

A clinical history of diseases : part first : being 1. A clinical history of the acute rheumatism. 2. A clinical history of the nodosity of the joints / read to the Literary and Philosophical Society of Bath by John Haygarth.

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A
CLINICAL HISTORY OF DISEASES.

PART FIRST:

BEING

1. A CLINICAL HISTORY OF THE
ACUTE RHEUMATISM.

2. A CLINICAL HISTORY OF THE
NODOSITY OF THE JOINTS.

Ὅταν τί, διαγνῆς ὅτι πεινῶν ἐστὶ, ποιῆς, μηδέποτε φύγῃς ὀφθῆναι
πράσων αὐτό, καὶν ἀλλοῖόν τι οἱ πολλοὶ μέλλωσι περὶ αὐτῆς
ὑπολαμβάνειν. Εἰ μὲν γάρ ἐκ ὀρθῶς ποιῇς, αὐτὸ τὸ ἔργον φεύγε· εἰ
δὲ ὀρθῶς, τί φοβῇ τὰς ἐπιπλήξοντάς ἐκ ὀρθῶς;

EPICETI ENCHEIRIDION, 35.

“Before thy mystic altar, heav’nly Truth,
“I kneel in manhood as I knelt in youth;
“Thus let me kneel, till this dull form decay,
“And life’s last shade be brighten’d by thy ray.”

SIR WILLIAM JONES.

Read to the Literary and Philosophical Society of Bath.

BY

JOHN HAYGARTH, M. D.

F.R.S. AND F.R.S. EDINB.

AND OF OTHER MEDICAL AND PHILOSOPHICAL SOCIETIES.

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PREFACE.

IN former publications, the Author has attempted to discover some of the most important properties of the poisons which produce variolous, typhous, scarlet, and other infectious Fevers, in order to determine, on scientifick principles, by facts, and by conclusions deduced from them, according to what laws they are propagated; and by what means the misery and destruction occasioned by these mortal enemies of mankind might be effectually prevented.*

* As persons unaccustomed to scientifick inquiries generally and very unjustly condemn them, from an opinion that they are useless speculations, it may be proper to state that entirely on this foundation there was established the Small-Pox Society of Chester in 1778; the Fever Wards of the Chester Infirmary in 1783; the House of Recovery at Manchester in 1796; and, since that time, at London, Liverpool, Newcastle, Dublin, Cork, and many other towns. These Institutions will supply such numerous facts as must at length effectually correct the inveterate and pernicious errors which had universally prevailed. They prove beyond all controversy, that the Regulations deduced from these Principles can exterminate the Small-Pox and the Typhous Fever from every place where they are punctually executed. There cannot be a doubt that exactly the same Regulations would immediately exterminate the Pestilential Fever of the West-Indies, America, Spain, &c. They might have entirely prevented the late fatal calamity at Gibraltar. They may preserve us from the imminent danger, to which all Europe is at present exposed, of receiving this pestilential poison from the various regions into which it is widely dispersed. This highly important subject is falsely thought to be exclusively medical: it may be fully comprehended by every person of a clear and philosophical understanding, who will attentively consider it.

See the Tracts i. ii. and iv. noted on the last page of this volume; Dr. Clark's Collection of Papers on Fever Wards at Newcastle; the Reports of the Society for bettering the Condition of the Poor, No. xiii.; and Vol. v. App. iii. Proceedings of the Board of Health at Manchester.

The History of Diseases which now solicits the reader's attention is of an humbler kind, and the benefit which may be expected from it is much more limited. Why Mercury, Antimony, or Bark, are remedies for some diseases; why Ipecacuanha has an emetick, and Jalap a cathartick quality, no theory, nor even any hypothesis, has explained. We cannot discern any farther connection between cause and effect than that the latter follows the former at a certain distance of time, and with some degree of uniformity. However, this circumstance alone cannot hinder the progress of human knowledge. We no more know the reason why an apple falls to the ground by the attraction of gravitation, than why Mercury and Ipecacuanha have certain medicinal qualities. The whole difference lies in the frequency and certainty of events, which ascertain what is the law
of

nature. Hence may be explained why physicians have been sometimes deceived in regard to the efficacy of medicines which they have recommended, without any just suspicion that they intended to deceive others. When conclusions are formed from solitary or even a few cases, the danger of mistakes may be clearly understood. But the inference is totally different when many examples concur to prove the efficacy of a remedy. It is for this reason that medical facts, when distinctly discovered, become extremely valuable. If many of a similar kind are brought collectively into one view, the conclusions from them by induction afford a high degree of certainty.

Physicians at first obey the instructions of their predecessors, which by degrees they learn to correct or confirm by their own observations. In almost every patient there is some variety of symptoms,
or

or of constitution. One case is seldom exactly similar to others. In the practice of physick, judgment and discernment are required to apply the experience of former to other patients: but remote analogies are seldom required or warranted. When, therefore, a new method of treating disorders is recommended, a particular explanation will be required, in order to justify a physician who makes any material innovation.

With as close an imitation as possible I at first followed the successful experience of others, and next of my own. However I have never been devoted to any medical theory, or indeed to any general doctrine or rule of practice farther than was warranted by success. With all possible attention I have constantly observed what remedies or regimen appeared to relieve or aggravate diseases. By diligently and implicitly following up with spirit the
juvantia,

juvantia, and carefully avoiding the *lædientia*, independently of every speculative opinion or authority whatever, I have been gradually led to practise what I hope will be found improved methods of treating some diseases. When I observed them to be successful, I gradually deviated more and more from the usual remedies.

Since the year 1767, I have constantly recorded, in the patient's chamber, a full and accurate account of every important symptom, the remedies which were employed, and, when an opportunity offered, the effects which they produced. These clinical cases have been always written in Latin, as being most concise and expeditious, and as best adapted to conceal any complaints, especially female complaints, which are confidentially revealed to a physician. The manner in which these cases are written, was accidentally

dentally published many years ago in the "London Medical Observations and Inquiries, vol. vi." It was the history of a patient ill of an epidemical influenza, communicated in a *private* letter to the present and published by the late Sir WILLIAM WATSON, M.D. At that time I was sorry to see the case in print, as I thought it of too little importance, and might have too pedantical an appearance to readers unacquainted with these circumstances. However, on the present occasion, it may answer the purpose of an authentick document, to shew the reader on what kind of evidence the following observations are founded. At that time (in 1774) after I had used this method of recording these histories for above seven years, I first received intelligence from Sir W. WATSON, that our venerable Friend the late Dr. HEBERDEN had been long in the habit of writing the cases of
his

his patients in a method somewhat similar. But though both were clinical records written in Latin, yet as the idea and purpose were separately and independently suggested, the plan and execution, as might be expected, are different from each other. His reports were noted with much greater brevity, as I have been informed both by the late and the present Dr. HEBERDEN.

In the form of Tables, the most important facts which have occurred during the experience of thirty-five years, are exhibited at one view, with all the accuracy and fidelity with which a single case can be related. However it cannot possibly be expected that every symptom and every remedy of every patient were noted. But such omissions will not hinder the fair conclusions which may be drawn from the recorded facts. Silence concerning common symptoms
must

must not infer their absence. Considering the urgency of medical duties, the intelligent reader will rather be surprised that so many circumstances are expressed than that some are omitted.

The seasons and the sexes are always mentioned. A full account of the remedies is commonly given. The antecedent duration of the disease is generally, the age of the patient, the effect of the remedies, and the termination of the disease, are frequently noted.

The comparative recurrence of symptoms, though not fully, will be fairly, exhibited. The important but difficult inquiry what is the relative efficacy of medicines, will claim great attention. The inductions from the facts which have fallen under my observation, cannot always be conclusive, but they shall always be exhibited with truth and candour. As the original cases are preserved, the facts

facts may be verified, if doubts should at any time be entertained concerning their authenticity.

I fully adopt the following excellent remark of the late Dr. HEBERDEN: “It
‘ is necessary to be upon our guard against
‘ experience itself, when delivered in a
‘ system, the very notion of which seems
‘ to imply, that the facts and observa-
‘ tions are not barely related, but are
‘ arranged into some method, and formed
‘ into one body, dependent upon what
‘ the compiler takes to be their general
‘ cause or nature: and hence arises the
‘ great danger of their being misrepre-
‘ sented, in order to make them fit more
‘ exactly the several places which are
‘ assigned them. The Jews were com-
‘ manded “ to build their altar with stone
“ unhewn, and untouched by any tool:”
‘ and in like manner the best materials
‘ of natural knowledge are the plain facts
‘ themselves;

‘ themselves, just as they come from nature; he who pretends to new model them and polish them, in order to their being adapted more perfectly to his system, has utterly polluted them, and made them unfit for the altar of truth.*’

In exact conformity to this judicious observation, the following “Altar of Truth” is constructed with materials taken from nature, unhewn and unpolished. There is no misrepresentation in order to make the facts fit the several places assigned them; every circumstance is accurately and faithfully arranged, from cases written in the patient’s chamber.

From these clinical Records, some addition might be made to the history of all common and some rare diseases; but the leisure of many years would be required to arrange them in a proper man-

* See Dr. HEBERDEN’s Sketch of a Preface designed for the Medical Transactions, published by the College of Physicians, 1767.

ner. Only two diseases now claim the reader's attention. 1. A history of the *acute Rheumatism*. 2. Of the *Nodosity of the Joints*.

I had intended in this publication to have inserted the clinical Histories, 3. of the *Herpes*, or *scorbutick eruptions*, 4. of *Indigestion*, and 5. of *Hypochondriacism*, because experience seems to have suggested some important improvements in the method of curing these diseases. But the cases of the three maladies, especially of the two latter, are so numerous, that much time will be required to arrange them.* In the mean while, the plan I have formed may receive corrections and amendments, if it be honoured with intelligent and truly candid criticism: no other can merit notice. Speculative opinions can have no weight, when put into the opposite scale against practical experience.

* Number of cases of *Herpes*, 271; of *Dyspepsia*, 383; and of *Hypochondriasis*, 914.

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reader's attention. 1. A history of the
acute Rheumatism. 2. Of the Nephritis
of the Urinary Organs. I had intended in this publication to
have inserted the clinical histories, 3. of
the Heart, or nervous system, 4. of
Indigestion, and 5. of Rheumatism,
because experience seems to have suggest-
ed some important improvements in the
method of curing these diseases: But the
cases of the three last, especially in
the two latter, are so numerous, that much
time will be required to arrange them.
In the meantime, I have in a few lines
of my remarks, mentioned and alluded
to them, so that the reader may be enabled
to find out the points of difference, and
to apply the principles of treatment: no other
advantage will be gained by a more
lengthy and copious description of
them, and a right, and judicious
and early application of the appropriate
means, will be the only remedy.

OF

THE ACUTE RHEUMATISM,

OR

RHEUMATICK FEVER.

SECTION I.

§. I.

THIS History is intended to be arranged in two SECTION. The former is written in so popular and plain a manner, as to be intelligible to the patients themselves. The latter SECTION will consist of *Proofs* and *Illustrations*, which are more particularly submitted to the judgment of the medical reader. To this division the Tables, the Cases, and other details of facts and authorities, will be consigned for the sake of reference; which to some readers will afford

ford but dry and dull entertainment. However, physicians who possess a truly professional spirit of improvement, will find the arrangements of facts the most satisfactory, interesting, and instructive part of these pages. By a comparison of the data with the conclusions, they will have an opportunity thoroughly to examine, whether a true foundation is laid of practical knowledge.

Among the higher and middle ranks of society I have noted and classed the cases of 10,549 patients, from 1767 to 1801 inclusive.* Others undoubtedly have been omitted, from the hurry of

* There has not yet been leisure to reduce under their proper genera the cases which have occurred during the three last years, since 1801.

I have also written clinical reports of a large number of diseases among persons in the lower ranks of life, being the cases of all my in and out patients at the Chester Infirmary for thirty-one years. Most of them are preserved; but I have not yet had time to execute the laborious task of classing them.

professional

professional duties, and different causes, but in what proportion cannot be ascertained. However as these omissions were accidental, and as they did not exclude any particular disorder, except what was very slight or desperate, an impartial view of medical facts is exhibited, whence true conclusions may be drawn by fair induction.

The term Rheumatism, both in common and medical language, includes a great variety of disorders, which ought to be distinguished from each other by different names. After separating from it the Nodosity of the Joints, Tic douloureux, Sciatica, Lumbago, and other diseases, which Nosologists have placed under this denomination, there still remain 470 cases of Rheumatism. This disease is generally classed with fevers, and yet only 170 (about one-third of them) had any fever. These last are the cases which come under

der the title of acute Rheumatism, and exclusively form the subject of the following pages.

§ II.

Description
of Acute
Rheumatism

The Rheumatick Fever, in common with most others, begins with chilly fits; succeeded by increased heat; frequent pulse; thirst; loss of appetite; and prostration of strength. The symptom peculiar to this disease is an inflammation of the joints which often increases to great violence, with swelling, soreness to the touch, and sometimes redness of the skin. It attacks most, if not all the joints of the body in different patients, often two, three, or more joints at a time, leaving some and going to others in succession, frequently returning again to each of them several times during the disease. The muscles are sometimes affected,

affected, but less generally and severely than the joints. The patient being unable to find an easy place for the diseased limbs often remains restless and watchful for many days and nights together. Sweats appear spontaneously, or are easily excited by remedies, frequently to a profuse degree. The urine is, at first, high-coloured, and afterwards lets fall a red sediment. The blood is generally covered with an inflammatory crust.

Exposure to cold or moisture is the chief cause of the acute Rheumatism.

This very formidable and extremely painful disease generally continues for many weeks; more or less, according to the magnitude of the malady, and the efficacy of the remedies which are employed to remove it. The consequences of this disorder are often painfully felt for many years.

§. III.

Usual
Remedies

The remedies usually employed in the acute Rheumatism are bleeding by the lancet or leeches, blisters, antimony, sudorificks, saline medicines, and the warm Bath. The principal purpose of this publication is to recommend the Peruvian Bark in preference to all other remedies.

§. IV.

1st Table of
the cases of
patients ex-
plained.

In order to give an accurate and instructive view of the acute Rheumatism, all the most important information which 170 cases have suggested, is exhibited in the form of a Table of 29 columns.* 1st, Males. 2d, Age. 3d, Females. 4th, Age. 5th and 6th, Dates of the first visit and when the disease commenced; in order to discover the most unhealthy

* See SECTION II. TABLE i.

season of the year in regard to this disease. 7th, the causes of Rheumatism. 8th, Latent period, which notes the hours which have elapsed between the time when the patient was exposed to the cause of the Fever, and the commencement of it. 9th, The diseases which preceded the Rheumatism. 10th, The diseases which accompany it.

In the next seven Columns the Symptoms are described; as, 11th, The joints and muscles affected with rheumatick inflammation. 12th, Pain and Swelling. 13th, Chills and Sweats. 14th, Appearance of the Urine. 15th, The Pulse. 16th, the Blood. 17th, Other symptoms not comprehended under the preceding heads.

The next eleven Columns contain the remedies which were administered. 18th, The remedies which had been used before I visited the patient. 19th, Bleeding by the lancet; 20th, by leeches. 21st, Sudorifics.

rificks. 22d, Saline medicines. 23d, Antimony. 24th, Warm Bath. 25th, The Peruvian Bark given; on what day of the disease; 26th, on what day after I first visited the patient; 27th, in what dose and form. 28th, What other remedies were used not contained under the preceding heads. 29th, The event of death, or recovery.

The following inductions, being founded upon the facts noted in the Tables, may be verified by any one who will take the trouble to arrange them under the following heads.

§. V.

Male and
Female pa-
tients.

More Males are attacked with the acute Rheumatism than Females, in the proportion of 98 of the former to 73 of the latter, or nearly as 4 to 3,* probably

* See TABLE 1st, Columns 1 and 3.

because

because men are more exposed to cold and rain than women. On communicating this observation to a very intelligent physician, who resided for several years at Rotterdam, he made the following remark: ‘What confirms this idea ‘is that in Holland the Rheumatism ‘among Females is comparatively seldom; ‘though the air is extremely moist. ‘They are much more domesticated than ‘in this country, and their dress much ‘warmer.’

§. VI.

The annexed Tables* exhibit an accurate statement of the ages of patients affected with the acute Rheumatism. It will from them appear to attack both older and younger persons than what is commonly supposed. Hence we learn that the acute Rheumatism affects all

Ages of patients in Rheumatism.

* See TABLE i. Columns 2 and 4; and TABLE ii.

ages from below 5 to above 60; more commonly from 5 to 30, but most frequently from 15 to 20 years old.

§. VII.

What season most
Rheumatism

In order to discover at what season of the year this disease was most to be apprehended, I have in the following Tables* noted the dates both of my first visit, and, when mentioned, of the commencement of the Fever.

Hence it is manifest that this Fever is most frequent in the five cold months of December, January, February, March, and April, in which I first visited 85 patients, and exactly the same number in the other seven warmer months. Out of 146 cases, in which the date of the commencement of the acute Rheumatism is

* See TABLE i. Columns 5 and 6, and TABLE iii.

noted,

noted, 74 happened in the former, and 72 in the latter period. It is evident therefore that the colder is more liable to it than the warmer seasons nearly in the proportion of 7 to 5. But no part of the year is exempt from this malady.

It is most common and dangerous in cold countries, but sometimes appears in the warmest. In order to institute a comparison of the effects of climate, it may be useful to remark that among the higher and middle ranks of life in England, there are *one hundred and seventy* cases of acute Rheumatism out of *ten thousand five hundred and forty-nine patients*, or *one in sixty-two*.

§. VIII.

Exposure to cold and moisture is a principal cause of the acute Rheumatism, and many other especially inflammatory diseases.

Causes of
Rheumatism

diseases. For this reason, we cannot be too minute and diligent in our endeavours to investigate the circumstances in which this enemy of mankind produces such injurious effects. In 65 cases,* Rheumatism is ascribed to having caught cold. The following circumstances are specified in what manner cold had been caught in 23 instances. It is observable that in most of them, in 20 out of 23 examples, dampness or moisture is particularly mentioned. Useful instruction may hence be derived in what circumstances there is danger, in order to avoid the mischief.

