colchicum seed	25	16	29	13.7
Vinegar (distilled)	19	21	20	20
——— of opium (black drop) ——— of colchicum ——— of squill	26	15.3	25	16
Water (distilled)	15	26.6	17.5	24. 8
——— solution of hydrocyanic acid*	15	26.6	17.5	24.5
——————— sulphuric acid (1 to 7)	17	23.5	17	23.5
——————— nitric acid "	17	23.5	17	23.5
——————— ammonia (strong)	18	22.2	18.5	22
——————— (weak)	15	26.6	20	20
——————— hydriod. of potassa	18	22.2	20	20
——————— arsenite of potassa	19	21	20	20

* Prepared according to the London Apothecaries' Hall.

TABLE

Of the Strength of Wines. By CHRISTISON.

	Per ct. of absolute alcohol by weight.	Per cent. of proof-spirit by volume.
Port, weakest	14.97	30.56
—— mean of seven wines	16.20	33.91
—— strongest	17.10	37.27
White port	14.97	31.31
Sherry, weakest	13.98	30.89
——— mean of thirteen wines, including those very long kept in cask	15.37	33.59
——— strongest	16.17	35.12
——— mean of nine wines very long kept in cask in the East Indies	14.72	32.30
Madre da Xeres	16.90	37.06
Madeira, strongest { kept long in cask	14.09	30.86
——— weakest { in East Indies	16.90	36.81
Teneriffe, long in cask at Calcutta	13.84	30.21
Sercial	15.45	33.65
Dry Lisbon	16.14	34.71
Shiraz	12.95	28.30
Amontillado	12.63	27.60
Claret, a first growth of 1811	7.72	16.95
Chateau Latour, first growth of 1825	7.78	17.06
Bosau, second growth of 1825	7.61	16.74
Ordinary claret, a superior "vin ordinaire"	8.99	18.96
Rives Altes	9.31	22.35
Malmsey	12.86	28.37
Rudesheimer, superior quality	8.40	18.44
——————— inferior "	6.90	15.19
Hambacher, superior quality	7.35	16.15
Giles's Edinburgh ale, before bottling	5.90	12.60
The same ale two years in bottle	6.06	13.40
Superior London porter, 4 mos. bottled	5.36	11.91

The results of the above Table were obtained by distillation, which was applied with such contrivance for accuracy that nearly the whole spirits and water were distilled over without a trace of empyreuma, and without the loss of more than between two and six grains in 2,000. From the quantity and density of the spirits, the weight of absolute alcohol of the density 793.9, as well as the volume of proof-spirits of the density 920, was

calculated from the tables of Richter, founded on those of Gilpin. Dr. Christison remarks that the alcoholic strength of various samples of the same kind of wine bears no relation whatever to their commercial value, and is often very different from what would be indicated by the taste even of an experienced wine-taster.

PART V.

MEDICAL ETHICS.

Believing as we do that it is essential to all practising physicians to understand, as far as possible, each other's views in reference to what is termed medical etiquette, so that they may respect each other's feelings, and do as they would be done by, we have introduced the Code of Medical Ethics adopted by the American Medical Association, in the absence of anything better on that subject.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

Art. I.—*Duties of Physicians to their Patients.*

1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal, other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

2. Every case committed to the charge of a physician should

be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character, observed during professional attendance, should ever be divulged by him, except when he is imperatively required to do so. The force and necessity of this obligation are, indeed, so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy; for the physician should be the minister of hope and comfort to the sick, that, by such cordials to the drooping spirit he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened, not only by the acts, but also by the words or manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives

around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of, and far superior to, all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not unfrequently enjoys, of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

Art. II.—*Obligations of Patients to their Physicians.*

1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician, should always

apply for advice in what may appear to him trival cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and

in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him; and, when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician, without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER AND THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of Professional Character.*

1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid

all contumelious and sarcastic remarks, relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

2. There is no profession from the members of which greater purity of character, and a higher standard of moral excellence, are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding, and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life, of a fellow-creature.

3. It is derogatory to the dignity of the profession to resort to public advertisements of private cards or handbills, inviting the attention of individuals affected with particular diseases; publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of Physicians to each other.*

1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratui-

tous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed which the party receiving it would wish not to incur.

ART. III.—*Of the duties of Physicians as respects vicarious offices.*

1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician; and when exercised for a short period, all the pecuniary obligations for such services should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of Physicians in regard to Consultations.*

1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in con-

sultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practise from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

3. In consultations, the attending physician should be the first to propose the necessary questions to the sick, after which the consulting physician should have an opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation, and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty, attending by their common consent; and no *opinions or prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed, at the next meeting in consultation. The same privilege belongs also to the consulting physician, if he is sent for in an emergency when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough

to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time; for there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions in consultation should be held as secret and confidential. Neither by words or manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of a majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two phy-

sicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion of both time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of Physicians in cases of interference.*

1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been

regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out, in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success in the first stage of treatment affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation is desired, to resign the care of the patient to the latter immediately.

6. It often happens, in cases of sudden illness or recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for; under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to the present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no further direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give advice *gratis* to the affluent, because his doing so is an injury to his professional brethren. The office of physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds, for its support, when fees are dispensed with which might justly be claimed.

10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is ac-

complished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

Art. VI.—*Of differences between Physicians.*

1. Diversity of opinion and opposition of interest may, in the medical as other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to arbitration of a sufficient number of physicians, or a *court-medical.*

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exists numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

Art. VII.—*Of Pecuniary Acknowledgments.*

1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

Art. 1.—*Duties of the Profession to the Public.*

1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burthens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c., and

in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

3. There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical; but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties should always be recognized as presenting valid claims for gratuitous service; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the Public to Physicians.*

1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumption of ignorance and empiricism, to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

SOME OF THE MEANS OF ACQUIRING BUSINESS, AND THE CAUSES WHICH PREVENT ITS ACQUISITION, AND OCCASION THE LOSS OF IT IN THE PROFESSION OF MEDICINE.

This subject is an interesting one, particularly in this day of humbuggery, and, if properly studied, will be useful not merely by enabling the honorable practitioner to avoid what may be considered wrong in himself, but to detect it in others. For it is true that, while merit does not always rise to the eminence it deserves, yet, when successful, it is generally more permanent, and with a class more appreciating, because more refined and intelligent. Hence our advice to all young men is to base their hope of success on the honorable methods of procuring business, as a good conscience and right motives will weigh down much of the empty applause of the multitude. It is not dishonorable to avail one's self of fortuitous circumstances to advance one's reputation as a skilful practitioner, and what might otherwise be wrong loses much of its criminality when we have to contend with quacks and charlatans; but a straightforward, high-minded professional course will ultimately obtain the victory in a community whose opinion is of value to an honorable physician.