Acute Rheumatism is ascribed, 1st, to cold water poured on the head, shoulders, and breast; 2d, to exposure to cold when in a sweat; 3d, to a damp bed; 4th, to a damp room; 5th, to a damp shirt; 6th, to lying on the

* See TABLE i. Column 7.

ground;

ground; 7th, to being wet to skin; 8th, to travelling in hard frost; 9th, to frost and snow; 10th, to being wet to skin twice; 11th, to a damp house; 12th, to being wet to skin with sleet; 13th, to dancing; 14th, to wading in the river; 15th, to wet feet; 16th, to walking in the fields after dancing; 17th, to being wet; 18th, to change from worsted to cotton stockings; 19th, to exposure to cold air when sweating; 20th, to wading for half a day; 21st, to wet feet; 22d, to a damp bed after dancing; 23d, to sitting in a current of air after walking to excite sweat.

To many readers such a minute detail of facts might seem superfluous, as not only the most intelligent authors, but even people in general, ascribe inflammatory diseases to cold and moisture. The whole of this clinical history is composed of materials taken from nature, and one important purpose it may fulfil will be to

to confirm opinions maintained by others; and many prevailing opinions undoubtedly require confirmation. However such illustrations of common topics by no means hinder the investigation of other questions which may lead to the advancement of medical knowledge.

Drunkenness is assigned as another cause of inflammatory Rheumatism. But as only four cases of this kind are produced, the inference may be doubtful, except perhaps in a secondary way: a person who is drunk often exposes himself to catch cold.

The only other cause to which this disease is attributed is a strain: a gentleman had fallen off his horse, which occasioned violent pain in the muscles of his side. No rheumatick Fever was produced, nor could the disease be classed with chronick Rheumatism, as it was of short duration. This case (No. 2) and
another

another rather appertaining to Gout than Rheumatism (No. 103) are placed in the Table only with a view to shew the difficulty of classing diseases, and to explain by what gradations they vary from each other. All doubtful cases, except in these two instances, thus introduced by way of illustration, are rejected from the Tables, and form no part of our present researches.

§. IX.

After the curious and instructive experiments of SANCTORIUS on the insensible perspiration, it was long the prevailing hypothesis that cold and moisture occasioned disorders by checking this perspiration. For some time this opinion has been relinquished without the substitution of one more plausible in its place.

Latent period.

It

It may reasonably be expected, and is greatly to be wished, that medical science should be able to establish on this important subject a rational and true Theory founded upon facts, and conclusions deduced from them on philosophical principles. But till this very difficult and desirable point shall be accomplished, it will be of considerable advantage with as much accuracy as possible to determine what are some of the rules by which this great enemy attacks mankind. For some years I have collected facts as opportunity offered, to ascertain what length of time elapses between exposure to cold or moisture and the first symptoms of disease. This I shall denominate the *latent period*, being analogous to what I have called the latent period of infectious distempers. On this occasion I shall confine myself to investigate
what

what is the latent period of the acute Rheumatism.*

Out of 21 cases, only four exceed the period of forty-eight hours. The shortest time noted is half-an-hour; but I believe that the cause and effect are sometimes connected together without any interval of perfect health.

One useful purpose of determining with precision what is the latent period between exposure to cold or moisture and the subsequent disease will be to remove all unreasonable apprehensions on this head. Thus it is not uncommon to hear patients ascribe their illness to a cold they had caught several weeks or months before the symptoms of any malady were perceived. The facts here stated will be conducive to prove the improbability of such imputations, and the injustice of such accusations.

* See TABLE i. Column 8; and TABLE iv.

§. X.

Previous
Diseases.

In the history of a disease, it may be of importance to know by what maladies it is usually preceded. In regard to the acute Rheumatism I have noted twenty-six facts in the Vth Table.*

Hence we learn that persons who have been previously affected with the acute or chronical Rheumatism, the Gout, or sore throat, especially the first, are most liable to suffer attacks of this disease, and ought therefore to be particularly careful to avoid exposure to cold and moisture.

§. XI.

Concomi-
tant diseases

In order to exhibit another illustration of the nature of this malady, 81 cases are noted in which the inflammatory Rheu-

* See TABLE i. Column 9; and TABLE v.

matism

matism is combined with other diseases. These amount to so great a variety as 38 genera, which are classed in Table V. in a nosological order.

In inflammatory Fevers it is sometimes very difficult to distinguish when Delirium should be denominated a symptom or a separate disease. In both the 1st and Vth Tables there are entered 16 cases of Phrenitis; but on farther consideration of the symptoms, all these patients, or all but one, (No. 91) appear to have had the Delirium of a rheumatick Fever rather than a Phrenitis.

Ten cases are attended with miliary eruptions. The intelligent reader will judge for himself whether Miliaria should be classed as a separate disease, or merely as a symptom of the rheumatick Fever produced by profuse sweats. Had the common

common method of treating this disease by sudorificks been adopted, it is highly probable that many more cases would have been attended with miliary eruptions, which, according to the opinion of DE HAEN, which is now generally adopted by physicians, appear to be rather a production of art than of nature.

In eight cases, Catarrh accompanied this disease. They proceed both from the same cause, exposure to cold and moisture; but no theory has yet taught us what modification of it produces these different diseases.

In many patients there is much difficulty to distinguish whether the disease be Gout or Rheumatism. As before intimated, one such doubtful example is inserted in the Table of Cases. But only three instances are noted where the Gout was combined with acute Rheumatism.

Though

Though this Fever is manifestly inflammatory, and in general bears, and is thought to require blood-letting in a larger quantity than most other diseases, yet the patient is sometimes in a low faint state, even to the degree of swooning. Five cases of Syncope are recorded, and two more where the degree of languor nearly approached to Syncope.

The symptoms of this Fever have sometimes a daily exacerbation with considerable regularity. In four cases they have assumed the type of a quotidian ague.

A very learned Physician thought that he had discovered a particular connection between Rheumatism and Dysentery. But only four cases of Diarrhœa, and one of Dysentery, have occurred to my observation.

The remaining 24 genera which have been noted may be esteemed casual con-

D currences;

currences; as in 3 instances only 2 cases, and in 21 only a single case are mentioned.

§. XII.

From the arrangement of Facts in the VIth Table; it is manifest that the acute Rheumatism is chiefly seated in the Joints. Out of 170 cases, 154 are noted, in which one or more joints were inflamed; the enumerated instances amount in all to 388. No joint is probably exempted from this disease; 15 different kinds are particularly specified.

However it is manifest that this inflammation sometimes attacks the muscles. In 33 cases, both the joints and muscles were affected at the same time with the acute Rheumatism.

In 9 cases, the muscles only and not the joints were inflamed. It has attacked 14 muscular parts of the body.

The

The number of instances mentioned amounts to 118.

§. XIII.

In 80 cases* both pain and swelling Pain and Swelling. are described; in 17, pain only; but there are no more than two, in which it is expressed that there was no swelling. In 4 cases swelling only is expressed, but this probably had been preceded or accompanied with pain. Such omissions, in a number of patients, by no means imply an absence of usual symptoms. In only 9 cases redness is described, though probably several more might have been added, if the inflamed parts had been strictly examined.

In general, if not always, the swelling and redness must be understood to de-

* See TABLE i. Column 12.

scribe

scribe the inflamed state of the joints, but not of the muscles. However it is not intended to be denied that this inflammation may so far affect muscles as to make them swell and even appear red, but these symptoms being less evident, and more rare, if they happen at all, are not noticed in the recorded cases.

§. XIV.

Chills and
Sweats.

*Both Chills and Sweats are usual symptoms of the Rheumatick Fever. In 52 cases both are noted. In 11 chills only, and in 33 sweats only, are mentioned. On this point it is proper to warn the reader that regarding sweats as more characteristick of this Fever than chills, I have been more attentive to mark this symptom. For this reason, it is not to be inferred that sweats occur in more cases

* See TABLE 1st. Column 13.

than

than chills. In 96 patients one or both of these symptoms were observed. Silence on this head, in regard to the other patients, does not imply, as before observed, that either or both of them were absent. Only 2 cases are noted where there was no chill, and 5 cases where there was no sweat, and 6 where there was no Fever. But it must be understood that my reports sometimes express only the present situation of the patient; they do not always describe the whole preceding disease. Often from hurry or other causes, the word Fever or other general expressions have been written instead of particular symptoms. As this has been done without any selection of cases, the induction from recorded facts will be equally conclusive.

§ XV.

Urine.

One diagnostick mark of the Rheumatick Fever is taken from the appearance of the Urine. At the beginning it has a high colour, but afterwards deposits a copious brownish red sediment, like brick dust. In the Gout there is a similar sediment in some degree, but generally it is in less proportional quantity, and of a deeper red colour, tinging the vessel in which it is contained with a red stain. In Agues or intermittent Fevers there is likewise a considerable lateritious sediment in the urine, which has a nearer resemblance to what appears in Rheumatism than Gout. Perhaps the profuse sweats which accompany the two former of these diseases, and sometimes the last, may be one cause of this copious sediment.

Chemists have discovered that this red sediment contains the uric acid. If
this

this science could supply an accurate test to discriminate with certainty between Gout, Rheumatism, and Ague, especially the two former, it would be highly valuable: for cases sometime occur of so doubtful a nature that a physician cannot always positively determine to which disease they belong. This distinction is very important for the safe treatment and recovery of the patient. Chemistry promises to investigate such a decisive test, considering the wonderful ingenuity and zeal with which this useful science is at present prosecuted.

The appearance of the urine is noted in only 30 cases; in 26 its sediment was red; in 3 there was no sediment at the time of observation. The black sediment which appeared in one case denotes blood, a circumstance not usually connected with Rheumatism.*

* See TABLE i. Column 14.

§ XVI.

Pulse. Out* of 93 cases only 5 had a pulse below 72 in a minute; the most frequent number was from 84 to 107, comprehending 47 being a full half of these patients; however in 29, being near one-third, the pulse had a greater frequency, from 108 to 130.

§ XVII.

Blood. In 31† cases the blood had an inflammatory crust, which in some was very dense. In 3 patients it had scarcely any inflammatory appearance, and in one instance none at all. It is noted that one patient had been bled seven times before I saw him. I had an opportunity to examine the blood last taken which continued to exhibit an inflam-

* See TABLE i. Column 15 ; and TABLE vii.

matory

matory crust; yet both the Fever and Inflammation continued with unabated violence.

§. XVIII.

Other symptoms not comprehended in the preceding 15 Columns of the Table are few and of little importance. Two cases attended with vomiting are noted, and one where the Rheumatism appeared to be translated to the stomach. But the rarity of such a connection confirms rather than confutes Dr. CULLEN's opinion that the stomach was not affected by Rheumatism but only by Gout.

§. XIX.

One column of the 1st Table is assigned to contain an account of the remedies which had been employed before I first saw the patient. This intelligence is not generally

generally given, but in the cases which are noted they appear to have been chiefly bloodletting, tartarised Antimony, antimonial powder, the compound powder of Ipecacuanha and Cicuta.

§. XX. REMEDIES.

Venesection.

In most of the cases of acute Rheumatism* blood was taken from the arm by the lancet, before I received the interesting intelligence of the efficacy of the Peruvian Bark in this Fever. Even subsequent to the time when this important information was communicated, I did not neglect this proper and powerful remedy, though I gradually employed it seldomer and in diminished quantities, as the successful use of the Bark increased my confidence in its salutary effects.

* See TABLE i. Column 19.

‡ For the same reason, leeches were much more frequently employed in the former than the latter period of my practice.

† Only 20 cases are noted in which sudorificks were administered, which were composed of opiates generally with antimony, sometimes with Ipecacuanha. The omission of so usual and so important a remedy must be ascribed to the same reason as the neglect of letting blood by the lancet and leeches. Saline medicines were given in 54 cases, as, acetated ammonia, the effervescing draught and Nitre.

§ Antimony has been employed not only Antimony. as a febrifuge and antiphlogistick remedy, but principally with an intention to cleanse the stomach and bowels, as a preparation for the exhibition of the Bark.

‡ See TABLE i. Col. 20. † See TABLE i. Col. 21, 22.

§ See TABLE i. Column 23.

The Rheumatism was frequently relieved by Antimony, and for some years I waited for this relief by antimony, bleeding, leeches, and saline medicines, before the Bark was administered. But, for a considerable period of time, after sufficient evacuations were obtained, the Bark has been exhibited without any farther delay.

The antimonial Powder has been given in 55 and the tartarised Antimony in 35 cases, being 90 in all.

The warm Bath was employed in 11 cases. It is superfluous to remark that this remedy is chiefly useful in the chronical Rheumatism. Dr. FALCONER has published a full and accurate account of its efficacy in this disease from extensive experience with great candour and judgment.

§. XXI.

It was before intimated that the chief ^{Cinchona.} purpose of this clinical History of the acute Rheumatism is to explain why, in what manner, and with what effect I have employed the Peruvian Bark or Cinchona as a remedy for this Fever.

For several years after the period when I commenced the practice of Physick at Chester, that excellent Physician the late Dr. JOHN FOTHERGILL used annually to retire from the fatigues of his profession during about two months in summer to Lea-Hall in Cheshire. In this pleasing rural retreat, I had frequently opportunities to enjoy his very improving and entertaining conversation. He allowed me the very important privilege of stating to him the doubts and difficulties which often perplexed me as a young physician.

physician. With a truly liberal and enlightened mind he freely and generously communicated to me his opinion and advice whenever he was thus consulted.

In one of these friendly visits I solicited his counsel for a patient ill of a Rheumatick Fever. He recommended that the Peruvian Bark should be administered. At this advice I expressed great surprise; that it was directly contrary to the mode of treatment which I had been taught by the most judicious and learned Authors and Professors; and that I had always understood the Bark to be highly improper in all inflammatory disorders.

To my objections he replied that
' when I was a young physician, being
' twice called out of my bed to visit patients in a frosty night, I caught a very
' severe rheumatick Fever. By the advice of my medical brethren I had been
' blooded repeatedly and largely, even to

‘ 70 ounces. My disease yet remained
‘ unsubdued, and my blood still exhibited
‘ an inflammatory crust. Hence I was
‘ convinced that the method of curing
‘ this Fever by such copious evacuations
‘ was erroneous. Soon after my reco-
‘ very, I was desired to visit a patient
‘ ill of an acute Rheumatism. At my
‘ request, SIR EDWARD HULSE, at that
‘ time the most eminent physician in
‘ London, was consulted. He proposed
‘ that we should order the Peruvian
‘ Bark. I gladly agreed to the proposal,
‘ as I thought there were several analo-
‘ gies between an Ague and a Rheuma-
‘ tick Fever. In both diseases, the urine
‘ lets fall a similar lateritious sediment.
‘ In intermittent, as well as Rheumatick
‘ Fevers, the blood when let is covered
‘ with an inflammatory crust. The pain
‘ and fever of Rheumatism have certain
periodical,

‘ periodical, though not quite regular
‘ paroxysms and intermissions.

‘ In this consultatin with SIR EDWARD
‘ HULSE, the Bark was given with such
‘ manifest advantage, that I have ever
‘ since adopted the practice in this disease,
‘ and recommend it to you in spite of
‘ all medical authorities to the contrary.’

To enquire into the origin and progress of the practice of giving the Peruvian Bark in the acute Rheumatism will be curious and instructive.

IN DR. RICHARD MORTON’S Treatise on Fevers, the IXth Chapter describes the Proteuform nature of Agues. After explaining that the poison of intermittent Fevers was often the cause of hemicrania and apoplexy, he says, *‘ I
‘ have an hundred times observed that
‘ the Colick of the stomach and of the
‘ intestines, that the acutest spasmodick

* See IId SECTION. §. XXI.

‘ Pleurisy,

‘Pleurisy, that general and local Rheu-
‘matism, that Scarlet and Erysipelatous
‘Fevers with the strongest pathognomo-
‘nick symptoms were produced by an
‘explosive expansion of the spirits irri-
‘tated by this poison. These symptoms
‘returned at stated periods. The urine
‘was like what is voided in Intermittents:
‘and these fevers either spontaneously
‘or by remedies drop their mask; when
‘I cure them soon, constantly and hap-
‘pily with Cinchona.*’

The accuracy of this reasoning, and the justness of such ideas, there is no occasion to consider farther than belongs to the present subject. An useful discovery may sometimes result from error. Many passages might be quoted from MORTON, which prove that he freely and

* See IId SECTION of PROOFS and ILLUSTRATIONS,
§. xxi.

successfully exhibited Bark in Rheumatism; but a few may be sufficient to establish the truth of this remark.

‘ A Dyer in White-Cross street having
‘ frequently caught cold was attacked
‘ with almost an universal rheumatick
‘ pain wandering through all his limbs.
‘ After he had been frequently thrown
‘ into a Syncope, and his life had been
‘ despaired of from the violence of the
‘ spasmodick pain, at length I was con-
‘ sulted. When I had observed that his
‘ urine was of a deep red colour, and on
‘ exposure to the air deposited a lateritious
‘ sediment; and was informed by his
‘ attendants that his pains increased at
‘ stated periods every day or every other
‘ day, and that the exacerbations were
‘ accompanied with the greatest anxiety,
‘ I announced that these painful spasms
‘ originated from the poison of inter-
‘ mittent Fevers. Wherefore I ordered

‘ 12 ounces of blood to be taken from the
‘ arm to relieve the present pain; and
‘ after an interval of 6 hours I ordered an
‘ antimonial vomit. By these remedies
‘ the spasms were soon relieved. But
‘ that I might perfectly cure the disorder,
‘ I ordered a drachm of Bark with a
‘ few drops of Laudanum to be given
‘ every 3d or 4th hour. By this means
‘ I intended to destroy the morbid poison,
‘ lest the spirits again irritated should
‘ excite a new paroxysm. After he had
‘ taken an ounce and a half of fresh good
‘ Bark, immediately, without any other
‘ remedy, he was relieved from the Rheu-
‘ matick Fever and spasms. The natural
‘ urine and appetite returned, and the
‘ patient was restored to health. In a fortnight,
‘ after the energy of the Bark had
‘ begun to fail, he again suffered a relapse
‘ of the Rheumatism, which, after being
‘ bled, was cured with equal facility,
‘ by

‘ by the Bark without the aid of any
‘ other remedy, as happens to those who
‘ are afflicted with the relapse of an in-
‘ termittent Fever.’

I was not a little delighted to discover by what traditional authority this practice had been transmitted from one physician to another, as clearly appears in the following history.