To make the matter more explicit, we have divided what we propose on this head into three parts, most of which are extracted from the learned and accomplished Rush.

I.—*The Honorable Methods of Acquiring Business.*

1. Great application to study, in order to aid observation, and the effort to improve experience as much as possible by reading and conversing with honorable brethren upon medical subjects.
2. Punctuality in visiting patients, and fidelity in complying with engagements.
3. Inoffensive and acceptable manners, consisting in the habitual exercise of self-denial as far as it relates to the temper, and in universal civility or politeness.
4. Sympathy with the sick.
5. Attendance upon the poor. Boerhaave, Fothergill, and Cullen owed their sudden elevation into extensive and profitable business chiefly to their being often observed going in and coming out of the huts of poor people.
6. A regard to decency in dress.
7. A respect for religion, and regular attendance upon public worship.
8. To cure one's patients as soon as possible.

II.—*The Artificial and Accidental Means of Acquiring Business.*

1. The patronage of a great or rich man, or of a fashionable lady, or of several powerful families.
2. The patronage of a political party.
3. The patronage of a religious society.
4. To be frequently called out of church, and some good friend to pray publicly for the recovery of the patient.
5. Splendid or popular acts of friendship or humanity, which indicate neither learning nor skill in the profession of medicine.
6. Great taciturnity, a sententious mode of conversing, or the practice of nodding instead of speaking in company.
7. Eccentricity of manners and conduct.
8. A rejection of the principles of reason in medicine.
9. Great minuteness in inquiring into the symptoms of diseases; the inspection of lips and teeth by a magnifying glass, the tasting the urine and sweats, the smelling the feces, and even getting into bed with sick people in order to discover the quality of their perspiration, have all been practised with success as a means of acquiring reputation and business in medicine.
10. An affectation of a sudden and intuitive knowledge of a patient's case by feeling but a few strokes of his pulse, or by barely looking at his countenance.
11. Walking or riding without any definite object, particularly in rainy and stormy weather.

12. Speaking in all companies of the number or the rank of patients, or ordering a servant to remain with a carriage before the doors of persons of distinction who are not sick.

13. Prescribing for distressing symptoms only, without a due regard to the nature and danger of the patient's disease.

14. An elegant or beautiful person.

III.—*The Dishonorable Methods of Acquiring Business.*

1. Opposing the principles and traducing the practice and characters of brother physicians.

2. Traducing new and popular remedies. The clamors and slanders against quinine, opium, mercury, and the lancet have been fruitful sources of business to many physicians.

3. Performing great and sudden cures by some of those remedies in a disguised form, extolling, at the same time, the powers of nature in all diseases, and recommending only simple and domestic medicines.

4. Taking undue advantage of brother physicians in consultations by unnecessary examination, by extraordinary degree of attention to their patients, neglecting, at the same time, their duty to their own.

5. Publishing accounts of cases that never existed, and of cures that have never been performed.

6. Flattering the prejudices of cities, towns, and countries upon the subject of health and prosperity.

7. Charging half price.

IV.—*The Just Causes of the Loss of Business are :—*

1. Ignorance in medicine.

2. A fondness for pleasure more than the profession, discovered by constantly frequenting saloons, theatres, cockpits, horse-races, and other places of public amusement.

3. Delay in complying with calls to sick people, a want of punctuality in subsequent visits to them, of cleanliness and neatness in the preparation of their medicines, and of correctness in the directions which accompany them.

4. Inattention to the history of tedious cases. There is nothing a patient so deeply resents as this kind of treatment.

5. A careless or superficial examination of a disease. A neglect to ask questions rendered important by long practice has often created a suspicion of incapacity or negligence in a physician, and been the cause of the loss of his business.

6. A harsh and indelicate mode of behavior, consisting of short answers to questions, and of improper rebukes for not complying with prescriptions.

7. Drunkenness, profanity, impiety, and brutal manners.
8. An unfavorable prognostic of the issue of a disease, especially if it be delivered in an abrupt and unfeeling manner.
9. Refusing to go out in the night, and deserting old patients during the prevalence of mortal epidemics.
10. High and extravagant charges.

V.—*The Unjust Causes of the Loss of Business are:—*

1. The discovery and propagation of new principles, or of new modes of practice in medicine.
2. The early declaration of the existence of pestilential diseases in a city or country, and of their originating in domestic causes.
3. The neglecting to name a disease, or calling it by an improper name, at the outset.
4. Making light of a disease. Dr. Rush relates a case where a physician was called to see a child a little indisposed from teething. He told the parents that its disease was of a trifling nature, and that it would cure itself. The next day, the physician called again to visit the child. Upon asking how it was, the mother told him he had mistaken its disease, that her neighbors had told her it was a very dangerous one, and that she had sent for another physician *who was* of their opinion, and that he had sent the child a medicine which had in a few hours perfectly cured it.
5. Medicines prescribed unsuccessfully, especially if they give pain.
6. The want of popular and engaging manners.
7. Sickness in a physician, and necessary excursions from home in order to acquire health, have often dissolved forever the connection which united him to a numerous circle of patients.
8. Unpopular opinions in politics, religion, and temperance have sometimes been the cause of physicians losing some business.
9. Writing poetry, and upon subjects unconnected with medicine. Mankind, in general, consider medicine as a trade, and that physician to be the most dexterous workman who knows the least of other things. This impression is often sanctioned by physicians of limited education. They forget that a mere physician—that is, one who knows nothing but the sciences which are supposed to belong exclusively to his profession—is a nonentity. To deserve that title in its extensive import, it is necessary for us to know something of the principles and practice of every art and pursuit of *man*.

10. By sending in their accounts when due. In most of cases, however, when the debt is paid the hostility ceases. Therefore, I would advise every physician to settle with his patrons once a year at least.

From a view of the various means used by our profession to procure business, one would very readily suppose that success in it were as much the effect of chance as a high prize in a lottery. But it is consoling to reflect that this is far from being universally true. Some of the most distinguished and richest physicians that have lived were noted for their prudence, talents, and knowledge, and strict observance of the rules of medical etiquette. I am proud to say to the young talented physician, that the chances of success are rapidly growing in favor of the one that deserves it. And if every regular physician will carry this little manual in his pocket, and live and practice up to the duties of physicians as laid down in the medical ethics, the day is not far distant when quackery of every kind, Homœopathy, Hydropathy, Thomsonianism, and the like, will be buried without the hope of a resurrection.

FEE BILL.

For the benefit of young practitioners, we introduce the outlines of a fee bill adopted by the Georgia Medical Society, which may serve them in going to a new place to have their charges fixed (as they should be) in accordance with the rates of the established physicians of the place, as nothing can better protect the profession from dwindling into a mere trade, and from becoming the theatre of ignoble strife with all the quacks and charlatans in the country.

Practice of Medicine.

Visit in town.
Visit on board ship in stream.
" " after dark.
Visit by request after dark and before 10 P. M.
Visit after 10 P. M.
Rising from bed and prescribing without visit.
Visit in the country, per mile.
Visit in the country, per mile, after dusk.
Visit by water, day or night, per mile.
Visit and consultation.

After the first visit, the ordinary fees only to be charged by the consulting physician.

Advice in common cases.
Advice in extraordinary cases.
Giving a medical opinion on a negro offered for sale.
Not more than three visits per diem to be charged, unless made by request.
Written advice for the continued or entire treatment of a case, such advice not being on the footing of a single prescription.
For a certificate of the state of health of an individual.

Practice of Midwifery.

Simple obstetric case.
Slaves.
Preternatural and complicated cases, not requiring instruments.
For turning; or for instrumental labors.
Examination per vaginam during labor, and giving an opinion.
Restoring retroverted uterus.
Reducing prolapsus uteri and retaining it by pessary.
Delivering placenta alone.
Attendance on a case of abortion.
Any medical attendance after five days from delivery to be charged as usual.

Surgical Practice.

Trepanning.
Subsequent treatment according to the charges for visits and dressing—not to exceed
Trepanning slaves.
Operation for cataract and do.
" artificial pupil and do.
" fistula lachrymalis and do.
" extirpating eye and do.
" extracting polypus and do.
" trichiasis, ectropion, entropion, pterygium, or strabismus, each
" extirpating tonsil gland.
" cutting off uvula.
" staphyloraphy and do.
" brachial aneurism and do.
" popliteal.
Tying subclavian and do.
Operation for varicose veins.
Tying up an artery in a wound, no specified above.

Paracentesis thoracis.
" abdominis.
Tapping hydrocele without injection.
Radical treatment of hydrocele.
Hernia and subsequent treatment.
Reducing strangulated hernia (per taxis).
Applying a truss.
Lithotomy or lithotrity and subsequent treatment.
Extracting stone from the urethra by incision or otherwise.
Operation for phimosis or paraphimosis.
Extirpation of the testicle.
Puncture of the urinary bladder.
Introduction of catheter, male or female.
Treatment of permanent stricture.
Treatment of gonorrhœa.
Treatment of syphilis.
Extirpating hemorrhoids.
Division of the frænum linguæ.
Extirpating cancerous lip.
Extracting foreign bodies from œsophagus and other passages.
Operation for ranula.
Tracheotomy and laryngotomy.
Operation for fistula in ano.
" " perineo.
Operation for hare-lip.
Perforation of the antrum maxillare.
Excision of mamma.
Tenotomy.
Amputation at the shoulder joint.
" arm or forearm.
" thigh or leg.
" finger or toe.
" metatarsal or metacarpal.
" penis.
Treatment of simple fracture of lower jaw.
" " nose.
" " clavicle.
" " arm or forearm.
" " thigh.
" " leg.
" " olecranon.
" " patella.
" " finger or toe.
" " rib.
Compound fractures to be charged double simple cases.

Reducing luxation of the jaw.
" clavicle, shoulder, arm, or wrist.
" hip.
" knee or ankle.
" finger or toe.
" patella.
Dressing common ulcers.
Extirpating tumors.
Opening common abscess.
Venesection, or extracting tooth.
Insertion of seton or issue.
Scarification and cupping.
Application of leeches.
Arteriotomy.
Arresting epistaxis.
Vaccination, whites.
" slaves.
" " per dozen.
Medical certificates.
Electricity.
Attendance at court involving a medical opinion.
Making a post-mortem examination by request, for each physician.
(Not more than two to be employed, except by special request.)

LIST OF MEDICINES, SHOP FURNITURE, AND SURGICAL INSTRUMENTS REQUIRED BY A PHYSICIAN AT THE OUTSET OF HIS PRACTICE.

1 lb. tinct. opii.
1 lb. " camph.
1 lb. copaibæ.
1 lb. sp. æther. nit.
½ lb. " lavand. comp.
1 lb. liq. ammon.
4 oz. acid. muriatic.
4 oz. " nitric.
8 oz. " sulphuric.
4 oz. " tartaric.

1 lb. hyd. chlor. mit.
6 oz. jalapæ.
8 oz. rhei.

2 oz. acid. citric.
1 oz. " benzoic.
1 oz. " tannic.
1 oz. " arsenious.
3 oz. magnes. calcin.
¾ lb. potass. bitart.
1 lb. sodæ bicarb.
1 lb. camphor.
1 lb. sulphur. sub.
1 lb. gum. acaciæ.

8 oz. tinct. myrrhæ.
8 oz. " fer. chlor.
8 oz. ether.

6 oz. aloes.
8 oz. assafœtidæ.
8 oz. plumbi acet.
8 oz. ammon. carb.
8 oz. cupri sulph.
4 oz. zinci sulph.
8 oz. cretæ prepar.

4 oz. potass. carb.
2 oz. " iodid.
4 oz. " nitrat.
4 oz. ferri carb.
1 vel 2 oz. quiniæ sulph.
4 oz. liq. plumbi acet.

1 dr. morph. sulph.
1 oz. iodinii.
1 oz. argenti nit.
1 oz. hyd. chlor. cor.
1 oz. " oxid. rub.
4 oz. vin. ipecac.
8 oz. " rad. colchic.
1 oz. ol. menth. pip.

2 O ol. ricini.
2 O ol. olivæ.

1 oz. pil. hydrarg.
3 oz. ext. coloc. comp.
2 oz. " gentian.
2 oz. " taraxac.
1 oz. " jalap.
½ oz. " bellad.
1 oz. " hyosc.