In MORTON'S Treatise on Fevers, and the Chapter above quoted, the 20th Case is intitled “ An Ague long concealed under the mask of a pain of the breast which was in reality rheumatick.” The symptoms and remedies of this case are so various that it would be tedious and uninstruative to quote or read them all. He adds,
‘ In this manner, learnedly and shrewdly
‘ erring, by trusting to false principles,
‘ and being deceived by apparent symp-
‘ toms, I had brought my patient almost
‘ to the jaws of death, being worn down
‘ by

‘ by her fever, watchfulness, delirium and
‘ pain, until the Fever coming every day
‘ at stated periods betraying its type and
‘ nature, I suspected that the lurking
‘ febrile poison was the cause of this most
‘ painful symptom. Wherefore (with the
‘ consent of my celebrated Colleague Dr.
‘ HULSE, who was called into consulta-
‘ tion with me on this case) I ordered
‘ blood again to be taken from her arm
‘ on the 3d of April,’ 1690, ‘ to diminish
‘ the violent efforts of the spirits which
‘ I thought were the cause of the pain:
‘ and to destroy the febrile poison, xii
‘ drachms of the Peruvian Bark mixed
‘ with an equal quantity of white sugar
‘ were divided into doses of 2 drachms
‘ each, to be taken every four hours;
‘ and a piece of flannel besmeared
‘ with palm oil was applied warm to the
‘ affected part. A cordial Julep was oc-
‘ casionally given. On the 5th day after
‘ these

‘ these remedies had been administered
‘ far beyond the hopes of her friends and
‘ my own I beheld our patient without
‘ Fever, chearful, lively, sleeping placidly,
‘ nearly quite free from pain and all other
‘ complaints.’

In this manner I discovered, very highly to my satisfaction, by what traditional authority, supported by experience, in spite of the powerful influence of a contrary hypothesis, the benefit to be derived from the Peruvian Bark in the acute Rheumatism had been preserved from oblivion by three Physicians of uncommon abilities, MORTON, HULSE, and FOTHERGILL.

It may not be improper to remark that this tradition seems to have had (as might be expected) more influence in London than any other place. Sir JOHN PRINGLE in his Observations on the Diseases of the Army, p. 166, says, ‘ Some
‘ physicians

‘ physicians have ventured to give the
 ‘ Bark in acute Rheumatism (after plen-
 ‘ tiful bleeding) as soon as a sediment
 ‘ appeared in the water; though some
 ‘ degree of Fever remained, and the pains
 ‘ were still considerable. I have had
 ‘ some success myself in giving it so early,
 ‘ but have not seen cases enough to re-
 ‘ commend the practice to others.’

§. XXII.

The first cases of the rheumatick Fever Bark given
for 35 years
 in which I prescribed the Peruvian Bark
 on the recommendation of Dr. FOTHER-
 GILL appears to have been in July
 1769, above 35 years ago. The fa-
 vourable opinion which I entertained
 of this singular practice on such respect-
 able authority was soon confirmed by my
 own experience of its efficacy. During
 the

the long period of time which has since elapsed, in every case of this Fever which appeared proper for the Bark, it has been administered; at first with great caution, after sufficient evacuations of the blood-vessels, stomach, and bowels. Taught by attentive observation and successful experience, I gradually employed this remedy with more and more freedom, which was attended with still more manifest proofs of its safety and efficacy.

It will be proper first explicitly to state all the facts, and then candidly to consider what useful inferences may be deduced from them.

By reference to the 1st Table the reader will be fully informed what remedies had been employed before the Bark was exhibited. He is to understand as noted in 19, 20, 21, 22, 23, 24, Columns in what cases bleeding by the lancet, and leeches, sudorificks, salines, antimony, and the

the warm Bath, were ordered with few exceptions previous to the administration of the Bark.

Being solicitous to communicate all the information which experience has suggested on this interesting subject I have stated in one view,* 1st the day of the acute Rheumatism inclusive from the commencement of the disease when the Bark was first exhibited, and 2d on what day this medicine was taken after I first visited the patient,

§. XXIII.

1st. In 35 out of 66 (above one half) ^{On what day of the Fever;} of the cases which have been noted the Bark was given in the first fortnight, from the 1st to the 15th day inclusive, of the Fever; in 18 cases, during the next month,

* See TABLE i. Columns 25 and 26.

being

being from the 16th to the 40th day of the disease. As to the remaining 11 cases they rather may be reckoned complaints in consequence of the acute Rheumatism, than examples of the disease itself.

§. XXIV.

At what
visit.

Out of 84 cases, there are 42, or one half, in which the Bark was *ordered* on the day when I first visited the patient. But it must not be understood that it was usually administered on the first day; indeed this very rarely happened. The Table shews that only in a few instances the Bark was given before sufficient evacuations by Antimony, &c. had been obtained. This being the direction invariably given to the medical and other attendants, the Bark was seldom taken till the

the following, and perhaps, in several instances, a later day.

In 11 cases it was ordered on the 2d; in 12 on the 3d; and in 16 from the 4th to the 10th day after my first visit. To these patients the Bark was generally given on the day it was ordered, as evacuations which were thought sufficient had been previously obtained.

§. XXV.

It will next be proper to state the form Dose and form of Bark. and dose in which the Peruvian Bark was exhibited. These circumstances are fully explained in the 1st Table* Hence it appears that the Powder was given in 82 cases, the Decoction in 30, and the Tincture in 9. The dose of the Powder varied from 5 to 60 grains, and the repetition of this quantity from once in 2 to

* See TABLE i. Column 27.

once

once in 12 hours. But the most common dose was from 10 to 30 grains, and the usual time of repeating it was from the 3d to the 8th hour.

The Decoction of Bark was given from the dose of an ounce to an ounce and a half up to two ounces every 2d, 4th, 6th, or 8th hour,

The Tincture of Bark was ordered in 9 cases, but I believe never till both the Fever and inflammation were gone or much abated,

In 5 cases, the form in which this medicine was administered is not noted.

§. XXVI.

Other
remedies.

Other remedies besides what are stated in the preceding Columns 19—27 of the 1st Table are noted in 50 cases; as, guaiacum in 16; blisters in 16; opium in 4; Ipecacuanha

Ipecacuanha in 4; Camphor in 3; Calomel, infusion of marsh trefoil, and dulcified spirit of nitre, in 2 each; and scurvy grass in 1. This brief account is given in order to render the evidence complete on this head.

§. XXVII.

Physicians have observed that the acute Rheumatism is seldom, or never a fatal disease. This observation may be true, and is confirmed by my own experience, while it remains in its proper seat the muscles and joints, and when not combined with other mortal maladies. But out of 170 cases, I have found 12 which had a fatal termination, either by a translation of the inflammation to the brain, lungs, kidneys, stomach, or some other vital part, or as being found in combination with other diseases. In the II^d SECTION

Rheumatism
in joints and
muscles not
fatal.

TION consisting of PROOFS and ILLUSTRATIONS a full statement of all the unfavourable cases shall be particularly detailed, which the medical reader is requested to take into attentive consideration. It is presumed that the information which they communicate will warrant the following conclusions: 1st, That seven* fatal cases were combined with Phrenitis: 2d, That three† cases terminated with a sudden and violent Diarrhœa, two of them combined with Phrenitis, and the third with convulsions: 3d, That in one‡ case, when the pain and swelling receded from the joints the patient was attacked with shortness of breath, cough, and spitting of blood, which soon terminated fatally: 4th, That in three§ of the fatal cases the patients were so faint and languid that

* Cases No. 12, 24, 75, 81, 91, 103, 133.

† Cases No. 1, 75, 133.

‡ Case No. 17.

§ No. 108, 125, 133.

they

they were apprehensive of falling into a Syncope: 5th, That in two* cases miliary eruptions accompanied the Rheumatism: 6th, That in one† there was a suppression of urine: and 7th, That one‡ was combined with a Typhous Fever, and aphthæ on the tongue and throat.

§. XXVIII.

As the principal purpose of this History is to ascertain how far the Peruvian Bark is a safe and salutary remedy in the acute Rheumatism, I am solicitous to inquire with all possible accuracy and impartiality whether the fatal Cases related in the II^d SECTION can justly excite any doubt relative to this question. Only 4§ out of 12 patients who died of this disease had taken the Bark.

Did Bark
do harm?

* No. 1, 75. † No. 125. ‡ No. 68.

§ No. 68, 108, 125, 133. See II^d SECTION, §. xxviii.

No. 68 did not die of Rheumatism but of a Typhous Fever with aphthæ on her tongue and throat. She only took the Bark for 4 days, and had ceased to use it for 13 days before her death, not because it disagreed, but because it had no salutary effect. In No. 125 a suppression of urine was plainly the cause of death. How far this disease might be connected with Rheumatism seemed very doubtful; they were most probably independent disorders. He had brought them on by habitual drunkenness with spirits. It is of importance to remark, that neither in this nor the three other fatal cases was there any inflammatory swelling of the joints when the Bark was given; it had receded in one, and had never appeared in the other two. Again, all these three patients were in such a state of extreme debility and languor as to be apprehensive of fainting away into a Syncope.

cope. With such symptoms no physician would expect any mischievous effects from the Bark. In these circumstances it was manifestly preferable to all other remedies, tho' it had not sufficient power to save their lives. According to the prevailing medical ideas on this subject, the greatest mischief should be apprehended from this remedy where the Fever was high and the inflammation violent. On the whole, after the most rigid scrutiny, it is manifest there is not the slightest probability in any of the four fatal cases, that the Bark had disagreed or aggravated a single symptom. The written testimony is fully decisive upon this point, and in medical researches clearly evinces the great superiority of proofs supported by extensive experience to any founded upon theories however ingenious, or analogies however plausible.

§. XXIX.

Difficult
Cases.

Having in this manner attentively examined, and I hope fairly determined, the interesting question whether the Bark had done mischief in any of the fatal cases which have occurred in my practice, it will in the next place be of great importance to inquire what difficulties were experienced in other cases where its beneficial effects were most doubtful.

For several years, my usual method of treating the acute Rheumatism has been to give either the Antimonial powder or tartarised Antimony, generally the former, till the stomach and bowels are sufficiently cleansed. Without waiting for any other evacuation, or abatement either of the inflammation or the Fever, I order the Bark; at first in small doses, and, if they succeed, gradually in larger. But
if

if the Bark in any respect disagree, or even if it do not produce manifest relief of the symptoms, the Bark is always suspended, and the Antimony again repeated till it shall have produced sufficient evacuations. After the stomach and bowels have been well cleansed a second time, the Bark is administered again in like manner, at first sparingly and then more freely. But it is never continued longer, nor in a larger quantity than what perfectly agrees with the stomach, the Fever, and the rheumatick inflammation. If doubts occur on any of these points, recourse has been had to bleeding by the lancet or leeches, or both, and to more evacuations by Antimony. In such cases the Bark is not again employed till the inflammatory symptoms are abated.

§. XXX.

Unfavour-
able Cases.

After a very accurate re-examination of all the cases of acute Rheumatism I can only discover *four* in which the Bark did not produce manifest salutary effects on its first exhibition, and even in three of these patients it was of service after proper evacuations by the lancet, leeches, and Antimony. In order thoroughly to investigate this interesting question, I will here give a succinct account of these most unfavourable cases, that the whole evidence may be submitted to the impartial judgment of the medical reader.

The 1st untoward case* was of a young Lady, who together with all the usual symptoms of a rheumatick Fever had been attacked with vomiting and purg-

* See TABLE i. No. 150.

ing

ing, a few days before I saw her. By these complaints she was reduced to a very debilitated state. For this reason, and because she had previously taken JAMES's antimonial Powder (it is not said with what effect) I did not order any Antimony before the Bark was administered. Three days after she began to take it, I received a favourable report of its effects in relieving the pain, increasing the appetite, and absence of sickness. A week later there was a farther diminution of pain, but an increase of fever and loss of appetite. These circumstances occasioned doubts, and therefore (as was always my rule) the Bark was omitted. I ordered Blood to be let, which gave much relief to the Fever and pain; and then antimonials and the effervescing camphorated Draughts, which produced salutary effects. By these remedies she was restored to a state of convalescence,

valescence, when the Bark was again taken and continued till perfect health was recovered.

The reason why Bark was taken with less uninterrupted success by this than by most of my other patients in the acute Rheumatism, appears to have been that her stomach and bowels were not sufficiently cleansed before it was exhibited. If she had been freely vomited and purged with Antimony, and perhaps also bled, before she took the Bark, it seems probable that her recovery would have been more speedy and perfect. My patient was situated 27 miles from Chester, and I only visited her twice; otherwise proper evacuations might have been earlier employed and her recovery sooner accomplished. But, even in this unfavourable case, she was restored to a convalescent state in a month. A patient ill of a bad rheumatick Fever seldom recovers health
by

by the usual remedies of the lancet, leeches, sudorificks, &c. in so short a period of time.

The 2d unfavourable Case* was a young man of 22, who had previously been twice attacked by the rheumatick Fever; the first time 9 months before, for a fortnight; the second time 6 months before I saw him, which continued for 6 weeks. Having caught cold by wet feet, he had again been seized with the acute Rheumatism. My first visit was on the tenth day of the Fever. After plentiful evacuations by Antimony, the powder of Bark was taken for a week without affording any relief. He was then bled repeatedly, and the antimonial powders, with saline camphorate d draughts with squills, (as he had a cough combined with the Rheumatism) were given for four days. After these

* TABLE i. No. 159.

evacuations the Bark was again taken till he recovered.

This third fit of acute Rheumatism which he had suffered in 9 months continued for seven weeks, being $5\frac{1}{2}$ weeks after my first visit. In so young a man, a rheumatick Fever occasioned so manifestly from having caught cold might probably have received more speedy relief by taking more blood, and sooner by the lancet. However as the 2d rheumatick Fever was worse than the 1st in the proportion of 6 to 2, there was reason to apprehend that the 3d attack might have been of longer duration than it proved to be. His recovery from the first relapse was very imperfect, having rheumatick pains which continued all the summer. It is not reported how perfect was his recovery after taking the Bark which was again ordered when he was in a convalescent state.

The 3d Case* in which the Bark was given with less than usual advantage was a patient who had been afflicted with this disease before I saw him, for five months. The swellings of the joints were gone, but much pain and stiffness remained in them. The warm Bath, pumping, and leeches, were ordered, and afterwards the Bark. When this medicine had been taken without advantage for a week, it was omitted. Bathing and antimonials were ordered, and afterwards blood was let, which appeared inflamed. From these remedies he found relief, in about a week, when Bark was again administered till his health was restored,

In this case bleeding and Antimony were of manifest service, and the Bark succeeded better after these evacuations. The reason why these antiphlogistick

* No. 168.

remedies were delayed appears to have been, because the patient had been, extremely debilitated, and emaciated by a tedious disease. On this account, leeches only were at first directed, till a fresh accession of Fever required blood to be taken from the arm. Even in this case, though the Bark was taken with less benefit than usual, yet there is no reason to suspect that it did harm even when first exhibited, and after the evacuations it was of manifest service. The patient was in a convalescent state in 23 days, though he had been very ill for 5 months previous to my first visit. The cases in which I have found the Bark to produce the most salutary effects were in the inflammatory state of the rheumatick Fever: but in this patient the swelled joints had previously subsided.

The 4th and last patient* who took Bark without the usual benefit had suf-

* TABLE i. No. 169.

fered

ferred two attacks of acute Rheumatism several years ago. In the present disease he had been affected with great pain of his limbs, shoulders, hips, &c. for $5\frac{1}{2}$ weeks; sweats; and symptoms of gravel.

He used the warm and vapour Baths, &c. and Bark in various forms for a fortnight without much benefit. Mercury was then ordered. In 8 days he took Hydrargyri muriati gr. iv. and in the 7 succeeding days 28 grains of Calomel: he had bathed eleven times at 96° , and four times in the vapour Bath. His gums were swelled and red, his breath foetid. The Calomel was taken at gr. iv. a day for two days longer, in all gr. 36; and then finally omitted on account of a salivation which continued at a pint a day for 3 days, and then gradually abated. After the commencement of the mercurial course, the rheumatick pains began to be remarkably relieved in 7, and particularly so in 10 days,

days. His health was gradually and perfectly recovered.

On this occasion, I am very happy to offer my testimony in confirmation of the practice recommended by my very respectable Friend Dr. CLARK, of Newcastle. He has published the most convincing proofs of the salutary power of Mercury in Rheumatism.* In the case above related its salutary effects were very remarkable: the disease was soon and completely cured, and the patient has ever since enjoyed good health.

After this rigid scrutiny, it clearly appears that the Peruvian Bark did no injury in any even of these 4 unsuccessful cases; it aggravated neither pain nor fever. On the contrary, in three of them, after proper evacuations it proved salutary, and promoted the patient's recovery.

* See CLARK on the diseases of hot climates. Chap. ix.

§. XXXI.

Having explicitly and impartially explained all the unfavourable cases which have occurred, I will relate what were the effects of Bark upon the Rheumatick Fever, in two only out of 86 patients to whom it was given with uniform success.

No. 134. Mr. W. July 13, 1791, having caught cold, has been ill for 5, especially for the last 2 weeks. The joints of his fingers, feet, shoulders, hands are swelled, red and painful. Profuse sweats, flatulence; much rumbling in his bowels; in a laxative state; shortness of breath; faintness; tears. P. 96.

He has been bled 7 times from the arm; the last blood taken to-day has an inflammatory crust.

At first x. and soon xx grains of the powder of Bark were taken in mint water every three hours.

July 21. He has taken four pints of the mixture which contained $5\frac{1}{2}$ ounces of Bark in substance, in 8 days. As soon as he began the medicine, there was an immediate abatement of the inflammation, flatulence, and langour. In 5 days his sweats ceased: in 6 days after he began to take the Bark he was so well recovered as to ride on horse-back. No complaint remained, but some pain of one hand and one shoulder.

In this case the efficacy of the Bark was very remarkable. Perhaps the frequent blood-letting, which had been previously employed, might be conducive to this purpose. However it is manifest that such copious evacuations from his veins did not cure the rheumatick inflammation, but reduced the patient to extreme langour, debility, and even tears.

No. 170. Mrs. M. March 28, 1803, being the 4th day of a rheuma-

tick Fever, had suffered chills, burnings, profuse sweats, violent pain of the shoulders, back, elbows, feet, thigh, knee, hips; great thirst; very restless days and nights. She took the Antimonial Powder which produced copious evacuations of her stomach and bowels, but without relief of the Fever or inflammation. March 29. Bark in powder gr. x. was given every third hour. March 30. The pain of the shoulders remained, but it was diminished in the lower extremities; less sweat. The Bark feels grateful. A cough. On account of this symptom, the Bark was omitted, and the Antimonial Powders repeated. March 30, 31, April 1 and 2, without producing any abatement of the pains, swellings, or fever. I endeavoured repeatedly to persuade this patient to lose blood by the lancet chiefly on account of her cough, but could not overcome

overcome her prejudices on this point. She was extremely averse to the operation, and her faint debilitated state gave her apprehensions that she could not bear such an evacuation.

April 3. The Bark was again taken in powder gr. x. every 4th hour; April 4th, every 3d hour. April 6. A remarkable abatement of all the symptoms, except the inflammation of the left hand. The Bark was increased to gr. xv. every 3d hour; April 8, to gr. xxii. every 3d hour. April 10. The pains, swellings, and sweats are much diminished. An ounce and half of the Decoction and 20 grains of the powder of Bark were then given every 3 hours. During this course to alleviate the Fever and watchful nights, effervescing draughts, and occasionally with Anodynes were administered. April 12. Seldom coughs. Convalescent. Continue Bark.

In 14 days (April 3 to 17) though the patient in that period thought her pains and fever several times aggravated by catching cold, she was restored to perfect recovery from Rheumatism, which had reduced her to the wretched state above described. I never witnessed a more distressing case of this painful malady where the inflammation remained in its usual seat, the joints and muscles, and was not translated upon any of the vital organs. By continuing this remedy, her appetite, strength, and sleep returned. She soon again enjoyed the blessings of good health.

This case is related not as an instance where the Bark disagreed, or did not afford speedy relief. Its exhibition was suspended for a few days, because the Rheumatism was combined with another disease, a cough, which occasioned some doubts whether it might be aggravated

G

by

by this medicine. But an account of this patient is stated, because the time required to cure one of the worst rheumatic Fevers by the Bark is accurately noted, that is, two weeks.

I had assigned a Column in the 1st Table to ascertain the time between my first visit and the recovery of the patient; but it was removed because the Table was much crowded, and few such facts had been recorded. The following brief statement contains all the information I can communicate on this head.

Days.		Cases.	Days.		Cases.
2	.....	2	11—20	.....	4
6	.....	3	21—30	.....	6
7	.....	1	31—40	.....	1
8	.....	2	41—50	.....	1
10	.....	4	70—80	.....	1
					<hr/> 25

Hence

Hence it appears that 23 out of 25 patients ill of the acute Rheumatism were restored to health in one month.

After all the fatal and four other of the most unfavourable cases have been in this manner explained, and fairly submitted to the reader's consideration, we may assume with confidence as decisive evidence all the instances in which a speedy and perfect recovery may be manifestly ascribed to this remedy. I have again scrupulously reviewed and attentively re-examined all the remaining cases in which the Bark was given with evident advantage. Out of 87 patients I can find none that required any interruption of it, except two, scarce worth notice, in which the Bark had been administered before Antimony: but after properly exhibiting the latter remedy, the former agreed and was taken with perfect success. To these 87 ought to be added 10 other cases where no report

port is given of the event, though there is less positive evidence of its salutary effects: but this silence clearly implies, though it does not declare, a favourable issue, and that no farther advice nor remedy was required.

It is very interesting and instructive to remark, that though this powerful remedy was given to many patients very early after the commencement of the Fever, and was frequently ordered at my first visits, yet it seldom failed to produce immediate and salutary effects. To many medical readers this may appear very bold and hazardous practice, being so widely different from the opinions on this subject, which generally prevail concerning the nature of inflammatory Rheumatism, and the medicinal qualities of the Peruvian Bark. But it is to be considered, that my adoption of this uncommon remedy for the acute Rheumatism commenced

commenced on the authority of that eminently sagacious and intelligent physician Dr. JOHN FOTHERGILL; and that the practice which I now venture to recommend, is the result of gradual improvements for a long series of years, as successful experience led by degrees to farther deviation from the remedies usually employed in this disease.

With sedulous attention to every circumstance which denotes that a medicine relieves or aggravates a patient's disorder, with a steady purpose to persevere in the former, and to avoid it in the latter circumstances, I have been long taught and thoroughly convinced that all hazard of doing mischief may be avoided, and yet that as much benefit may be obtained as its salutary qualities can produce. By strictly following the rules and cautions dictated by the medical experience of others and of my own,
it

it has so happened, not only in this but in all other diseases, that I never did witness a fatal consequence from any remedy for near 38 years, during which period I have been constantly engaged in ordering them and witnessing their effects. So long and so uniform a course of successful experience has given much satisfaction to my own mind, and afforded an highly beneficial confidence in the safety of the practice of physick. It banishes equally the injurious extremes of timidity and temerity. It encourages and warrants an efficacious method of treating diseases without rashness, or apprehensions of doing mischief. Though directly contrary to the vulgar creed, and even to the sceptical opinions maintained by men of knowledge in other sciences, there is no doubt that this accurate and faithful declaration might be confirmed by many other physicians of extensive practice,

practice, because certainly many others have been at least equally skilful, discreet, and fortunate. For the benefit of mankind, it is of importance to correct the false fears which many entertain of the pernicious effects produced by physick. To those who may be strangers to the Author's character it may be necessary to remark, that he was never guilty, even in conversation, of any professional boastings or exaggerations. It cannot therefore be suspected that he should now make such a solemn and publick asseveration, if he could entertain the slightest doubt of its truth. On a subject of such great importance he feels it his duty to publish this general remark; the conscious confidence of integrity places him above all personal considerations. It is highly proper that such a Truth should be promulged, both for the credit of the Profession, and the benefit of Mankind.

It

It is not to be expected that even this full and faithful statement of facts will soon obtain general attention. Though my respectable friend Dr. SAUNDERS has recommended Bark in Rheumatism for many years both in his lectures and publications, yet I do not know that it has any where received the attention which it justly merits: even lately I have heard a pupil of his censured for giving it in this disease, by a very intelligent and candid physician. For many years, whenever an opportunity offered in correspondence, consultation, or even casual conversation, I have constantly recommended the Bark as incomparably the best remedy for the acute Rheumatism. Such hints I have in this manner communicated to physicians of the first abilities, but it remains doubtful whether these exhortations have induced them to adopt the practice. However in process of time, and when the evidence
here

here adduced shall be fully confirmed by the testimony of other medical witnesses, such inveterate habits and prejudices may at length be effectually corrected.

To sum up the whole in a few words. After the stomach and bowels have been sufficiently cleansed by Antimony, I have, for many years, begun to order the powder of the Peruvian Bark in doses of gr. v. x. or xv. every 2, 3, or 4 hours; and if this quantity has a salutary effect, it was gradually increased to gr. xx. xxx. or xl. with sedulous attention never to add more than what perfectly agrees. It has generally been taken in milk, mint water, or the Decoction of Bark.

With the exception of the few cases above noticed, the Bark has uniformly produced the most salutary effects. The pains, swellings, sweats, and other symptoms of inflammatory Fever manifestly and speedily abate, and gradually cease, till health is perfectly restored.

Dr. JAMES CURRIE, in his Medical Reports, p. 421, observes that “the inflammatory Rheumatism is one of the most tedious and intractable of diseases.” This remark of a physician of such extensive experience, and medical knowledge, deserves particular attention. It proves the value of an inquiry which attempts to discover a safe and certain remedy for such a malady.

Another circumstance merits great attention. When the Rheumatick Fever has been treated by bleeding, leeches, sudorificks, &c. it is well known that pains of the diseased joints and muscles often afflict the patient for many months or even years, In my clinical reports I find no instance of this kind, and have reason to think that the Bark entirely prevents this cause of the chronick Rheumatism as a consequence of the inflammatory Fever.

Except

Except Mercury in the Syphylis, there are few or perhaps no examples where a remedy can produce such speedy relief and perfect recovery in so formidable a disease. For many years I have been thoroughly convinced that the Peruvian Bark has a much more powerful effect in the Rheumatick than any other Fever: and that it does not even cure an ague so certainly and so quickly.

SECTION II.

PROOFS AND ILLUSTRATIONS.

Reference from SECTION I. §. xxi. p. 49.

“CENTIES observavi *Colicam Ventriculi*, vel *Intestinorum*, *Pleuridem* acutissimam et verè spasmodicam, *Rheumatismum* universalem, vel particularem, *Febrem Scarlatinam*, *Erysipelatosam* cum symptomatis Pathognomonicis intensissimis, ab expansione explosivâ spirituum hoc veneno nimis irritatorum, orta fuisse. At ista symptomata statis periodis redibant; Urina reddebatur, qualis in Febribus Intermittentibus apparere solet:

solet: Et has febres, cùm vel sponte suâ vel arte coactæ larvas deponunt, China-chinâ citò semper, et feliciter curare soleo.” MORTON, t. i. p. 83.

“ *Tinctor Pannorum* in vico dicto *White-Cross street*, à frigore sæpiùs suscepto, dolore *Rheumatico* ferè universali, per omnes artus hinc inde versatili correptus; Ubi præ gradu doloris Spasmodici *Deliquium* sæpenumero perpessus, de vitâ desperare cœpisset, tandem me advocavit. Cùm autem observassem Urinam profundâ rubedine tinctam, aëri expositam sedimentum lateritium deposuisse; atque ab adstantibus narratum esset, Dolores statis periodis, singulis scil. vel alternis diebus, augeri solere, atque summâ Ægritudine concomitante exacerbari (utut ex Pulsu vel Temperamento certa indicia Febris, præ Symptomate vehementi, deprehendere haud potuerim) ritè decrevi *Spasmos* hosce dolorificos ortum suum

suum duxisse venenato ex *Febris Intermittentis* Fomite Spiritum animale adeò irritante, ut at gradum usque Explosionis adversùs venenum, præsertim in Paroxysmo, sese expandere moliretur. Quocirca in præsens dolorum levamen ʒxii . Sanguinis è brachio illico detrahendas jussi, atque post intervallum sex horarum *Vomitorium Antimoniale* mitius propinandum; Quo pacto *Spasmi* derepentè minui cœpêrunt: Ut autem Morbi fundamenta penitùs eruerem ʒj . *Corticis* cum guttis aliquot *Laudani liquidi* tertiâ vel quartâ quâque horâ exhibendas jussi; eo modo subactionem Veneni morbifici moliens, nè Spiritus inde recens irritati novum Paroxysmum reducerent. Postquam sesquiunciam *Corticis* (qui genuinus eo tempore erat ac Vegetus) devorâsset, illicò, absque quocùnque alio Remedio ministrato, à *Febre ac Spasmi Rheumaticis* liberatus, Urinâ ac Appetitu derepentè restitutus

restitutis, revaluit Æger. Licet post xiv dies elapsos, quamprimùm scil. energia *Corticis* deficere cæperat, denuò recidivationem *Rheumatismi* perpessus sit, quæ æquè facilè *Cortice*, post *Phlebotomiam*, repetito (nullo alio Medicamento exhibito) brevì sanata erat, uti iis accidere solet, qui Febris Intermittentis revirescentiâ afficiuntur." T. i. p. 249.

"Hoc pacto, doctè et argutè delirans, quippe falsa principia ponens, et apparentibus Symptomatis deceptus, Ægram, Febre, Vigiliis, Deliriis ac dolore penè confectam ad Orci fauces duxeram, donec Febre, quotidianis et statis periodicis Paroxysmis jam tandem typum ac genium suum palam prodente, suspicatus sum Fermentum Febrile Venenatum delitescens, et Spiritibus implicitum, Symptomati huic dolorifico admodùm molesto, ansam præbuisse. Quocirca (annuente
Cl.

Cl. Collegâ D. D. HULSIO, qui mecum in consilium vocatus est) ad nisum Spirituum efferum (quem causam esse doloris apprehendi) minuendum, die tertio *Aprilis*, 1690, *Venæsectionem* iterum in brachio celebrandam jussi; et, ad seminium venenatum delendum, ʒxij . *Cortic. Peruv.* cum æqualibus partibus Sacchari albi commixti, partitis vicibus, sc. ʒij . quartâ quâque horâ exhibendas, et *Pannum Wallicum Oleo Palmitis* illitum ad partem affectam calidè applicandum: Et in *Languoris* relevationem *Cochl.* iv. vel v. *Julapii cardiaci* ad libitum sumenda. Hisce finitis, die quinto, præter spem amicorum, aut meam, conspexi Ægram ἀπερωρετόν, placidè dormientem, hilarem, vegetam, à Symptomatis universis, et dolore ipso pené liberatam. T. i. p. 243.

THE following Fatal Cases are copied faithfully from my clinical book, with a few omissions of circumstances of less importance. It was my intention to publish the original words, which, though generally written in haste, and in very anxious situations, record the facts with brevity, perspicuity, and accuracy. However as what appears perspicuous to myself may not be so to all readers, and mindful of that excellent admonition of Horace, "*Dum brevis esse laboro obscurus fio*," I have thought it might be better to print an English description of the symptoms. Among other purposes which this communication may serve, it will afford the reader an opportunity to compare the facts stated in the Tables, particularly the 1st, with some of the original documents.

FATAL

FATAL CASES.

Reference from SECTION I. § xxviii. p. 62

No. 1. “ A robust man employed in country labour had a week before been attacked with a sore throat, for which he had taken a dose of Jalap on the 24th of May. The following day he was seized with a Rheumatick Fever. My first visit was on the 30th, at 9 in the evening. His ancles, wrists, and other joints, were then swelled, painful, and red; his pulse was full and frequent; miliary eruptions, some of them pellucid, on his breast. During the disease, he had two or three times sudden stools; at present flatulence in his bowels, but no Diar-

* No. 1, 17, &c. refer to their place in the 1st Table of Cases of Rheumatism.

rhoea

hœa. Eight ounces of blood were taken; it was inflamed. A Julep with Spiritus Mind. was ordered. At 6 next morning he was attacked with a violent purging, rattling in his throat, convulsions, and death" This event happened in 9 hours after my first visit,

No. 17. "A young Lady of 16, who had for ten years been subject to wandering pains, was attacked by a Rheumatick Fever, with pain and swelling of her hands, feet, &c.; shortness of breath; vomiting of food and drink. I visited her on the 6th day of the Fever. A blister was applied. A mixture was directed of Ess. Ant. ζ j. Tinct. Theb. gtt. 40; of which she took 20 drops every 4 hours. On the 10th day of the Fever, and 5th inclusive after I saw her, the swelling of the hands receded; her breath became shorter, with a cough and spitting of blood,

blood, which soon terminated fatally.” The rheumatick inflammation seems here to have been translated from the joints to the lungs.

In this case venesection was probably employed, though not mentioned. It seems to have been a proper remedy; unless perhaps the violent vomitings had produced such debility as to discourage any other evacuations.

No. 24. “A young man of 18, liable to convulsions from two years old, and to spasms the last two years, was attacked with chills, heats, sweats, swelled and stiff joints, and delirium. P. 125, strong. I first saw him on the 4th day of his Fever. He was bled, and took the tartarised antimony. He died of a Phrenitis on the 5th day of the Fever,” and the 2d inclusive after my first, and (as appears) my only visit.

No.

No. 68. " Mrs. —, Apr. 25. For two years after her Menses ceased, she had suffered head-achs and pain of her limbs. She had been attacked with a cold shaking fit a fortnight ago, ten days ago, and yesterday. Thrush on her tongue and throat. P. 96. Has now pain of her wrists, knees, back. *Infus.* and *Tinct. Peruv. efferv.* 3 or 4 times a day. *Gargle.* *Leeches.* Ap. 29. Pain increased. Leeches to the affected joint gave no relief. *James's Powder* gr. iv. every 4 hours, with *Camph. Julep.* Ap. 30. *Ant. Powder,* gr. vi. h. 6. *Julep.* May 3. Blood not inflamed.* Pain of her wrists, ankles, knees, hips, with swelling, but no redness. Thrush on her tongue and throat. P. 108. *Ant. Powder,* gr. x. h. 4, and *Jul. eff.* May 7. P. 96. Vomiting and four stools from the Powder with relief.

* This blood was taken from the arm, though the order has not been duly entered in my case book.

Sore Throat. *Volatile Oil* to the throat.
The Antimonial Powder to-morrow.
May 11. Pain below the left breast, with
difficulty of breathing without cough.
Pain of limbs diminished. P. 96. Thrush.
A fur is generally spread over the inside
of the mouth. Blood is discharged with
the gargle. *Breathe mephitick air for an
hour four times a day. Drink ferment-
ing wort; and take a cordial effervescing
Julep.*—She died that evening.”

In this case there is no suspicion that
Rheumatism was the cause of death; but
the account is instructive, in shewing that
the rheumatick Fever may be combined
with Typhus and Aphthæ.

The *Fermenting Wort* was unfortu-
nately ordered too late in this case;
the patient died before it could be pre-
pared. Wort has been frequently given
for various disorders since it was re-
commended

commended by the late Dr. MACBRIDE, in his *Experimental Essays*. In this work, on speculative principles, he has suggested more useful improvements in the treatment of Scurvy, and other putrid diseases, than any author of modern, or perhaps any other times. In 1779, my very intelligent friend the late Dr. DOBSON published his *Commentary on Fixed Air*. In this volume, p. 55, he inserted the following communication of mine.

‘ I attribute much good effect to the
‘ following method of giving wort in a
‘ *fermenting state*. Less than an equal
‘ bulk of wort is drawn from the malt;
‘ namely, from six pints of malt about
‘ five pints of wort. With a pint of this
‘ wort, a tea-spoonful of yest is well mixed;
‘ the vessel is covered close, and placed
‘ near the fire. In less than an hour, it
‘ is covered with a white cap of yest, and
‘ is

‘ is drank in that state. I am persuaded
‘ that the wort is greatly improved by
‘ this process. Yest excites in the wort
‘ a vinous fermentation and copious ge-
‘ neration of Fixed Air; without such
‘ addition, it soon spontaneously changes
‘ into an acetous state, by which very
‘ little Fixed Air is evolved.’

The water should not be poured on the malt, but when boiling hot cooled to about 170°; let it be close covered for two hours, then strain it off, and add the yest.

As this practical observation has not been so fortunate as sufficiently to excite the attention of physicians to what appears to be an important object, it may not be improper, on this occasion, to introduce a farther short explanation.

Instead of quoting the case in Dr. DOBSON’S book, I will translate another clinical history in which the efficacy of the wort was remarkable.

Mrs.

‘ Mrs. ———, aged 45, May 18, 1779,
 ‘ after a fever attended with general
 ‘ pain, and a foetid diarrhœa, was attacked
 ‘ with hæmorrhages from the nose, with
 ‘ many black spots on her body, and at
 ‘ the end of her tongue a black vesi-
 ‘ cation. P. 84.