8 oz. alum.
1 lb. eupator.
4 oz. boracis.
2 oz. colombæ.
4 lbs. mag. sulph.
3 oz. fœnicul.
4 oz. gallarum.
8 oz. gentian.
2 oz. hellebor.
4 oz. mannæ.

8 oz. sp. eth. comp.
8 oz. " ammon. arom.
8 oz. syr. rhei arom.
8 oz. " scillæ.
8 oz. " " comp.
8 oz. " tolutan.
8 oz. acid. sulph. arom.

2 oz. pulv. ipecac.
2 oz. pulv. ipecac et opii.
2 oz. ant. et potass. tart.
3 oz. ergotæ.
2 oz. pulv. cantharidis.
4 oz. liq. potass. arsen.

1 oz. ol. cinnam.
1 oz. pulv. digitalis.
1 oz. " gambog.
1 oz. " opii.
1 oz. " scillæ.
1 oz. creasoti.
½ oz. ol. tiglii.

2 O turpentine.
3 cong. alcohol.

½ oz. ext. stramon.
½ lb. ung. hydrarg.
2 oz. " " nit.
½ lb. cerat. cantharid.
4 oz. " resinæ.
4 oz. " simplicis.
1 oz. " plumbi subacet.

½ lb. spigeliæ.
4 oz. quassiæ.
8 oz. sarsaparillæ.
4 oz. senegæ.
½ lb. serpentariæ.
8 oz. sennæ.
8 oz. uvæ ursi.
4 oz. valerian.
3 lbs. prun. Virg.

1 mortar and pestle.
1 pill tile.
1 graduated measure.
Scales and weights.
1 speculum.
1 stomach tube.
1 nursing bottle.
6 nipple shields.
1 scarificator.
2 spatulas.
1 gross vials, assorted.
1 funnel.
2 syringes, 8 and 16 oz. enema.
1 vagina syringe (Dr. Chase's).
2 womb syringes.
1 breast pipe.
2 quires paper, wrapping.
1 gross corks, assorted.
3 papers of pill boxes.
1 female catheter, silver.
1 tin of adhesive plaster.
3 catheters, elastic.
3 bougies.
6 cupping glasses.
2 thumb lancets.
1 pocket case instruments.
1 set teeth extractors.
1 sheepskin.
12 quart specie bottles.
12 " tincture bottles.
12 pint specie bottles.
12 " tincture bottles.
12 half pint salt mouth bottles, glass stopper.
12 half pint salt mouth tincture bottles.

LAW POINTS CONCERNING PHYSICIANS.

In most of the States of the Union, to practice medicine or surgery, the possession of a license or diploma from some incorporated medical college or State society, is necessary. Without this diploma or license, a practitioner cannot recover a fee or compensation for professional services. Unfortunately, however, in some of the States, the regularly educated practitioner has no advantage over the quack and charlatan, and, in actions to recover bills for professional services, the law makes no distinction in favor of the possessor of a license or diploma.

In those States where a diploma or license is required, a practitioner who shall undertake a case, without diploma or license, is guilty of felony if the patient die through his mismanagement.

Neglect or unskilful management of a patient, on the part of a physician, surgeon, or apothecary, renders the latter liable to an action for damages, and large amounts have frequently—and very often most unjustly—been recovered under such circumstances. In the treatment of surgical cases, particularly, too much circumspection cannot be employed by the practitioner. Mere want of success in the treatment of a case can never, however, render a physician liable to damages or punishment. If he treat the case according to the modes of practice in best

repute, and with all possible attention, he cannot be held responsible for the result.

A physician is bound, under the rules of common law, to testify, in courts of justice, in matters concerning his patients, even though his information be obtained confidentially. In some of the States, however, special statutes exist on this subject, and the practitioner should inform himself thereupon. Unless compelled by law to disclose them, he should always regard communications, or facts to which he becomes privy in professional attendance, as the subjects of inviolable secrecy.

FORM OF WILL.

As physicians will often be called upon to visit patients at those stages of disease in which it is common for them to make their wills, and in which legal aid cannot be obtained for that purpose, it may not be improper to add in this place a form of a will, that you may assist a dying patient in disposing of his property in a correct manner; but I would advise you not to write a will if a lawyer can be had, or if it can be done by any one else present as correctly. And also let me advise you never to suffer a patient to die who has a right, and is in a condition to make a will, without informing his friends of his probable or approaching dissolution, and suggesting to them the propriety of his performing that act. We owe this duty to his family and to society. The suggestion to the patient should never come directly from a physician; he should at all times appear to him as a minister of hope. By means of a contrary practice, sick people, I believe, have sometimes been hurried out of the world.

STATE OF GEORGIA,
Hancock County.

In the name of God, Amen, I ———, being of sound and disposing mind and memory, and considering the uncertainty of this mortal life, do make and declare this my last will and testament, in manner and form following:—

Item First.—[Here state, if desired, what disposition the testator wishes to be made of his body after death.]

Item Second.—[Here state what disposition the testator wishes to be made of his property relative to the payment of debts.]

Item Third.—I give, bequeath, and devise to my son, ——— [here describe the land given], with all the rights, members, and appurtenances to the said ——— land, in anywise appertaining or belonging; to have and to hold to him, the said

———, his heirs and assigns forever. I also give and bequeath to him ——— [here describe the property], and the sum of ——— dollars, to be paid to him by my executor [here state when and how].

Item Fourth.—I give, bequeath, and devise to my daughter, ——— [here state what property, &c.], to her sole and separate use, for and during her natural life, free and exempt from the debts and liabilities of her present or future husband. [This clause may be left out if the testator does not wish to settle the property on his daughter. If the testator wishes the property to revert back to his family should his daughter die without an heir, state the fact.]

Item Fifth.—I give, bequeath, and devise to my wife, ——— [here make a statement of the property, &c.], during her natural life, free from the debts or control of any future husband, and to her sole and separate use, the aforesaid property, and after her death to [here state to whom, &c.], and to their heirs and assigns forever.

Item Sixth.—I give, bequeath, and devise to my son, ——— [here state the property, &c.], for his natural life; and, after his death, it is my will and desire that said property be [here state the desired disposition plainly, &c.].

Item Seventh.—I give and bequeath unto my friend, ———, the sum of ———.

Item Eighth.—The residue of my property, both real and personal, wherever found or whatever it may be [here state what disposition the testator may wish to make of it].

Item Ninth.—I hereby constitute and appoint my trustworthy friend, ———, guardian of the person and property of my daughter, ———, during her minority.