‘ *Julep. alk. and acid. 3^{is} horis Respi-*
 ‘ *ratio aeris mephitici e creta et acido*
 ‘ *vitriolico. Cerevisiæ musteæ fermen-*
 ‘ *tescentis ℥ij. quotidie.”*

‘ May 20. Many more black spots,
 ‘ some an inch in diameter, over the
 ‘ whole body. Tongue better, but black
 ‘ at the tip. Large black blisters on the
 ‘ upper gum and lip. But she is better,
 ‘ and the hæmorrhages diminish.

‘ *Julepum, Respiratio, et Cerevisia, ut*
 ‘ *antea.*

‘ May 23. The blister and blackness
 ‘ of the tongue had disappeared two days
 ‘ ago; it is now of a healthy colour. No

‘ tumour

‘tumour of the gum, but it is still livid,
‘and had frequently discharged blood
‘two days ago. The spots are diminished
‘and look brown. For four days she has
‘been gaining strength; for three days her
‘appetite has improved. She has taken
‘four pints of the fermenting wort every
‘day, but seldom the alkaline and acid
‘juleps; has often respired mephitick air.
‘Eat flesh meat yesterday and to-day.
‘*Drink a pint of wine in gruel daily.*

‘May 24. Convalescent; that is, her
‘tongue and gums are healed. No hæ-
‘morrhage for the last three days. The
‘spots are turning brown, and vanishing.
‘Her appetite, strength, and sleep are re-
‘stored. Has taken the julep regularly, but
‘no wort for two days. *Continue wort, &c.*

‘May 30. Has taken the wort regu-
‘larly, but no other medicine for a week.
‘No spots remain, but on her arms. Good
‘appetite. Increasing strength. She soon
‘recovered perfect health.’

That a patient in such a very dangerous and almost desperate putrid disease, denoted by so many unequivocal proofs of a dissolved state of blood, should in three, and still more in six days, shew distinct proofs of recovery, and in six days more, should be restored to perfect health, (though the remedy was accidentally omitted for two days) are facts so extraordinary, that I have desired Dr. FALCONER, and other medical friends, to compare this account with the original Latin, written, and bound into a volume 25 years ago, without the remotest expectation that it would ever be published.

But as I have before explained the danger of drawing medical conclusions from solitary or even from a few cases, it will be proper to add, that in 1777, this improved method of giving Wort in a *fermenting* state occurred to me, and that I have for 27 years ordered it in all putrid diseases, and uniformly with more salu-

tary effects than any other medicine. In this form, the *yeast** is copiously drank at the time it is generating, and while it still remains mixed with the new wort. Sometimes a part of the white cap of *yeast* on the surface is added to the wort, and drank in it.

In *Aphthæ*, and *putrid ulcers of the mouth*, I have long employed, and with the most manifest benefit, the *fermenting wort* as a gargle, sometimes alone, more frequently with a considerable admixture of *yeast*; and often mere *yeast* has been applied to the diseased part.

By analogy, I have been induced to use *fermenting wort* and *yeast* for *Scurvy in the gums*, with success; but my experience of its utility in this disorder is much more limited than in ulcers and *aphthæ*, as the thought has but lately occurred to me.

* *Yeast* has lately been recommended to the publick as a newly discovered medicine.

A full persuasion of the superior efficacy of this remedy for putrid diseases, so dangerous in their immediate and remote consequences, will be, it may be hoped, a sufficient apology for the irregular manner in which the subject is here introduced.

No. 75. "Aug. 2. A man 25 years of age, much addicted to luxury and drunkenness, had been ill for a fortnight before he was attacked with a Rheumatick Fever. On the second day of it he had chills and heats; no sweat; pain, swelling, and redness of his ankles, knees, &c.; reachings to vomit; spasms of the stomach. P. 72—96. *Mixt. camph. cum Tart. emet. gr. $\frac{1}{4}$ h. 4.*

Aug. 5. "No relief. Pain and spasms of the stomach; hands, tongue, &c. tremble; thirst; yellow fur on his tongue; no inflammation of his ankles, and but
little

little of his hands and knees. P. 84.
Haust. æth. ʒj Spir. nitr. dul. ʒss. mixt.
camph. ʒx. h. 4.

Aug. 4. "Violent delirium. *Apply*
ten leeches to his temples. Haust. Camph.
gr. vij. Nitr. gr. xx. h. 4. Shave his
head, and let it be frequently washed with
vinegar.

Aug. 5. "A diarrhœa. *Rhab. p.*
gr. vij. cum Ipec. gr. iij.

Aug. 8. "Ten stools; memory nearly
 restored; many pellucid miliary erup-
 tions on his breast, arms, and face. He
 died this evening."

This patient seems not to have been
 bled from the arm, probably because,
 though a young man, his strength had
 been exhausted by drunkenness; his state
 of extreme debility being denoted by a
 trembling tongue, hands, &c. and by the
 yellow fur on his tongue; and because
 the inflammation had receded from the
 joints,

joints. The Rheumatism was complicated with *Phrenitis*, *Miliaria*, *Diarrhæa*, and *Gastrodynia*.

No Bark was given in this fatal case; the stomach and bowels were so much disordered, that it seemed improbable such a medicine would agree with them.

No sweat was observed on the second day; but though no farther notice is taken of this ordinary symptom, yet we must not conclude that it did not afterwards appear, especially as it is the usual concomitant or cause of miliary eruptions.

No. 81. “ Mrs. K——, aged 29.
Feb. 1. A fortnight after a tedious labour, and on the fifth day of a Rheumatick Fever, but on the third day after the Rheumatick swellings had receded from the joints, was my only visit to this patient, who resided twelve miles from Chester. Ever since her delivery she has heard a
noise

noise like bells, with head-ach. Her *Lochia* were profuse for a short time, and foetid. She had wandering rheumatick pains before and ever since her lying-in. Sweats. P. 96—86. No sleep but from opium. Pain and lameness of her right hip ever since her delivery, A copious sediment in her urine. Her wrists were swelled two days ago. Wandering words in her dreams. *Leeches to her temples. Pulv. Jac. ant. gr. iij. cum Haust. salin. 6th horis ad movendum sudorem, vomitum vel dejectionem. Dein Haust. Dec. Peruv. ʒiſs Pulv. Peruv. ʒj. Salis tart. gr. xv. in efferv. cum Succo limon. ʒiij.*

Feb. 3. (by letter.) “Fever increased for two days. P. 110. Delirious. No rheumatick pain; damp skin; many stools. Had taken the James’s powder and saline draughts” only, but no bark. “Feb. 4. She died.”

No. 91. " R. C. esq; Jan. 12, 1784, a vigorous young gentleman, after having repeatedly caught cold, was attacked by the acute Rheumatism. At first he had chills. My only visits were on the 9th and 10th days of the Fever, when his joints were swelled; a general pain; lassitude; perpetual jactitation; P. 110—120; thirst; furred tongue; much flatulence; blood let to 16 ounces, had a dense inflammatory crust. *Take 16 ounces more blood (it was much inflamed.) Take ten grains of James's Antimonial Powder every 6 hours with the camphor Julep, in a saline effervescing draught. Drink imperial and other small liquids plentifully.*

" Jan. 13. Symptoms relieved; only sleeps for ten minutes at a time; P. 96—90. Pain of his wrists, ankles, knees, right hip; no sweat; no sediment in the urine; jactitation. *Pulv. ante Jac. gr. x, h. 6. cum Haust. e Mixt. camph. et Spir. Mind.*

“ Jan. 14. (By letter.) From the anti-monial powder he vomited thrice, and had 4 stools. Short sleeps. Delirious, “ spits all about the bed and whistles;” skin moist this morning; yesterday evening no rheumatick pain; now pain and swelling of his right hand. P. 120—112. He died;” but the time is not noted.

Only 32 ounces of blood are mentioned to have been taken from his arm; but from various circumstances I am convinced that orders for future venesections would be provisionally given, which there is no doubt were punctually executed by an intelligent Surgeon-Apothecary who attended him. “ Perpetual jactitation” generally proceeds from anxiety about the præcordia, and denotes great danger. No Bark was ordered, nor is it probable that it would have saved the patient’s life. Besides, at that time, 21 years ago, I never administered this remedy till proper
evacuations

evacuations had produced a considerable abatement of the more violent symptoms.

No. 103. " During the last 12 years, Mr. W. had been attacked with four Paroxysms of Gout or Rheumatism, occasioned either by habits of intoxication, or by catching cold. At my only visit he had been ill of such a Paroxysm for a fortnight. Four days after the commencement of these pains he had been wet with rain on Traeth-Mawr; and, in that state, had travelled a long journey. Frequent sickness. P. 120. Often delirious; debility; a little pain of his hands and feet; voids little urine. *R. Ætheris nitr. Spir. nitr. dulc. a ʒij. aquæ menthæ ʒiiiss. Conf. card. ʒj. M. Capiat ʒj h. 4. Dein. Dec. et Tinct. Peruv. h. 4.* He died" soon, probably before any medicine, certainly before the Bark, was taken.

In classing these clinical cases, as the medical reader will be aware, doubts have occurred

occurred whether the disease should be denominated Gout or Rheumatism, the symptoms being sometimes equivocal. Though I have inserted this case as an example of Rheumatism, yet it was more probably the Gout; he had long lived freely as the landlord of the principal inn at Wrexham. Traeth-Mawr, where he was exposed to rain, is in Merionethshire, whence he immediately returned home, not less than 50 miles, probably in his wet clothes. These circumstances sufficiently explain why the event was fatal, if the disease was the acute Rheumatism; and still more clearly, if the Gout.

No. 108. " My only visit to W. B. esq; was on the 11th day after he had broken the fibula of his leg, when he was exposed to catch cold, and on the 7th day of a Rheumatick Fever. He had felt chills,
heats,

heats, pain of his loins, knee, foot, shoulders, arms, but chiefly of the joints of his thumbs and big toes. Delirious; profuse sweats for 50 hours; great thirst; white tongue; so languid as nearly to faint into a swoon; the pained joints are scarcely swelled. *Haust. Dec. Peruv. ℥j. Spir. vol. Arom. Gutt. xx. statim. Dein. Haust. Dec. Peruv. ℥iss. cum Camph. gr. iij. hor. 2^{da}, forsan cum Pulv. Cort. Peruv. gr. x. Haust. c Tinct. Theb. gutt. xx. Spir. Mind. Vin. Antim. &c. horâ somni. Redeuntibus dolore et febre, Pulv. Antim. Jac. gr. v. hor. 6. cum Mixt. Camph. Spir. Mind. Venienti nauseâ, Haust. efferv. et Colamb. Pulv. gr. x. Dec. 29. He died."*

In this and other cases, all the remedies employed were perhaps not entered in my clinical book. In the circumstances here noted, it appears highly probable that the head would be shaved,
washed

washed with vinegar, and blistered; and perhaps leeches applied to the temples. Such directions were often communicated verbally, and not in writing, to the medical attendant.

This gentleman lived at Whitchurch, 20 miles from Chester. For 6 days I received no intelligence of him; whence I had reason to think that during that time he had proceeded prosperously. On the fatal change, I was again desired to attend him, but was stopped in about an hour by another messenger. These circumstances are mentioned to shew, that the Bark (if he took it at all) had not disagreed; otherwise, I well know both from the character of my patient, and of the Surgeon who attended him, that I should have received immediate notice. His death was sudden, but the symptoms are not noted.

No.

No. 125. “ Mr. C. Dec. 25, for 3 months, particularly for 3 weeks, had pain of his feet, hands, back, hips; no swelling of his joints; no sweat; headaches; thirst; want of appetite; costiveness; P. 100. So languid yesterday and to-day as nearly to faint into a swoon; for two days has voided little urine; habitual drunkenness. *Pil. Arom. gr. x. alvo astr. R. Dec. Peruv. ℥viſs. Tinct. Guai. vol. ℥iſs. Pulv. Per. ℥ij. M. ℥j. hor. 4.*

“ Dec. 29. For 12 hours attempts to make water without effect. *Enema Tereb. venet. ℥vj. &c. Spir. Æth. Nitr. in Mixt. Peruv.*

“ Dec. 30. *R. Spir. Æth. Nitr. ℥iſs. Bals. copaib. ℥ſs. M. ℥ij. in Mixt. Peruv.*

“ Jan. 1, 1790. Voids little urine and with difficulty. *R. Dec. Per. ℥v. Spir. Æth. Nitr. ℥iſs. Spir. Junip. ℥ij. M. ℥j.*

℥j. hor. 3. If the urine be again suppressed, repeat the turpentine clyster; and if needful, give an anodyne clyster. He died."

In this case, Rheumatism did not appear to be the cause of the fatal event, but the suppression or deficient secretion of urine proceeding from habitual drunkenness. It is doubtful how far these two disorders were connected with each other. There is not the least reason to suspect that the Bark disagreed with this patient.

No. 133. "Mr. B. March 4, having caught cold by wading in a river, had in three days after, two shaking fits, followed by pain of the joints, and profuse sweats. *Puly. Ant. Jac. gr. v. hor. 5. cum Mixt. Camph. ℥j.*

"March

“ March 10. Cough relieved. Pain of his head, breast, and limbs. *Cinchona Pulv. gr. x. in Aq. Menth. hor. 3.*

“ March 12. Better. *Cinch. ʒj. hor. 3.*

“ March 15. Yesterday was delirious; low spirits; a looseness. *R. Tinct. Cinnamomi ʒj. — opii ʒss. Capiat ʒj. in Mixt. Peruv.*

“ March 16. Delirious; so languid as nearly to faint into a swoon; diarrhœa, *R. Mixt. camph. camph. ʒvij. Pulv. cret. comp. cum opio gr. xv. Tinct. e kino ʒj. M. hor. 3. Capitis rasura, Vesic. nuchæ.*

“ March 17. Died.”

This patient had *Phrenitis* and *Diarrhœa*, both of them probably connected with acute Rheumatism.

[illegible]

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Fever Began.	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed joints and muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
1.				May	May			Cynanche.	Miliaria. Diarrhoea. Convuls.	Wrists, ancles, and other joints.	Pain, Swelling.		
		2.	16	Oct.	Oct.	Twice Cold.				Inferior joints.	Pain, Swelling.		
3.				Dec.						Hands.	Pain, Swelling.		
4.				Dec.	Dec.	Strain				Chest.			
5.				April	April				Epistaxis.	Wrists, Shoulders, joints.			
		6.	55	June						Chest, Shoulders.			
		7.	66	July				Podagra.	Erysipelas.	Joints, Wandering.	Pain, Swelling.	Chills.	
		8.		Aug.						Legs, Wrists, joints.	Pain, Swelling.		
9.				Jan.	Jan.					Knee, Shoulders.			
10.				Jan.	Dec.	Drink- ing Spirits.		Phthisis. Diarrhoea.	Phthisis. Miliaria. Purpura.	Knee, Wrists, Arms, Legs.	Pain, Swelling.	Chills. Sweats.	
		11.	42	April	Jan.	Drink- ing Spirits.				Feet, Knees, Loins, Hips	Pain, Swelling.	Chills. Sweats.	Red Sedi- ment.
12.	53			May	May				Phrenitis.	Knee, Shoulders.		Chills. Sweats.	
13.				Aug.					Dyspnœa.	Chest, Wandering.		Fever.	
14.				July	June	Cold.			Delirium.	Hands, joints.	Pain, Swelling.	Sweats.	
15.				Aug.				Nodositas.	Nodositas.	Knee and all joints.	Pain, Swelling.		
16.				Dec.	Nov.					Joints.		Chills.	Red S.
		17.	16	Jan.	Jan.			Rheum. Chronic.	Hæmopt. Dyspnœa.	Hands, Feet.			
18.	25			March	March	Cold.				Back, Neck, Knees, Head.	Pain.	Chills. Sweat.	Red S.
		19.	30	Jan.		Cold.			Phrenitis. Miliaria.	Chest, Thighs, Loins.		Chills. Sweats.	Red S.
20.				April	April	Water on head, breast, shoulder			Quotidina.	Breast, Neck, Head.	Pain,	Chills, Sweats.	
21.	36			Sept.	Sept.				Phrenitis. Miliaria.	Wrists, joints.	Pain, Swelling.	Chills, Sweats.	Clear.
22.	16			Nov.	Nov.	Cold.				Joints, Ancles.	Pain, Swelling.	Fever.	Red S.

REMEDIES ORDERED.

BARK ORDERED.

15. | 16. | 17. | 18. | 19. | 20. | 21. | 22. | 23. | 24. | 25. | 26. | 27. | 28. | 29.

Pulse	Blood.	Other Symp- toms.	Prior Rems.	V. S. 3	Leech	Sudo- rific	Salines.	Anti- mony	Bath	Day dis.	Day visi.	Dose.	Other Remedies.	Rec. or Dd.
	Infl.			vij.			Sp. Mind.							D.
					6.		Sp. Mind.	Ant. Tart.	B.					R.
							Saline.						Gual. gr. 10. H. S.	R.
												Infus. Peruv.	Vesic. Sal. Rupell.	R.
88	Infl.		V. S. 3 vij.	V. S. twice.	3.		Sp. Mind.						Gual.	R.
	Infl.			once.			Sp. Mind.						Gual.	R.
80							Saline.	Ant. Tart.					Gual.	R.
120				xij.			Sp. Mind.	Ant. Tart.						R.
	Infl.			vij.			Sp. Mind.	Ant. Tart.						
	Infl.			once			Sp. Mind.	Ant.				Cinchona.	Vesic.	R.
108					L.		Sp. Mind.	Eff. Ant.					Vesic.	R.
120	Infl.			xxiv			Nitre.	Ant. Tart.					Vesic.	D.
76	Infl.			vij			Sp. Mind.	Ant. Tart.			2d.	Dec. 3ij. Quater die.		R.
			V. S. 3 xij.	xx.	2.		Nitre gr. xx. 4 die.	Ant. Tart.		37th	30th.	Pulv. gr. 40 twice a-day to an ounce.	Vesic.	R.
					4.							P. gr. xxx. Bis die.	Cochl. hort. Arum. Inf. Trif. P.	R.
92	Infl.		V. S.				Sp. Mind.	Eff. Ant.		28th.	1st.	Inf. 3ij.		R.
120		Tu- mors reced.				Ess. Ant. Opio.							Vesic.	D.
96	Infl.		V. S. 3 ix.	vij.			Sp. Mind.	Ant. Tart.						R.
108							Sp. Mind. Haust. Salin.	Ant. Tart.			3d.	Inf. 2 oz. Sp. Mind. half oz.	Vesic.	R.
112						Ess. Ant. Opio.		Ant. Tart.				P. vi. drams.		R.
108	Infl.		V. S. twice.							10th	1st.	Inf. 3ij. Hor. 3.		R.
124	Infl.			x.	5.	Ant. Opio.	Sp. Mind.	Ant. Tart.		47th.	7th.	Inf. 3ij. ter die.		R.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
23.				Jan.	Dec.	Cold.				Knees, Loins, Head.		Sweats.	
24.	18.			Jan.	Jan.			<i>Convulsio.</i>	<i>Phrenitis.</i>	Limbs.	Pain, Swelling.	Chills, Sweats.	
25.	21.			March	Feb.	Cold.				Wrists, Shoulders, Loins.	Pain, Swelling Reduced.		Red S.
26.				March	Feb.	Cold.				Joints.	Pain, Swelling.	Sweats.	Red S.
27.				April	Jan.					Knees, Hip, Fingers.	Pain, Swelling.	Chills.	
	28.			June	June					Hands, Knees, Feet.	Pain, Swelling.	Chills, Sweats.	
29.	11.			July	May	Exposure to Cold in a Sweat.				Joints.	Pain, Swelling.		
	30.			Dec.	Nov.				<i>Hysteria.</i>	Back, Head, Belly, Wandering.		Chills.	
	31.	27.		Jan.	Jan.					Hands, Knees, Ancles.	Pain, Swelling.	Sweats.	
32.				Feb.						Joints.	Pain, Swelling.		
	33.	17.		March	Feb.					Legs, Arms.	Swelling.	Chills.	
34.	23.			March	Jan.					Joints.	Pain, Swelling.		
	35.	48.		April	March	Cold.				Hands, Knees, Ancles.	Pain, Swelling.	Chill, Sweats.	
36.	44.			June		Cold.				Hands, Feet, Knees.	Pain, Swelling.		
	37.			Oct.	Oct.	Cold.			<i>Miliaria.</i>	Joints.	Pain, Swelling.	Chills.	
	38.			Oct.	Oct.			<i>Cynanche.</i>		Rheumatism.		Sweats.	
39.				Nov.		Cold.			<i>Ischias.</i>	Hip.			
40.				April	March	Cold.				Knees, Ancles, Hands, Thorax, Elbows, Shoulders.	Pain, Swelling.		Red S.
41.	21.			April						Knees, Ancles, Hands, Thorax.	Pain, Swelling.		

REMEDIES ORDERED.

Cinchona Ordered.

16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.
Blood	Other Symp- toms.	Prior Reme- dies.	V. S. 3	Leech	Sudo- rifics	Salines.	Anti- mony	Bath.	Day discas.	Day visit.	Dose.	Other Remedies.	Rec. or Dd.
Infld.	Vertigo Vomit- ing.		x.				Ant. Tart. gr. fs. om. bor.						R.
			viii.				Ant. Tart. gr. fs.						D.
Infld.			x. x.				Ant. Tart. & Ta. Solub.						R.
				3 quo- tidie.			Ant. Tart. sol.				Dec. & Acid. Vitr. dein. cum Pulv. gr. x.		R.
				6 x.	Ant. Opio.	Spir. Mind.			36th.	1st.	Dec. & Acid. Vitr.	Vesic.	R.
			viii.			Spir. Mind.	Essent. Ant.						
						Spir. Mind.	Ant. Tart.		12th.	7th.	Pul. 3 j. ter. die.		R.
Infld.		V. S. bis.		A ar- ticulo inflo. quotid.							Inf.		
Infld.			x. x.			Nitr.							
			x.				Ant. Tart.						R.
			x.			Spir. Mind.							
			x.	Hir.			Ant. Tart. Kali Tart.						R.
					Ess. Ant. Tind. Opio.			Ter. in 7na.	Ann. ifs.	1st.	Pul. 3 j. bis die Infus. Chaman.		R.
Infld.			viii. vi.	6. 6.		Nitre.			16th.	4th.	Dec. 3 j. b. 6.		R.
			viii.			Spir. Mind.	Ant. Tart.						R.
							Ant. Tart.	B,				Guai.	R.
			viii.	4. 3 die.	Ant. Opio.		Ant. Tart.		28th.	1st.	Dec. & Tind. ter die.	Vesic.	R.
			viii.		Ant. Tart. Opio.					1st.	Pul. 3 j. bis die.	Vesic.	

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
	42.			June	May				<i>Phrenitis.</i>	Ancles, Knees.	Pain, Swelling.		
	43.			Dec.	Nov.	Cold.				Ilium, Loins, Leg, Hand.			
44.				Feb.	Jan.					Back, Shoulders, Hands, Feet.	Pain, Swelling.	Sweats.	
	45.			Feb.	Feb.				<i>Phlegmasia.</i>	Leg, Side.		Chills.	
46.	54.			May	Nov.					Gums, Teeth, Jaws, Head.			
47.				Sept.	Aug.					Wrists, Ancles, Feet, Hands.	Pain, Swelling.	Chills, Sweats.	
48.				Feb.						Knees.			
	49.	50.		May						Knee.			
	50.	40.		June	June					Hands, Feet.	Pain, Swelling.		
51.				June	June	Damp Bed.				Breast, Brow, Back, Neck.	Pain, Swelling.	Chills, Sweats.	
	52.			July	July	Fatigue, Cold.			<i>Dyspnœa.</i>	Thighs, Legs, Arm, Wrists, Shoulder.	Pain, Swelling.	Chills.	
	53.			Jan.	Dec.			<i>Cynanche.</i>	<i>Nephritis, Hematuria.</i>	Wrists, Fingers.	Pain, Swelling.	Chills, Sweats.	
54.	16.			March	Feb.				<i>Catarrh, Diarrh.</i>	Ancles, Wrists, Hands, Knees, Hips, Shoulders.	Pain, Swelling.	Chills, Sweats.	
55.				March	Feb.				<i>Icterus.</i>	Hands, Knees, Hips.	Pain, Swelling.	Sweats.	Red
	56.	42.		April	April				<i>Catarrh, Diarrh.</i>	Ankle, Ham.			
57.	22.			May	April					Hands, Knees, Heel.		No Fever.	
58.				Oct.	Sept.	Cold.				Wandering, and Hypochondre.	Pain.	Fever.	
59.				Oct.	Oct.					Loins, Knees, Shoulder, Feet.		Chills, Sweats.	Red
	60.			Nov.	Oct.	Cold.		<i>Cynanche.</i>		Knees, Ancles, Wrists.	Pain, Swelling.	Chills, Sweats.	Red

REMEDIES ORDERED.

Cinchona Ordered.

16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.
Blood	Other Symp- toms.	Prior Reme- dies.	V. S. $\frac{2}{3}$	Leech	Sudo- rifics	Salines	Anti- mony	Bath	Day diseas.	Day visit.	Dose.	Other Remedies.	Rec- or Dd.
				Hir.		Spir. Mind.	Ant. Tart.		23d.	8th.	Infus.		R.
	Infid.		x. x. x.			Nitr.	Ant. Tart.		17th.	9th.	Mixt. Peruv.		R.
10	Infid.	Dov. Powd V.S. ter.		Hir. quot.	Ant. Tart. Opio.	Nitr.	Ant. Tart.		31st.	10th.	Pul. $\frac{3}{4}$ j. ter die. 3 i. ter die.	Vesic.	R.
6	Infid.					Nitr.			3d.	1st.	P. $\frac{3}{4}$ j. b. 4ta.		R.
10				Hir.			Ant.					Guai.	
				6.		Spir. Mind.	Pulv. Ant.		21st.	3d.	P. $\frac{3}{4}$ j. ter die.		R.
				8.			P. A. gr.vii.					Vesic.	R.
					Ant. Opio.		Ant. Tart.						
				8.			Ant. Tart.						
68	Infid.				Ant. Opio.		Ant. Tart.	B.			P. $\frac{3}{4}$ j. Tind. $\frac{3}{4}$ j. bis die.	Guai.	R.
120	Infid.			4			Pulv. Ant. J.		10th.	4th.	P. 4 die.		R.
											Used no Remedy.		
80 68 52							Ess. Ant.		29th.	6th.	Inf. Per. $\frac{3}{4}$ j. Tind. $\frac{3}{4}$ j. bis die.	Scilla.	R.
100			xxxvii.	3 quotid	Ant. Opio.		P. A. J. iv.		14th.	2d.	Inf. $\frac{3}{4}$ j. ter die.	Cath.	R.
84						Saline.	A.T.				Inf. $\frac{3}{4}$ j. ter die.	Vesic.	
72							P. A. J. v.						
												Buxton Cath.	R.
84	Scarce Infid.						Pulv. Ant.		9th.	1st.	Ext. $\frac{3}{4}$ j. b. 4.		R.
108	Infid.						Pulv. Ant. J.		17th.	5th.	Mixt. Peruv.		R.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
		61.	63.	Dec.	Oct.			<i>Nodositas.</i>	<i>Vomitus Diarrh.</i>	Knees, Hips, Wrists.	Pain, Swelling.	Chills, Sweats.	
62.				Jan.	Dec.				<i>Dysent.</i>	Hand, Legs, Thighs, Knees.			
		63.	38.	Feb.	Dec.	Cold.				Breast, Belly, Back, Wrists.		Chills, Sweats.	
64.				Nov.	Nov.	Cold.				Shoulder.	Pain, Swelling.	Sweats.	
65.	16.			Dec.	Nov.	Cold.	3d. D.			Knees, Head, Back, Hips.	Pain.	Chills, Sweats.	Pain.
		66.	30.	March	Feb.	Damp Stockings.			<i>Catarrh.</i>	Neck, Groin, Thighs, Knees.			
67.	19.			April	April	Damp Room.		<i>Asthma.</i>	<i>Anasarca.</i>	Ancles, Knees, Chest.	Pain, Swelling.	No Fever.	Red.
		68.		April	April				<i>Typhus. Aphtha.</i>	Wrists, Knees, Back, Hips.	Pain, Swelling.		
69.				June	June	Cold.				Breast, Shoulders, Neck.			
		70.		Aug.						Head, Back, Thighs, Knees.		Sweats.	
71.	25.			Jan.	Jan.	Damp Shirt.	4th. D.			Legs, Ancles, Shoulders, Knees, Fingers.	Swelling.	Sweats.	Red.
		72.		March	March					Elbow, Wrists, Knees.	Pain, Swelling.	Chills, Sweats.	Red.
		73.		April	March	Cold.	3d. D.		<i>Hematuria. Phrenitis.</i>	Shoulders, Hips, Thighs.	Pain.	Chills, Sweats.	Red.
74.				April	April	Cold.				Back, Knees, Ancles, Head.		Chills, Sweats.	
75.	25.			Aug.	April	Drinking.			<i>Vomitus Phrenitis. Miliaria. Diarrh.</i>	Wrists, Ancles, Stomach.		Chills. No Sweats.	
76.				Sept.	Sept.	Damp Floor.	6 hours.	<i>Tussis.</i>	<i>Tussis.</i>	Joints.	Pain, Swelling.	Chills, Sweats.	Red.
		77.		Nov.	Oct.					Leg, Thigh, Arm.		No Chills, Burning.	
78.	7.			Nov.	Nov.			<i>Catarrh.</i>	<i>Catarrh.</i>	Hands, Hips, &c.	Pain, Swelling.	Chills, Sweats.	
		79.		Nov.	Nov.	Cold.		<i>Menorrhagia. Nephritis.</i>	<i>Miliaria.</i>	Thumb, Arm, Back, Side.			

REMEDIES ORDERED.

Cinchona Ordered.

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Pulse.	Blood	Other Symptoms.	Prior Remedies.	V. S.	Leech	Sudorifics	Salines	Antimony	Bath.	Day diseas.	Day visit.	Dose.	Other Remedies.	Rec. or Dd.
96		Translated to Stomach.					Saline. Acid. Vitr.					Dec.	Vesic. Rhab.	R.
96	Scarce Infil.												Ip. Rhab. Op.	R.
										50th.	1st.	Infus. 3 ii. ter die.		R.
					6.	Ant. Opio.		Ant. Tart.		12th.	3d.	Cinch. Pulv. bis die.		R.
	Infil.				12.									R.
				viii.		Ant. Opio.							Inf. Trif. Palust.	R.
72	Scarce Infil.		V. S. twice.					Ant. Tart.					Guaiac.	R.
96	Not Infil.							P. A. J.				Inf. Per. Efferv. Pulv. gr. x. b. 4.		D.
70				vii.			Spir. Mind.	Pulv. Ant. gr. iv.						R.
74												Pulv. 3 j. b. 4.	Guaiac.	R.
				xiv.	Hir.		H. Efferv.	Pulv. Ant. j.						
80					Hir.		H. Efferv.	Pulv. Ant. j.				Dec. Efferv. b. 6.		R.
108	Infil.			x.			H. Efferv.	Pulv. Ant. j.		15th.	10th.	D. 3 ix. Suc. Limon 3 iii.		R.
76	Not Infil.				Hir.		H. Efferv.	Pulv. Ant. j.			2d.	Dec. 3 iss. Tind. 3 i. Pulv. 3 j. b. 4.		R.
96					x.		Spir. Mind.	Ant. Pulv.					Campb.	D.
84							Nitr.	P. A. J. v.						R.
68							Spir. Mind.	P. A. J. gr. iv. b. 5.		11th.	2d.	Inf. 3 iss. Tind. 3 iss.	Tind. Op. Guai.	R.
							Spir. Mind.	Pulv. Ant. gr. iv.						R.
72 96				V. S.			Spir. Mind.				21st.	Dec. 3 ii. ter die.		R.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
80.	28.			Jan.	Dec.	Cold.				Thighs, Legs, Feet, Knees.	Swelling.	Chills, Sweats.	
		81.		Feb.	Jan.				Phrenitis.	Wrists, Wandering.		Sweats.	Red S.
82.				June	June	Cold.	2d. D.			General Stiffness and Pain.		Sweats.	
83.				July	July	Lying on Ground.				Neck, Head, Shoulders, Genetal.		Chills, Sweats.	
84.				Sept.	July					Hands, Shoulder, Loins, Feet.			
85.				Dec.	Dec.				Millaria.	Feet, Knees, Hips, Wrists.	Pain, Swelling, Redness.	Chills, Sweats.	Red S.
86.	6.			April	April					Feet, Legs, Wandering.			
		87.		Dec.	Nov.					Hand, Wrist, Shoulder, Knee.	Pain, Swelling.	No Chill. Burning Sweats.	
88.				Aug.	June					Neck, Face, Head, Eye.		Chills, Sweats.	
89.				Dec.	Dec.	Cold.	3d. D.	Cynanche.		Ancles, &c. Breast.			
90.				Dec.	Dec.					Neck, Shoulders, Breast, Hypochondre.	Pain.	Chills, Sweats.	Red S.
91.				Jan.	Jan.	Cold Repeat- edly.			Delirium.	General, Joints, Wrists, Ancles, Knees, Hips, Hands.	Pain, Swelling.	No Sweats.	No S.
92.				Feb.	Feb.					Breast Bone.	Pain.		
		93.		March	Jan.				Quotidi- ana.	Hip, Thigh, Leg, Foot.		Chills, Sweats.	
94.	18.			April	Feb.					Joints, particu- larly Knees.			
95.				July	July	Wet to Skin.	30 hours.			Head, Back Bone, Loins, Legs.		Chills, Sweats.	
96.	50.			Nov.	Oct.	Drink- ing Spirits. old.			Millaria.	Hands, Knees, Feet, Shoulders, Breast.	Pain, Swelling.	Sweats.	
97.	17.			Feb.	Dec.	Cold; tra- velling in Hard Frost.		Rheum. Chron.		Ancles, Hands, Knees, Shoulders, Thorax.	Pain, Little Swelling.	Sweats.	R. S.
		98.	48.	Oct.	Oct.					Back, Hams, Knees, Ancles, Feet, Heels, Elbows, Hand.	Pain.	Profuse Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Pulse.	Blood	Other Symp- toms.	Prior Reme- dies.	V. S.	Leech	Sudo- rifics	Salines	Anti- mony	Bath	Day discas.	Day visit.	Dose.	Other Remedies.	Rec- or Dd.
										28th.	1st.	Dec. 3 iſs. Pulv. 3 j. b. 4.	Vesic.	R.
96 110								Pulv. Ant. 7 gr. iii. b. 6.				Bark order- ed but not taken.		D.
								Pulv. Ant. 7. gr. iv. b. 6.		21st.	1st.	Dec. 3 ii. b. 6.		R.
84			vii.					Ant. Tart.		3d.	1st.	Pulv. 3 j. 4r. d.	Vesic. Guaiac.	R.
				50.								Pulv. 3 ſs. Dec. 3 ii. 4r. die.		R.
				4.				Pulv. 7. gr. v. b. 6.		8th.	1st.	Pulv. 3 j. b. 6.	Guaiac.	R.
						Ant. Tart. Tind. Op.								R.
90	Inſid.		viii. x.			Vin. Ipec. et Tind. Op.		Pulv. 7. gr. iv. b. 6.		50th.	28th.	Dec. Per. Tind. Guai.		R.
	Inſid.		vii.					Pulv. 7.		36th.	3d.	P. 3 j. T. 3 iii. Aq. 3 xii. M. 3 ii. 3r. d.		R.
											5th.	Dec. 3 x. Pulv. 3 j. 4 die.		R.
90						Ant. Opio.		Ant. Tart.		12th.	3d.	P. g. x. T. 3 ii. Aq. 3 iſs. 6. die.	Guaiac.	R.
100 112 120	Thick Crust.		xvi. xvi.			H. Efferu.		Pulv. Ant. 7. gr. x.					Mixt. Campb.	D.
	Thick Crust.		viii.							4th.	1st.	Dec. 3 ii. Pulv. 3 j. Guai. 3r. d.	Oil Campb.	R.
												Dec. 3 iſs. Pulv. 3 j. b. 2.		R.
				4.		Ant. Opio.							Tind. Guai.	
88						Spir. Mind.		Ant. Tart. Ant. Pulv.	B.	8th.	3d.	P. 3 ii. T. 3 j. Aq. 3 vii. M. 3 j. b. 2.		R.
104 110				ter.				P. A. 7 gr. iv. b. 6.		30th.	1st.	Dec. Per. & Senec. Vindo. Antimoni.	Vesic.	R.
104 108	Thick Crust.			7.				Pulv. Ant. gr. iv.		51st.	3d.	Dec. 3 iſs. Pulv. 8. xv. ter die.		R.
88	Thick Crust.		viii.							15th.	6th.	Mixt. Per. ter die.	Pulv. Dov.	