Item Tenth.—I hereby constitute and appoint my friend, ———, executor, and my beloved wife, ———, executrix, of this my last will and testament, hereby revoking all others heretofore made by me.

Witness my hand and seal, this the first day of May, in the year of our Lord one thousand eight hundred and fifty-five,

———————. [L. S.]

Signed, sealed, delivered, and published by ———, as his last will and testament, in the presence of us, the subscribing witnesses, who subscribed our names hereto in the presence of said testator (at his special instance and request), *and in the presence of each other*, this May 1st, 1855.

A B,
C D,
E F.

Form of Codicil.

STATE OF GEORGIA,
Hancock County.

Whereas I, ———, having made my last will and testament in writing, bearing date, &c. [here give the date, names of subscribing witnesses, &c.]. Now I do by this, my written instrument, which I hereby declare to be a codicil to my said will, to be taken as a part thereof [here follows such addition, alteration, or revision as the testator may desire].

[*Note.*—The codicil should be executed the same as the will.]

Practical Remarks.

Whatever difference there may be in the laws relating to wills in the different States, the following circumstances, I believe, are required by most of them, in order to render them valid.

1. The person making a will must be of sound and disposing mind and memory.
2. It should be subscribed by two or more credible witnesses. In Georgia, there must be three witnesses.
3. The witnesses should be of the age of discretion, say above fourteen years old, and should not be the heirs of any part of the property bequeathed in the will.
4. A legacy bequeathed to an executor who owes anything to the estate of a testator, cancels the debt unless the estate should afterwards appear to be insolvent.
5. If a man have made a will, and have added to his real property after he has made his will, it will be necessary for him to add what is called a codicil to it, or to make a new one. If from the transient duration of a man's reason, or the appearance of a speedy termination of his disease in death, or if, from the want of implements for writing, or if he should be unable to subscribe his name, or to make a substitute for it by a mark, he may dispose of his property and name his executors verbally. There should be three or four witnesses present, and the bequests of the deceased should be committed to writing within six days.

CONCLUSION.

To the Members of the Profession—

I have completed my little manual, and on the score of bulk it can certainly make no pretensions. The author, however, has only intended it to be a book of hints. If you will wear it in your left side coat pocket, and take daily counsels from its records—it will certainly not make you scholars or physicians, but it will often be a secret monitor in times of "need," and guide you safely over many rugged paths in the profession of your choice; and lastly, but not least, it will teach you your duty to your brethren, and their duty to you, which is not only important for your own happiness, but often for the good and safety of the sick.

I have no doubt that some of its pages will meet with some opposition, as every benevolent project has from time immemorial.

When Moses went to his brethren in Egypt and entreated them "not to do wrong one to another," the reply was: "Who made thee ruler and judge over us?"

When the Saviour of men offered his life for the redemption of the world from the evil of sin, the cry of those who ought to have been the most grateful, was: "Crucify him; crucify him." Hence, we cannot expect to escape the criticisms and the anathemas of some; but with the good and the wise we trust our little book will receive a hearty welcome, and its motives be properly appreciated. We hope it will not have a tendency to induce any to recline on their beds of indolence and ease, but stimulate them to noble deeds—to study hard the elaborate truths and matchless beauties of the noblest and most humane of all the arts the genius of man ever devised—the art of healing—the science of medicine.

Since writing the above, I have been presented with an introductory lecture, delivered October 13, 1854, by Dr. Alfred

Stillé, Professor of the Theory and Practice of Medicine in the Medical Department of Pennsylvania College; and it is so eloquently and beautifully illustrative, and so pertinent to my present purpose, that I cannot refrain inserting that portion that so clearly and beautifully answers the question—What is medicine?

"Of all departments of knowledge, medicine is the most comprehensive. Soul, life, and body, with the external world, are its subjects. It is concerned with all of man's earthly conditions and relations. No other science has any such pretensions. To announce such a proposition may seem startling, no doubt, but it is, nevertheless, true. All other sciences are more partial and incomplete. Theology ignores the body of man; Law does not recognize his soul; and the Physical Sciences regard him only as a machine, or as a congregation of lifeless elements. Medicine alone embraces both his material and his spiritual nature, and writes his history from the time when the lord of creation was no bigger than a grain of mustard-seed, to the moment when, after having been the scourge or the benefactor of his age, he shrinks at last into a handful of dust.

"Medicine is a composite science. At some point it touches all other sciences, and borrows from each wherewith to adorn and enrich itself. In the present age, when its principles are ranked, by general consent, among those of the inductive sciences, it is difficult, at first sight, to understand why it should have been so closely allied to metaphysics, both in ancient times and modern, and indeed until a very recent date. But such was the fact: so close was the alliance that it amounted almost to identity, for each dominant sect of philosophers was represented by some school of medicine, which explained the vital functions and the phenomena of disease according to its own theory of life. A close approach to the same sort of connection may be noticed in modern times between medical systems and physiological theories. In the last century, a dominant school explained all the phenomena of disease upon mechanical principles, for in them they seemed to find a solution of all the problems that concerned the natural actions of the body. At the present moment, a large portion of the medical world confides in theories which chemistry has given birth to in its somewhat ambitious scheme of subjecting the phenomena of life and of disease to the same laws which govern the reactions among particles of dead matter. Thus medicine may occasionally suffer by its union with the sister sciences; yet it unquestionably derives from them far more benefit than it sustains injury. They enlarge its scope, and augment its powers; by widening the basis on which it rests, they insure its stability; they perpetually in-

crease its tendency to assume a scientific form; and thus augment the difficulties of counterfeiting a knowledge of its mysteries, while they render its control over the causes and issues of disease more prompt and certain.

"Such an object, then, as medical science may well oppress the mental eye with its grandeur. Regarded from whatever point of view, its vast proportions and extent fill the mind with reverence. Medicine is the oldest of arts, the largest, save one, of literatures, the most comprehensive of sciences, and of all pursuits the noblest and most humane. No mind, however capacious, can embrace so vast a subject, and certainly none can cultivate all of its departments with equal success. This has never, indeed, been done. But because medicine is so many-sided, it is attractive to persons of all tastes, and lends itself to the accomplishment of various objects. It is suited also to every grade and peculiarity of talent, from that of the unlearned practitioner—who sees but little variety in his sequestered field of observation, and needs but simple means in the ordinary exercise of his art—up to that of the renowned teacher who stands at the head of some metropolitan school or hospital, conducts a wide and diversified practice, and unfolds to others the mysteries of life, of organization, or of disease. An immense chasm separates the simple physician, whose duties are altogether practical and confined to the domestic bed-side, from the pre-eminent man of science, the Galen, or the Hoffman of his age, whose opinion carries with it an almost religious sanction, whose doctrines are a law to his brethren, and are appealed to as authority by the whole civilized world.