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
99.	5.			Oct.	Sept.								
100.				Dec.	Dec.				<i>Dynuria.</i>	Shoulder, Wrist, Fingers, Ancles, Feet, Heel, Knee.			Red S.
101.				April	March	Cold.		<i>Podagra Rheum.</i>	<i>Podagra Rheum.</i>	Feet, Knee, Wrists.	Pain, Swelling.	No Fever.	
		102.		May	May				<i>Phrenitis. Syncope.</i>	Limbs, Back, Head.	Pain.	Chills, Burning Sweats.	
103.				May	April	Cold.			<i>Podagra Rheum.</i>	Feet, Hands.			
104.				June	June			<i>Epistaxis.</i>	<i>Delirium.</i>	Limbs, Hips, Feet, Head.			
105.	17.			July	July	Cold.		<i>Quotidiana.</i>		Head, Side, Limbs, Shoulder.		Chills, Burning	
		106.		Oct.	June				<i>Quotidiana.</i>	Wrists, Ancles, Knees, Hips.	Pain, No Swelling.		
107.				Dec.	Dec.	Frost & Snow.		<i>Rheum. Acutus.</i>		Joints.	Pain, Swelling.	Chills, Sweats.	
108.				Dec.	Dec.	Cold.	4th. D.	<i>Fraçtura.</i>	<i>Delirium. Languor fere ad deliquium.</i>	Loins, Knee, Foot, Shoulder, Arms, Toes.	Pain.	Chills, Sweats.	
		109.		May	April				<i>Urticaria.</i>	Knees, Ancles, Wrists.	Pain.	Chills, Sweats.	
		110.		May	May	Wet to Skin twice.	5 hours.		<i>Syncope.</i>	Legs, Knees, Thighs, Back.	Pain.	Chills, Sweats.	
		111.	43.	June	May					Neck, Wrists, Shoulders, Hands, Hips, Knees.	Pain, Swelling.	Sweats.	
		112.		July	July			<i>Rheumatismus.</i>		Ancles, Knees, Shoulders.			
		113.	48.	July	July	Damp House.				Legs.	Pain.	Chills, Sweats.	
		114.	6.	Aug.	Aug.				<i>Epistaxis.</i>	Throat, Head, Back, Thigh.		Chills, Sweats.	
115.				Sept.	Sept.					Joints, Epigastrium.	Pain, Swelling.	Sweats.	
		116.		March	Jan.					Joints.	Pain, Swelling.	Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Pulse.	Blood	Other Symp- toms.	Prior Reme- dies.	V. S.	Leech	Sudo- rificks	Salines	Anti- mony	Bath.	Day diseas.	Day visit.	Dose.	Other Remedies.	Rec- or Dd.
										35th.	1st.	Pulv. gr. x. ter die.	Cal. gr. iii. b. s. et Rhab. g. xv. cr. m.	R.
						Vin. Ip. Tind. Opio.								R.
66								Ant. Tart.					Guaiac.	R.
104					Hir.	Spir. Mind. Campb.	Pulv. Ant. gr. iv.	B.	7th.	3d.		Dec. 3 ijs. Tind. 3 ijs. b. 4		R.
120												Dec. 6 Tind.	Spir. Nitr. Dul.	D.
96										6th.	1st.	Dec. Tind. Pulv.	Ipec. Rhab.	R.
84					4.	Jul. Efferv.	Pulv. J. gr. iv. b. 4.		6th.	3d.		Dec. 3 ijs. Tind. 3 ii. b. 2.		R.
										150.	1st.	D. 3 ii. T. 3 ii. Pulv. 3 j. b. 2.	Ipec.	R.
120						Spir. Mind.	Pulv. J. gr. iv. b. 6.		12th.	8th.		Dec. 3 j. Pulv. gr. x. M. b. 2.		R.
												Dec. 3 ijs. Camp. gr. iii. b. 2.		D.
										42d.	1st.	Pul. gr. xx. Guaiac. ter die.		R.
180								Pulv. J. gr. iii. b. 5.			4th.	Mixt. Peruv.		R.
96										35th.	1st.	D. 3 j. T. 3 j. Pulv. gr. 10. M. b. 4.		
	Infl.											Pulv. 3 j. 4. die.		
									B.	1 year.	1st.	Pulv. 3 j. Guai. g. viii. ter die.		R.
						H Efferv.				10th.	6th.	Dec. 6 Extr.		R.
200								Pulv. J. gr. v.		8th.	1st.	Dec. 3 j. T. Guai. 3 j. M. b. 2.		R.
												Dec. 3 j. Pulv. g. xv. M. bor. 2.		R.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
117.				May	Feb.					Feet, Shoulders, Wrists, Thighs.	Pain.	Sweats.	Red S.
118.				March	April					Joints.	Pain, Swelling Red.	Sweats.	Red S.
119.				March	April					Loins, Hips, Knees, Arms, Legs, Hands, Feet.	Pain, Swelling.	Sweats.	
	120.			March	March				Cephalalgia.	Knees, Ancles, Arms.		Chills, Sweats.	
	121.			June						Ancles.	Pain, Swelling.	Chills, Sweats.	
	122.			Aug.	July				Syncope. Menorrhagia.	Neck.			
	123.			Oct.	Oct.					Foot, Ancles, Knees, Thighs, Hips.			
124.				Dec.	Dec.				Syncope. Delirium.	Joints.	Swelling.	Chills, Sweats.	Red S.
125.				Dec.	Sept.				Syncope. Ischuria.	Feet, Hands, Back, Hips, Head.	Pain, No Swelling.	No Sweats.	
126.	62.			Jan.	Nov.	Wet to Skin with sleet.	6 hours.		Ascites. Icterus.	Breast, Shoulder, Thigh, Back.		Profuse Sweats.	Red S.
	127.	16.		Jan.	Dec.	Dancing.				Head, Neck, Arm.		Sweats.	
	128.			Jan.	Jan.					Side.		Chills, Sweats.	
129.				Jan.	Jan.				Catarrh.	All Joints.			
	130.	23.		April	April					Wrists, Elbows, Shoulders, Loins, Hips, Knees, Ancles.	Pain, Swelling.	Chills, Sweats.	
	131.			Sept.	July	Cold.				Neck, Head, Shoulders, Knees.			
132.				Sept.	Sept.	Cold.	Fever in 12 hours Rheum. in 24 h.		Quotidiana.	Hip, Thigh, Back, Ankle, Heel.		Sweats.	
133.				March		Wading in River.	3d D.		Phrenitis. Diarrh. Pneumonia.	Joints, Breast, Limbs.	Pain.	Sweats.	
134.				July	June					Fingers, Feet, Shoulders.	Pain.	Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Pulse.	Blood	Other Symp- toms.	Other Rem- edies.	V. S.	Leech	Sudo- rhetics	Salines	Anti- mony	Bath.	Day Diseas.	Day visit.	Dose.	Other Remedies.	Rec- or Dd.
							Ant. Opio.					Pulv. & Tinf.	Guai. 3j.	
										28th.	1st.	Dec. Pulv. Tinf. Guai.		R.
100				x.	8 7 7		Spir. Mind.	Pulv. Ant. gr. v. b. 6.		10th.	3d.	Pulv. 3j. b. 3. lacte.	Guaiac.	R.
					4					15th.	1st.	Dec. 3j. Tinf. 3j. Pulv. gr. x.		R.
												Pulv. 3ss. ter die, lacte.	Calomel gr. v.	R.
												D. 3x. T. 3ii. Pulv. g. xii. ter die.		R.
												Pulv. 3j. 4 die.		R.
				V. S. bis.	13.			Pulv. Ant. gr. iv. ter.		15th.	1st.	Pulv. 3j. b. 3.		R.
												Dec. 3viiss. T. Guai. 3ss. Pulv. 3ii. M. 3j. 4. d.	Terebintba.	D.
96	Infl.							Pulv. Ant. gr. v. b. 6.		9th.	1st.	P. gr. xx. Acet. Scill. gutt. xx. &c. bor. 4.		R.
100							Spir. Mind. Campb.	Pulv. T. gr. ii. b. 4.		11th.	3d.	Pulv. 3jss. Aq. M. 3vi.		R.
										9th.	1st.	Mixt. Peruv.		R.
												Pulv. g. xx. ter die.		R.
100 126	Infl.	Langu- or fere ad del- iquium						Pulv. Ant. b. 3.		9th.	1st.	Pulv. gr. x. b. 3. lacte. Pulv. g. xx. b. 3.	Pesi.	R.
					4	Ant. Tart. Opio.				2 M.	1st.	Pulv. 3ss. bis die.	Guaiac.	R.
												P. g. x. b. 3. D. 3j. T. 3j. b. 2.		
							H. Efferv.	Pulv. Ant. T.		7th.		Pulv. gr. x. b. 3.	Kina.	D.
96	Infl.			V. S. 7 times								Pulv. gr. x. ad. xx. b. 3.		R.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
		135.	9.	July	June			<i>Rheum. Acutus. bis.</i>		Shoulders, Arms, Wrists, Hands, Fingers, Knees, Ancles, Feet.	Pain, Swelling.	Sweats.	
136.	18.			Sept.	Sept.					Joints, Knees, Hands, Feet.	Red Swelling.	Sweats.	
137.	31.			Aug.	July					Joints.	Pain, reduced.	Sweats.	
		138.	11.	Aug.	Aug.				<i>Phrenitis.</i>	Head, Back, Knees, Legs, Belly, Feet.			
139.				Feb.	Jan.					Hip, Pelvis.		Fever.	
140.				March	March					Hands, Back, Side, Knees, Legs.			
141.	10.			July	July	Wet Feet and Cloaths.	3d.			Feet, Hands, Wrists.	Pain, Swelling.	Chills.	
142.	25.			Aug.	Aug.					Feet, Knees, Wrists.	Pain.	Sweats.	
		143.		Aug.	July					Loins, Thigh.		Chills, Sweats.	
144.				May	April	Cold.	1 hour.			Limbs, Head.		Chills, Sweats.	
		145.	12.	Jan.	Jan.			<i>Rheum. Acutus.</i>		Face, Shoulders, Wrists, Elbows, Ancles, Feet, Hip.	Pain, Swelling reduced.	Chills, Sweats.	
146.	6.			May	May					Knee.	Pain, swelling.		
147.				Oct.	July					Shoulder, Knees.	Pain, Swelling.		
		148.	11.	Dec.	Nov.	Cold.				Neck, Shoulders.	Pain.	Sweats.	
149.				April	April	Cold.	5th.			Ancles, Knees, Wrists, Shoulders, Elbows.	Pain, Swelling.	Chills, Sweats.	
		150.		May	May					Feet, Toes, Ancles, Knees, Hip, Hands, Shoulders.	Pain, Swelling.	Sweats.	
		151.	13.	June	May	Cold.				Feet, Legs, Thighs, Arms.	Swelling.		
		152.		July		Walking in Fields after Dancing	16 h.			Shoulder, Sternum, Knee.	Pain.		

REMEDIES ORDERED.

Cinchona Ordered.

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Pulse.	Blood	Other Symptoms.	Prior Remedies.	V. S. 3	Leech	Sudo- rifics	Salines	Antim- ony	Bath.	Day diseas.	Day visit.	Dose.	Other Remedies.	Rec- or Dd.
		Vomit- ing. Deliri- um.						Pulv. Ant. gr. ii. b. 3.		7th.	1st.	Pulv. gr. v. ad x. b. 3.		R.
											5th.	Pulv. gr. x. b. 4.		R.
								Pulv. Ant. gr. v. b. 4.		16th.	2d.	Pulv. gr. x. b. 2.		R.
										14th.	1st.	Pulv. gr. x. b. 3.	Opium.	
								Pulv. Ant. gr. iv. b. 4.		5th.	2d.	Pulv. 3j. b. 3.		R.
								Pulv. Ant. gr. v. b. 3.		10th.	1st.	Pulv. g. xv. b. 3.		R.
72								Pulv. Ant. gr. iii. b. 4.				Pulv. gr. x. ter die.		R.
								Pulv. Ant. gr. v. b. 4.		15th.	1st.	Pulv. 3j. quater die.		R.
												Pulv. in Aq. Mentb.	Op. b. somn.	R.
								Pulv. Ant. gr. v. b. som.				Dec. 3viss. Tind. 3iss. M. 3j. ter die.		
	Deliri- um.	P. A. g. iii. ad xviii								8th.	1st.	Pulv. g. xv. b. 3.		R.
					4		Spir. Mind.							R.
	Infl.				7			Pulv. Ant. g. vii. b. som.		M iii.	1st.	Pulv. 3j. ter die.		R.
										11th.	1st.	Dec. 3vi. Ag. Men. 3ii. Vin. Ant. g. v. b. 3.		R.
								Pulv. Ant. gr. iv. b. 5.		5th.	3d.	Pulv. 3j. ter die.		R.
93		P. A. Ant. Jac.	x				Tul Effer.	Pulv. Ant. 3. gr. v. b. 4.		8th.	1st.	Pulv. gr. x. b. 2.		R.
						P. A. gr. iv. Op. gr i.	Spir. Mind. Campb.		B					R.
24								Pulv. Ant. gr. ii. b. 4.				Pulv. gr. x. b. 2. 3ve.		R.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
Male.	Age.	Female.	Age.	First Visit.	Dis. Began	Cause.	Latent period.	Prior Diseases.	Present Diseases.	Inflamed Joints and Muscles.	Pain, Swelling.	Chills, Sweats.	Urine.
153.				Feb.	Feb.	Wet.	3 hours.			Hands, Feet, Elbow.	Pain, Swelling.	No Chills, Sweats.	
154.				April	March	Cotton for Worsted stocking				Feet, Ancles, Hands.	Pain, Swelling.	Chills, Sweats.	
155.	32.			May	April	Exposure to Cold Air when Sweating				Feet, Ancles, Knees, Shoulders, Hands, Hips, Wrists, Elbows.	Pain, Swelling.		
156.	50.				May					Limbs, Side.	Pain, Swelling.		
	157.			June	April					Fingers, Wrists, Knees, Elbows.	Pain, Swelling.	No Sweat. No Fever.	
	158.	52.		July	Oct.					Limbs, Back.	Pain.	Chills, Burning	Red S.
159.	32.			Nov.	Oct.	1st, wading day. 2d, Wet Feet.		Rheum. Acutus.	Catarrhus.	Ancles, Hands, Knees, Hips, Back, Shoulders.	Pain, Swelling.	Chills, Sweats.	Red S.
	160.			Nov.	Nov.					Back, Elbows, Fingers, Feet, Knees.	Pain, Swelling.	Chills, Sweats.	
	161.			Jan.	Jan.					Knees, Ancles, Wrists, Neck.	Pain, Swelling redness.	Sweats.	
	162.			Feb.	Jan.	Cold. Caught.	56 hours.	Rheum. Chron.		Hips, Shoulders, Knees, Ankle, Hand.	Pain, Swelling.	Sweats.	
	163.	62.		Feb.	Jan.					Rheumatism.			
164.	18.			Nov.	Oct.	Damp Bed after Dancing	5 h.			Ancles, and other Joints.	Pain, Swelling.	Sweats.	
	165.			April	Jan.	Dancing		Podagra.	Podagra.	Back, Loins, Hips, Ancles.		Chills, Sweats.	
	166.			Sept.		Sitting in a current of Air when Sweating	$\frac{1}{2}$ h.			Neck, Knees, Back, Sternum, Thighs.	Pain.	Chills, Sweats.	Red S.
	167.			Nov.	July				Tunis.	Ancles, Legs, Thighs.	Pain, No Swelling.	Cold, Not Chill.	
168.				Dec.						Ancles, Knees, Shoulders, Hips.	Pain, Stiffness, Swelling.	Sweats.	
169.				Sept.	Aug.			Rheum.	Nephritis.	Loins, Shoulders, Hips; no other Joints.		Chills, Sweats.	
	170.			July				Influenza.	Tunis.	Shoulders, Back, Wrists, Feet, Arm, Thigh, Knee, Hips, Neck, Legs.	Pain, Swelling.	Chills, Sweats.	

REMEDIES ORDERED.

Cinchona Ordered.

15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.
Pulse.	Blood	Other Symp- toms.	Prior Rem- edies.	V. S. 3	Leech	Sudo- rificks	Salines.	Antim- ony	Bath.	Day diseas.	Day visit.	Dose.	Other Remedies.	Rec- or Dd.
78										1st.	1st.	Pulv. g. xv. b. 3.		R.
84		Deliri- um.								15th.	1st.	P. g. x. b. 3. R. D. 3 iſs. Tind. 3 j. P. g. x. b. 3.		R.
84								Pulv. Ant. g. vii. b. 4.		28th.	1st. 6th.	Pulv. 3 j. ad 3ſs. quater die.		R.
120					6			Pulv. Ant. gr. v. b. 4.		22d.	2d.	Pulv. gr. x. ad xv. b. 3.		
								Pulv. Ant. ſac.				Pulv. 3 j. ter die.	Guai. gr. x.	
										63d.	1st.	Pulv. gr. x. ad xv. ter die.	Opium.	
80 84				viii. x.		P. Ant. Opio.	H. Efferu.	Pulv. Ant. g. iv. b. 1.			2d.	Pulv. g. xv. b. 4.		R.
84								Pulv. Ant. gr. v. b. 4.						
120								Pulv. Ant.		17th.	1st.	Pulv. gr. iii. b. 3.		
								Pulv. Ant.		5th.	2d.	Pulv. gr. x. b. 4. Pulv. g. xv. b. 2.		R.
								Pulv. Ant. gr. v. b. 4.		21st.	1st.	Pulv. g. xx. b. 4.		
108			V. S. bis. P. Ant.						B			Dec. 3 iſs. Pulv. g. xii. quater die.		R.
84			V. S. bis. P. Ant.					Pulv. Ant. gr. ii. b. 4.		3 M.	3d.	Dec. 3 iſs. Tind. 3 li. Eff.		R.
80					4	Spir. Mind. Campb.	P. A. g. iii. b. 4.				2d.	Pulv. gr. x. ad xx. b. 6.		R.
84 96 108							H. Efferu.		B 92				Balsam. Aniaticum.	
92				vi.	7 6			Pulv. Ant. gr. iii. b. 4.		150th.	1st.	Dec. 3 ii. Tind. 3 ii. P. g. x. ter d.		R.
			Quas- sia. P. Ant.				H. Efferu.	Pulv. Ant.	B	40th.	1st.	Dec. 3 iſs. Pulv. gr. v. quater die.	Hydr. mur. Calomel.	
76							H. Efferu.	Pulv. Ant. gr. ii. b. 4.				Pulv. gr. x. b. 3. lacte. Pulv. g. xv. b. 3.	Anodyn.	R.