"Within the interval that divides two such extremes from one another, there are spheres, any one of which is sufficient to absorb all the faculties of the mind. Between simple routine and scientific knowledge, there are many grades of honorable and useful occupation, and a scope for all talents and all tastes. This it is that forms one of the peculiar charms of medicine—one which has allured many into our halls, and even into our very ranks, who sought at first no other object than the gratification of a taste for knowledge. They were, perhaps, repelled by the dogmatic conclusions of theology, and the arbitrary principles of law, as much as they were fascinated by the perennial freshness and infinite variety of medicine. Unlike other departments of study, it is at once venerable for its antiquity, and charming for its immortal youth. Its form is dignified and hoary, but its spirit has all the vigor, and buoyancy, and onward movement of youth. It commands acquiescence by the authority of illustrious names, and by the demonstration of recent

facts. It has equal charms for the scientific, the literary, and the practical cultivator. The most logical may find in it full scope for their reason, the most refined for their taste, and the most benevolent for their feelings. It is, indeed, an epitome of all other knowledge, whether abstract and metaphysical, or whether material and inductive, or descriptive.

"Even to the historical student, Medicine is full of interest. Its records are among the most ancient. We need do no more than mention the earliest of all, those Egyptian precepts which are alluded to in the writings of Moses, and those hygienic and medical precepts contained in the laws of the Hebrews, and doubtless also of Egyptian origin, or to those equally ancient treatises, which are still preserved among the sacred books of the Indo-Asiatic nations, and of the Chinese. In all of these cases, medicine borrowed its authority from religion; its principles and precepts were held to have been supernaturally communicated to man, and observance of them was enforced by religious sanctions. So, too, in Greece, the cradle of our own medical science, the first conspicuous name on the roll of our profession was no less than a demi-god, Esculapius, the son of Apollo and the nymph Coronis. Between his epoch and that in which medicine assumed the form of a human science, much time must have elapsed, for the works which pass under the name of Hippocrates are clearly, and even avowedly, the expression of an existing condition of the science and the art of which they treat. Upon these, our earliest annals, the student of history may pause with wonder. In reading them, he will be amazed that so much of what is essential to the knowledge and cure of diseases should have been accurately known at a time when Germany, France, and Britain were inhabited by painted savages, and nearly two thousand years before America was discovered. As upon page after page he meets with descriptions and precepts which modern works have made familiar to him, he will for the first time understand something of the immense treasure which antiquity has bequeathed to us, and the grounds of that reverence which for so many centuries the world has paid to the name of Hippocrates. As he descends along the historic stream, and studies the writings of the Greek, the Roman, the Arabian, and modern European physicians, he will be amazed to find that, however much the current may widen and deepen by the constant accession of new elements, it still remains essentially the same. In every age, indeed, the face of the waters and the banks may have changed their aspect; little turbid creeks, the ephemeral inventions of the learned unwise, have for a brief space stained the surface of the

clear waves, and then sunk to the bottom; tawdry and elaborate edifices have been erected upon the shore, in which some system-builder has thought to dwell immortally—but the great, steady, onward rush of the current has swept away their foundations and scattered their ruins.

"The essential immutability of medicine is one of its grandest features. It is one which our imperfect systems of education leave too much out of sight. The student is struck by the mutability rather than by the permanency of medical science, and thus one of the strongest motives that can operate upon the human mind, the love of stability, is altogether lost upon him. The true student of history, however, sees development in successive changes, and an advance towards that perfection of knowledge and remedial power which medicine has been constantly approaching. It is very true, indeed, that the progress towards this goal has never been uniform. At times, perhaps, the movement has even been retrograde. But the student will clearly perceive that an immense addition has been made to knowledge between almost any two epochs of our history, and at some, like the present, with marvellous rapidity. He will perceive that the phenomena of disease have at all times been described in essentially the same manner, and that improvements in the art of observation have depended less upon original sagacity, which must have remained almost unchanged, than upon the application to medicine of collateral aids drawn from other natural sciences. Thus, to cite a single and familiar example, the recent improvements in chemistry have multiplied phenomena for the investigation of the physiological and pathological inquirer. They have furnished new facts. They do not change the well-established results of antecedent investigation, *they only explain them.*

"In whatever age any truth may be added to the stock of positive knowledge, its existence is permanent. It can no more perish than matter can be annihilated. Even less changeable than matter, which may be resolved into its ultimate atoms and then recomposed in absolutely new forms, whatever truth represents a material fact is no less immutable than God, and is as lasting as the universe. Hence it is that the student of historical medicine enjoys a peculiar advantage. Inquirers into political or social history find that it is marked by distinct and independent epochs, each one of which has its own stage of development, decline, and decay, and is succeeded by an entirely new era, in which different elements combine, and evolve new forms. But medicine is the child of Time, and must advance from one stage of perfection to another, until Time itself shall

be no more, and with mortality the ministers to mortal ills shall cease from the earth.

"But there is much else of interest in medical history. War has occupied the largest share of the attention of the human race, and left the deepest traces in society, far deeper, indeed, than the marks of those who have labored to spread the blessings of peace. And medicine, too, has had its polemics. The acrimonious quarrels of rival or opposing factions have caused more volumes to be written, and more skill and energy to be displayed, than were ever rallied to the cause of truth. And these violent and prolonged disputes have injured the cause of science no less than wars have hindered the progress of civilization.