II^d TABLE.

REFERENCE TO PAGE 21.

Age of Patients in Acute Rheumatism.

Ages.	Males.	Females.	Total.
0—5	0	1	1
5—10	5	2	7
10—15	3	4	7
15—20	10	4	14
20—25	5	1	6
25—30	7	1	8
30—35	2	3	5
35—40	2	1	3
40—50	1	7	8
50—60	4	2	6
60—70	2	3	5
	41	29	70

III^d TABLE.

REFERENCE TO PAGE 22.

In what months the Acute Rheumatism prevails.

				First Visit. Patients.					Disease Began. Patients.
December	-	-	-	18	-	-	-	-	14
January	-	-	-	19	-	-	-	-	21
February	-	-	-	14	-	-	-	-	12
March	-	-	-	15	-	-	-	-	9
April	-	-	-	19	-	-	-	-	18
				<hr/> 85					<hr/> 74
May	-	-	-	13	-	-	-	-	10
June	-	-	-	14	-	-	-	-	10
July	-	-	-	14	-	-	-	-	14
August	-	-	-	12	-	-	-	-	5
September	-	-	-	10	-	-	-	-	8
October	-	-	-	10	-	-	-	-	13
November	-	-	-	12	-	-	-	-	12
				<hr/> 85					<hr/> 72
Total	-	-	-	<hr/> 170					<hr/> 146

IVth TABLE.

REFERENCE TO PAGE 29.

The Latent Period of the Acute Rheumatism; being the time which elapses between exposure to cold and the commencement of the Fever.

Cases.						Hours.
I	-	-	-	-	-	$\frac{1}{2}$
I	-	-	-	-	-	1
3	-	-	-	-	-	5
2	-	-	-	-	-	6
I	-	-	-	-	-	12
I	-	-	-	-	-	16
I	-	-	-	-	-	24
I	-	-	-	-	-	30
I	-	-	-	-	-	56
Days inclusive.						Hours.
I	-	-	-	-	1st. being less than	24
I	-	-	-	-	2d. — about	24
4	-	-	-	-	3d. — —	48
2	-	-	-	-	4th. — —	72
I	-	-	-	-	5th. — —	96
<hr/>						
21						

Vth TABLE.

REFERENCE TO PAGE 30.

*The Diseases which precede and accompany
Acute Rheumatism.*

GENERA.	Preceding. Diseases.	Conco- mitant Diseas.	GENERA.	Preceding. Diseases.	Conco- mitant Diseas.
1 Quotidiana - -	1	4	37 α Phthisis -	1	1
5 Typhus - - -	0	1	39 Menorrhagia	0	1
10 Cynanche - -	4	0	39 δ Hæmaturia	0	1
11 Pneumonia - -	0	1	40 Catarrhus -	1	8
9 Phrenitis - - -	0	16	41 Dysenteria -	0	1
19 Nephritis - - -	0	1	44 Syncope - - -	0	5
22 Rheum. Acut. -	8	0	45 γ Vomitus - -	0	1
—— Chron. - -	3	0	50 Convulsio - -	0	1
22 β Ischias - - -	0	1	55 Asthma - - -	1	0
22 δ Cephalalgia -	1	0	56 Dyspnœa - - -	0	3
24 Podagra - - -	3	3	60 Cholera - - -	0	1
24 α Nodositas - -	1	1	61 Diarrhœa - - -	1	4
26 Erysipelas - -	0	1	63 Hysteria - - -	0	2
31 Miliaria - - -	0	10	75 Anasarca - - -	0	1
33 Urticaria - - -	0	1	75 α —Puerperalis	0	1
35 Aphtha - - - -	0	1	79 Ascites - - - -	0	1
35 α Purpura - - -	0	1	91 Icterus - - - -	0	2
36 Epistaxis - - -	1	2	123 Dysuria - - - -	0	1
37 Hemoptysis - - -	0	1	124 Ischuria - - - -	0	1
	22	45		4	36
				22	45
				26	81

VIth TABLE.

REFERENCE TO PAGE 34.

The Joints and Muscles inflamed by Acute Rheumatism.

Joints.	Cases.	Muscles.	Cases.	Cases.	
Knees - - -	67	Head - - -	22	Limbs - - -	8
Shoulders - - -	43	Chest - - -	21	Wandering - -	4
Ankles - - -	42	Thighs - - -	20	General - - -	2
Hands - - -	38	Legs - - -	20		14
Feet - - -	36	Arms - - -	12	Joints - - -	388
Wrists - - -	33	Side - - -	7	Muscles - - -	118
Hips - - -	30	Belly - - -	3		520
Back - - -	25	Hypochondre	3		
Neck - - -	15	Stomach - - -	2		
Loins - - -	13	Face - - -	2		
Elbows - - -	10	Eye - - -	2		
Fingers - - -	9	Throat - - -	1		
Heel - - -	4	Gums - - -	2		
Toes - - -	2	Groin - - -	1		
Ham - - -	2		118		
Joints - - -	19				
	388				

VIIth TABLE.—THE PULSE.

REFERENCE TO PAGE 40.

Number of Pulse.	Cases.	Number.	Cases.
52 - - - - -	1	108—119 - - - - -	15
60—71 - - - - -	4	110—125 - - - - -	12
72—83 - - - - -	12	126—130 - - - - -	2
84—95 - - - - -	21		
96—107 - - - - -	26		93

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OF THE
NODOSITY OF THE JOINTS.

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A CLINICAL HISTORY
OF THE
NODOSITY OF THE JOINTS.

I. **T**HE term *Rheumatism* has been applied without sufficient discrimination to a great variety of disorders, which, except pain, have but few symptoms that connect them together.

A case happened to occur to my observation at a very early period, which, compared with others at subsequent times, convinced me that there is one painful and troublesome disease of the joints of a peculiar nature, and clearly distinguishable from all others by symptoms manifestly different from the Gout, and from both Acute and Chronick Rheumatism.

II. It

II. It is about 26 years ago since I wrote a description of this disorder in a paper which was read to my very ingenious and much-lamented friends, the late Dr. PERCIVAL and Dr. DOBSON, at Warrington, where for fourteen years we used to meet from Manchester, Liverpool, and Chester, four times a year, in order to explain our professional difficulties and success, and to consult together what might be the best remedies for such dangerous disorders as had occurred in our practice. My paper on this subject has since been communicated to the late Dr. WALL of Worcester, Dr. FALCONER, and, as opportunities offered, to many other medical friends.

III. This disease, which I think may properly be denominated *Nodosity of the Joints*, has occurred to my observation in thirty-four out of *ten thousand five hundred*

hundred and forty-nine patients, or one in three hundred and ten.

IV. These Nodes are almost peculiar to women, and generally begin about the period when the Menses naturally cease.

Out of the number of cases above stated, there was only one man. His age is not noted, but he appeared to be between 50 and 60 years old. He ascribed the complaint to a fall that had violently strained his wrists and fingers, which were the only seat of the Nodes in this case. But in the female constitution it is seldom confined to so few joints.

Only 3 out of 33 women had Nodes, during the period of regular menstruation. The ages of these patients are not noted; two of them appeared to be between 30 and 40. One of them had
suffered

suffered 12 abortions, but her Menses had become regular for six months previous to the commencement of this disease. The third patient seemed to be near 50; in this case, the Nodes appeared 3 years before menstruation had ceased.

V. All the 34 patients (except 2 above mentioned) were above 41 years old. In some the Nodes appeared as soon as the Menses became irregular; most commonly at the time when they ceased; in a few instances, several years after this period. The most common date of their commencement was when the patients were between 51 and 60 years of age; but two cases of Nodosity are recorded, which began after this late period of life.

VI. The most correct idea of this disease may be formed from a

Synoptical

*Synoptical View of the Joints affected
by Nodes.*

Joints.	Patients.	Joints.	Patients.
Fingers	13	Shoulders	4
Hands -	7	Neck - -	3
Wrists -	9	Elbows - -	3
Knees - -	10	Hips - - -	3
Feet - - -	6	Heel - - -	1
Ankles - - -	6	Leg - - -	1
	<hr/>	Joints - -	8
	51		<hr/>
			23
			51
			<hr/>
			74

Hence it appears that the Fingers are principally affected. Besides the 13 cases where they are distinctly noted, most probably all the others, where Hands and Joints in general are only named, denote the Fingers.

Out of the 34 cases, I find two where the Knees only were attacked; in all, or
in

in nearly all the rest, the Hands, chiefly the Fingers, were probably affected.

As far as my experience teaches, it seems not at all to affect the Muscles; for though the Leg is once mentioned, yet in the same case, the Feet and Ankles are noted, whence pain might strike up the leg.

VII. Printing the Tables, especially the first Table of *Cases of Acute Rheumatism*, has been so tedious and troublesome a business, that in this, and probably in future Clinical Histories (if any should appear) no more such Tables may be published. However, the reader may be assured that all my observations are founded upon an induction of facts, faithfully recorded, and systematically arranged. No vague gratuitous remark is or will be hazarded.

Indeed

Indeed I cannot understand how conclusions can be fairly deduced from facts, except when classed in a tabular form. The Tables on the preceding pages will be passed over by many readers, as affording but little entertainment or instruction; but I do not regret that I have printed them, as they exhibit full *Proofs* and *Illustrations* of the frequency of symptoms, and the degree of success with which the remedies have been administered with more accuracy than any other arrangement with which I am acquainted.

VIII. In this disease the ends of the bones, the periosteum, capsules or ligaments, which form the joint, gradually increase. These Nodes are not separate tumours, but feel as if they were an enlargement of the bones themselves. This point might be anatomically ascertained without any difficulty or doubt.

These

These diseased joints generally suffer pain, especially at night, but in a less degree than might be expected from such a considerable morbid change. They often feel sore to the touch. In one case, the patient was attacked with severe spasmodick pains. As the disease increases, the joint becomes distorted, and perhaps, in bad inveterate cases, even dislocated; its motion becomes gradually more injured. In a few patients a crackling noise was perceived in the joint, when in motion, particularly in the neck. The skin seldom or never appears inflamed.

There is one distressful circumstance which distinguishes this disease. It has no intermission, and but slight remissions. For during the remainder of the patient's life, the Nodes gradually enlarge, impeding more and more the motion of the limb. The malady spreads to other joints, without leaving or producing even
any

any alleviation in those which had been previously attacked. In one case, I find that the fingers, wrists, knees, ankles, elbows, shoulders, neck, and hips, were all affected with this disease at the same time, that is thirteen joints, exclusive of the numerous joints of the hands. If each individual joint of the hands had been taken into the account, they would have amounted to above three times the number, perhaps not fewer than 40. The malady had been rapidly advancing for ten years. These Nodes, in their gradual progress, sadly embitter the comforts of life; but I know no instance in which they seemed to shorten its duration. The first patient whom I saw in this disease lived to about 93 years of age. This faithful picture drawn from nature is here exhibited to excite the compassion and exertion of my professional brethren to prevent, if possible, so distressful

ful a malady at its commencement. As the Nodes at first produce but little pain or inconvenience, and are seldom or never dangerous, they rarely excite the notice which they deserve, and would obtain, if the patients were fully aware that this insidious disorder would continue for life, and would make every future day more uncomfortable.

IX. This disease has hitherto passed under the name of Gout or Rheumatism, or perhaps has been most commonly called Rheumatick Gout. But as several advantages would result from a separation of this disorder from others with which it has been confounded, I have ventured to call it the *Nodosity of the Joints*. Under this application, as a distinct *Genus*, it will become a more direct object of medical attention.

The

The Nodes appear most nearly to resemble Gout. Both of them are attended with pain and swelling of the joints: but they differ essentially in many distinguishable circumstances. 1. In the Gout, the skin and other integuments are generally inflamed with pain which is often acute, soreness to the touch, redness and swelling of the soft parts, but in no respect like the hardness of bone. 2. The Gout attacks the patient in paroxysms of a few days, weeks, or months, and has complete intermissions at first for years, but afterwards for shorter periods. 3. The Gout attacks men much more frequently than women.

These Nodes are clearly distinguishable from Acute Rheumatism, because they are not attended with Fever. The tumour of the joints is much harder, more durable, and less painful in the former than the latter disease. The

Nodes are totally different from Chronick Rheumatism, because the latter chiefly affects the muscles, and is seldom attended with any swelling of the affected parts.

In two or three cases, the Nodosity appeared to alternate with a Colick of the Stomach, *Gastrodynia*; and in one instance with an *Asthma*. If these few examples of the translation of the disease to and from the viscera be confirmed by future observations, they would prove that the Nodes were in their nature more allied to Gout than Rheumatism.

They bear a nearer analogy to the former than the latter disease in another circumstance. They more commonly attack persons in the higher and middle, than in the lowest class of life. However, it is not exclusively a disease of any rank. I have seen it, though seldom, among the patients of the Chester Infirmary. But this remark is founded on
general

general recollection, not an induction from facts, as I have not yet classed the cases of these patients under their proper genera; otherwise the comparative frequency of the disease might be accurately ascertained.

I do not recollect that in cases of Nodes, any notice is taken of that pink-coloured sediment in the urine, which appears in Gout, or in Acute Rheumatism.

REMEDIES.

X. It is proper to observe that out of the 34 cases above-mentioned, only 18 used any remedy for the Nodes; the other 16 were combined with more serious disorders, which claimed preferable attention.

For this complaint I have ordered *Guaiacum* in 10 cases; *Cinchona* in 9; Leeches in 9; Warm-Bathing and Pumping at Bath in 9, at Buxton in 2; Vapour

pour-Bath in 2; Sea-Bath in 1; Antimony in 5; Mezereum, Aconite, and externally Oleum jecoris aselli cum Camphorâ, & bootikins, in 1 case each.

As the Nodosity of the Joints has not hitherto claimed the particular attention of medical men we cannot reasonably expect that a full trial should have been made of remedies best adapted to remove or alleviate its symptoms.

XI. As far as my experience extends, most benefit was derived from the Warm-Bath, and a stream of warm water, with repeated application of Leeches, on the diseased joints.

In several very bad cases, these remedies afforded manifest relief. The Leeches appear to be an important part of this mode of treatment. In one of the worst examples of this disease which I have seen, above-mentioned, where near 40 joints

joints were affected, the benefit of Leeches could not be obtained, as they always occasioned a painful inflammation of the skin near the wounds. But, even in these untoward circumstances, there was no reason to suspect that this inflammation of the skin had any injurious effect upon the joints. However, it unavoidably prevented the repetition of Leeches. This patient had 17 Warm-Baths, 15 Vapour-Baths, and 12 dry Pumpings; but her diseased joints were so numerous that the last remedy could be only employed to a few of them. By this mode of treatment she experienced relief, but in so formidable a disease which for ten years had been constantly increasing with uncommon rapidity, the trial was inadequately made for too short a time. It should have been continued for many months or even years. If these remedies had been much longer used, and especially

especially if their efficacy could have been assisted by Leeches, more complete success might have been expected. She afterwards made a trial of Sea-Bathing, which afforded no relief.

XII. In one case immediately after the cessation of the Menses, Nodes of the Fingers and Knees commenced, and had continued to increase for four years, with tumours which occasioned an apparent distortion of the joints, and considerably impeded their motion. This patient received manifest advantage from the Warm-Bath, pumping the diseased joints, and repeated application of Leeches to them. After an absence of five years, I had the satisfaction to see this Lady return to Bath, perfectly free from every symptom of Nodosity; and without the least suspicion that any other disease had been substituted in its place.

It is

It is however proper to say, that she had with the external remedies above-mentioned, also drank the Bath water and taken *Guaiacum*: it is difficult to determine how far these medicines might be conducive to her recovery.

XIII. If Warm-Baths and a warm Douche on the Nodes afford benefit, they might perhaps be employed with most advantage at Bath or Buxton; but many valuable Matrons, afflicted with this disease, cannot conveniently leave their own homes, and desert their domestick duties. Without considering the question what superior advantages these naturally warm Fountains may possess, I should advise such patients to use a Bath at 92 up to 96 degrees of heat for 10, 15, 20, up to 30 minutes, every other day. Let a Douche of water from 105 to 113 degrees of heat fall upon the
Nodes

Nodes for four or five minutes (being equal in time to about 200 strokes of the pump) every day, out of a vessel of a sufficient capacity for the purpose. If, as is probable, the force with which the warm stream is usually impelled upon the affected part, be conducive to its salutary effects, even this advantage might be obtained by a pump, or by placing the vessel about 10 or 12 feet high, and conducting the current through a proper pipe upon the Nodes.

However, as so little knowledge has been practically ascertained upon this subject, I should advise an attentive and comparative trial of Bathing, and Douching at different temperatures, from 81 to 113 degrees of heat, always following the patient's report, what warmth agrees best, and is of most service in alleviating the pain, swelling, and impeded motion of the joints.

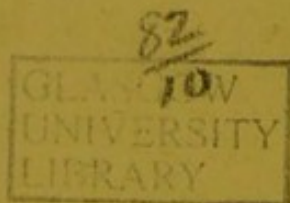
XIV. It

XIV. It may be difficult to give any specifick directions in respect to Leeches, as to the number and frequency of their application. These points should be regulated according to the magnitude of the disease and the strength of the patient. In bad cases, from 4 to 10 might be used with advantage to the affected joints once or twice a week. In one of the worst cases of this malady, which has occurred to my observation, Leeches were occasionally applied for several years, so as to alleviate the disorder.

In describing the Nodosity of the Joints, I have noted several circumstances in which it had a nearer resemblance to Gout than Rheumatism. When made the particular object of medical attention, it will not, I hope, be found to bear a still more interesting similitude to the former, in the difficulty of discovering efficacious remedies to cure or relieve it.

XV. A justly-celebrated Physician has published an excellent Essay on the "*Management proper at the cessation of the Menses,*" in the 5th Volume of the *London Medical Observations and Inquiries*; yet takes no notice of the Nodosity of the Joints, as connected with this change in the female constitution. But in this Clinical History of Diseases, my only aim is to relate what my own practical experience has suggested. It is no part of my plan to repeat what others have written, much less to criticise the works of medical authors. Indeed a comparative view of facts, accurately recorded by different observers, might afford much useful instruction; but my time being otherwise engaged, I cannot enter into these disquisitions in such a manner as would give satisfaction either to the reader or myself.

FINIS.



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