"Science is the child of peace. The voice of wisdom is only listened to when the din of arms has ceased. In the successive periods of conflict and repose, the historical student can trace the alternately bright and cloudy periods of our art. He beholds it slumbering in an almost death-like trance during the 'dark ages' of Christendom, when its spirit seemed to have fled for an asylum against persecution and violence, or cold neglect, to the Arabians and the Moors. The school of Salernum, in Italy, was, for several hundred years, almost the only one of Europe where some fitful gleams showed that the life of the medical body was not utterly extinct. But it has not bequeathed to us a single great name. During the twelfth, thirteenth, and fourteenth centuries, scarcely one illustrious light is visible in the thick darkness. But towards the close of the fifteenth century there appeared suddenly, and with a splendor like the breaking of a new day, a brilliant galaxy. This was a period of general awakening, and the same causes, doubtless, which produced a Henry VIII. in the political, and a Luther in the religious world, gave birth to Linacre, to Frascator, to Fernel, to Fallopius, to Sylvius, and to Paracelsus in the medical. Society had now received the form which it essentially possesses at the present day. As it developed itself more and more towards the substitution of the law of liberty for the caprice of tyranny, the number of cultivated minds grew constantly greater, and laborers in the fields of science were surprisingly multiplied. Periods did indeed occur, when the voice of learning was drowned in the shouts of battle or the yells of a mob. Such was the memorable one, at mention of which Europe thrills even now; when demons of perdition seemed let loose to plague mankind; when to be a cultivator of the arts of peace insured conviction of *incivism* and condemnation to the bloody knife. Then, indeed, the adepts of our science hid like hunted hares, or fled panic-

stricken across the frontier of their devoted country. But when the tempest had declined, and the land had ceased to be a vast military camp, the nobler energies of the nation displayed themselves with unexampled power in the career of science. With rare intervals, and almost up to the present time, France continued to produce medical works of more profound research, richness of discovery, brilliancy of suggestion, and utility to mankind, than during any other equal period of her whole history.

"One of the most remarkable features of human annals is, that certain periods have been distinguished by great leaders or rulers. Great men stamp their image upon their time. It is vain to plead the dogma of a natural equality of men. Nature gives the lie to such a theory, and points, for its refutation, to the renown of the very men who sanctioned the specious fallacy. Hero-worship is established by the common consent of mankind, and no amount of railing can do away with it. The age of Pericles, the Augustan age, the age of Louis XIV., and others, will still continue to be types of glory and objects of admiration. The care taken of men of genius by patrons of science, literature, and art, and the homage rendered in return, have always been marks of a high civilization. In none but half-civilized countries do such persons lack national encouragement. The ruler who signalizes his reign by generous acts to men of letters is far surer than the military chieftain of attaching his name to an historical period. I know of no great warrior who has done so, but the distinction has been gained by one whose weapon was the crosier of St. Peter, and who is celebrated when we speak of 'the age of Leo X.' And we, too, have our kings and princes. Their reigns are to be measured by centuries and not by years, and their kingdoms are bounded not by mountains and rivers, but by oceans. Our sages of Cos and Pergamus, of Alexandria and Rome, of London, Paris, or Vienna, may vie with any that the pages of history commemorate for the extent, duration, and stability of their power. Kingly authority could not ennoble them, although it often conferred upon them rank, emoluments, and power. It could not degrade them, though it sometimes persecuted and reviled them. They not only fostered science; they taught it by precept and example. They ruled by the unseen but all-powerful sceptre of genius and learning over more nations than ever acknowledged the sway of Rome. And they were even more honored and obeyed when dead than they had been in the zenith of their lives.

"There are some striking analogies between the history of

the medical profession and of the popular element in nations. We know that anciently the masses of the people were degraded by political and social servitude. Domestic slavery, not of a foreign and dissimilar, but of a similar and even of the same race as the masters, was common in all the republics of Greece, and also in Rome. For many centuries after the fall of the Roman empire, serfdom prevailed in Europe, and still exists in Russia. Now everywhere but among the Romans, whose warlike and rugged disposition could never receive the delicate polish of high civilization, the physician was regarded as belonging to the privileged classes of society, and often received distinguished honors. Surgeons, it is true, occupied an inferior rank, and were employed to perform the manual operations which physicians directed. Anciently, they were nearly always slaves or freedmen, and, indeed, until very recent times, had more in common with barbers than with physicians To this day, in England, the title of physician is higher, and his emoluments generally greater, than those of the surgeon, and the Fellows of the Royal College of Physicians still form a professional aristocracy. But such distinctions are fast becoming merely nominal in England, and upon the Continent are altogether so. Hence, it is evident that the medical profession and the community have obeyed the same general law by which classes that were formerly separated by distinction and privilege tend to be merged into a single one. He who would now rise above his fellows, must owe his elevation to deeds that deserve it.

"In this country, where rank has never been legalized, neither birth nor social position gives claims to popularity or to political preferment; on the contrary, they are rather obstacles to political success. Every man who feels within him the genius to command, may, if he will but use the means, rise to whatever station he prefers. Chance or personal favor may hasten his elevation, or accident defeat it for a time, but if he strongly *wills*, he must succeed in attaining it. So, too, in Medicine. The aspirant does not, as in other countries, find in every avenue a barrier formed by his lack of preparation, his immature age, or his obscure condition. Nowhere else is the best professional education so accessible to all who seek it. The vast numbers who annually resort to the schools are evidence enough of this. Of their subsequent career they are themselves the masters; the reins are in their own hands, and whatever goal they have the strength and resolution to reach, they must sooner or later win.

"Yet the way is not smoother than the political arena, nor the rivalry freer from shocks and stratagems. The shallow

politician, the trickster of popular favor, the great man's familiar spirit, the creature of accident, may sometimes glide into place and power. But far oftener the swift is the winner of the race, and the strong of the battle. And thus in the medical commonwealth it may happen that the smooth and plausible deceiver, the crafty panderer to the sins and follies of patients, the cringing sycophant of doctors of renown, the oracular expounder of solemn nonsense, or even the insolent denouncer of all science, the dealer in shameless imposture, the trader in nostrums, the brazen-browed quack, in fine—may plate his sins with gold, and be worshipped by the people, as was the golden calf of ancient times. But his end is amidst the tortures of a guilty conscience, and the execrations of his victims. Apart from such as these, and above them in an atmosphere they cannot breathe, the great body of the medical profession, the true physicians, present an example of pure and noble aims, and of devotion to knowledge and benevolence, which bring their inseparable rewards, a clear conscience, the blessings of humanity, and a sufficiency of this world's goods.

"These are only a few of the analogies which must occur to the student of general and medical history. But time would fail me to extend the parallel, and I turn to another phase of medicine. It is a science, and none other possesses attractions so numerous, so various, or so unfading. Though you should never feel a pulse, nor listen to the touching narratives of the sick, Medicine would still be able to absorb all of your faculties and affections. Physiology and Anatomy greet you with their wondrous revelations, tracing man's development from the microscopic point at which his existence begins, and leading you among the diversified and intricate organs that sustain his life and his relations with the external world. Or, with Pathology as a guide, you may explore the ravages wrought by disease in the organism, and learn to detect the earliest changes in the normal condition of the textures, the mode of their development, and of their interference with health or life. Or, turning from such sad though pre-eminently useful contemplations, you may go where the trees wave and the plants bloom, whose roots, or bark, or leaves, or flowers, conceal the balm that assuages pain or makes the sick man whole. Or you may enter the laboratory, where the subtle essence of vegetable and mineral is evolved, to become a docile minister to humanity in your hands. Whether you roam the hills and dells in quest of the one, or eagerly watch the delicate process that is to evolve the other, you cannot but feel that the book of Nature holds no marvels more fascinating and no wisdom more useful.

"Thus might I pursue the subject. For of all the natural sciences there is not one, except Astronomy, which does not furnish a field for the studious physician. Nor need Astronomy be absolutely excepted; for historically, and under the more mystic form of Astrology, this science was once the handmaid of Medicine. The planets were thought to rule the phases of disease, and the full moon has been charged with many an outbreak of lunacy. But time would fail me, and I hasten on.

"Gain, mercenary gain, may serve as a motive to study and practice Medicine. Health is the essential condition of happiness to nearly all men. Sickness is the privation, and death, in a worldly view, is the negation of happiness. Health, therefore, is a priceless treasure. No payment can be an equivalent for the preservation of health or life. Whether he who has been rescued from the flames or from the waves present his deliverer with a penny or a thousand dollars, the reward is equally inadequate if measured by the service alone. Hence it is that the fees of physicians are called *honoraria;* they are given as tokens of gratitude and respect, and not as equivalents for services rendered. To make use therefore of one's power over life and health to extort a price for saving either; to play upon the fears of the wealthy, the hypochondriacal, the victims of temptation or of sensual excess, in order to enforce a claim for exorbitant fees, is merely to act the part of a footpad, and, in almost the same words, to cry, 'Your money or your life!'

"Medicine, it is true, is seldom a road to wealth. Physicians too often spend their years in exhausting labor, and leave their children to fight the battle of life for themselves. Yet in spite of this their great need, nothing is so rare as an avaricious physician. Some have been grasping, but it was only that they might be prodigal. Wherever one has been both niggardly and rapacious, his brethren have shunned him as a monster, and he has lived a solitary and despised life. Although medicine must needs be practised for a livelihood—for even they who serve the altar must live by the altar—he is generally happiest and most successful who views his gains as an incident of his profession, and not as its leading object. His daily bread is sweetened not by daily toil alone, but also by a consciousness of having mitigated human sorrow, and sometimes by the sweet incense of grateful hearts; for the crowning charm of medicine is to be a benevolent art. If the most exalted genius, the most incessant and fatiguing toil, the clearest judgment, and the longest and most varied experience are necessary to perfect a physician, let it never be forgotten that all this talent, learning, and devotion have no other object than the cure of the sick.

And let not those whose fastidiousness is shocked by the scenes which fill the chamber of the sick and dying sneer at the dignity of our office. None can be more dignified; for by precept and by practice it was placed first of human callings by the most exalted Being that ever trod this earth. Even among the heathen, as already remarked, Religion and Medicine were united, and the priest was also the physician. To the Christian priesthood, too, we mainly owe the preservation of our literature and our traditions during the darkness of the Middle Ages.

"Whoever is about to embrace the medical profession should know that, perhaps for many years, he must bestow the fruits of his knowledge and the resources of his skill upon those who have little to repay them; that after, it may be a life-long practice, he will have to reckon far more labor performed gratuitously than fully recompensed. If this prospect affright or chill him, the true spirit does not animate his heart, and he had better turn back while he may do so without disgrace. But if, on the contrary, he yearns for the time when he shall have the power to arrest disease, to call back the departing spirit, to restore the babe to its mother, the parent to children over whom the dread doom of orphanage was hanging, the gifted and virtuous citizen to the State—then may we greet him with a hearty welcome, and predict for him an honorable name and station.

"The good physician! how many of us can recall the portrait of such an one! Grave in his gait, simple in his attire, refined in his manners, his countenance radiant with a genial smile, or impressed with a winning seriousness that bespeaks sympathy with human sorrow, a man beloved and trusted in the domestic circle, whose sobriety of thought and demeanor inspire respect, whose habitual candor wins for him the honor of the learned and the reverence of the humble, whose hand follows secretly the promptings of his heart, and who neither extorts reluctant thanks from the surly boor nor from the humiliation of the fallen in rank and fortune: such men there have been, and such still adorn our ranks and dignify human nature. If not always the most renowned in the annals of science, nor most assured of posthumous fame, their names are nevertheless embalmed in the hearts of thousands; and doubtless those among them who have been gathered to their rest may see that, after all, they have gained a high and enduring reward, a reward denied to those who, while they enriched science by discovery, despised the blessing promised to 'the man that provideth for the sick and needy.'

"Gentlemen, I have drawn for you a picture of the profession you are about to enter. Are its shadows here and there

sombre and forbidding? Yes; but the lights are warm, and strong enough to make the gloom invisible and unfelt. Is the dedication you are about to make a solemn one? Yes; but it secures to you knowledge and power meet for the loftiest aspirations of the mind, a boundless field for the nobler emotions of the heart. Dedicate your talents and your hearts to humanity, and then, whether in a public career you seek the title of Great or Good, or whether you glide through the more sequestered paths of literary labor, remember that, for good or evil, your fate is in your own hands. Be hopeful, and zealous, and constant; let nothing divert you from your goal; let your hearts throb with a noble ambition to honor your name, your Alma Mater, and your country, to bless mankind while you live, and to earn their blessings when you die.

"'Since all must life resign,
Those sweet rewards which decorate the brave
'Tis folly to decline,
And steal inglorious to the silent grave.'"

DR. CHAPMAN.

At considerable expense, we have presented, as our frontispiece, an exact likeness of the illustrious teacher and practitioner of medicine, and, for the benefit of the reader, subjoin the following brief sketch:—

Nathaniel Chapman, M. D, was born on the 28th of May, 1780, in Fairfax County, Virginia. He graduated in medicine at the University of Pennsylvania, in 1801. In 1808, on account of extraordinary talent and learning, he was elevated to the adjunct Professorship of Obstetrics in the University of Pennsylvania. In 1813, he was elected to the Professorship of Materia Medica. In 1816, he was transferred, by a unanimous vote, to the chair most congenial to his tastes and acquisitions, that of the Institutes and Practice of Physic and Clinical Medicine, which position he held till within three years of his death, which took place on the 1st July, 1853.

"Let every healing plant his grave adorn,
Saviour of many millions yet unborn."