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OUTLINES

OF

A COURSE OF LECTURES

ON THE

PRACTICE OF MEDICINE,

DELIVERED IN

THE MEDICAL SCHOOL

OF

Guy's Hospital,

BY

HENRY JAMES CHOLMELEY, M. D.

&c.

PHYSICIAN SENIOR TO THE HOSPITAL.

Ut indocti discant, et ament meminisse periti.

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MY DEAR SIR,

THE present edition of this Work I have dedicated to you, not merely on the grounds of personal regard, but as a just tribute for the liberal patronage you have so zealously and successfully extended to this school of medicine. You will observe that I have carefully retained the opinions of the late Dr. JAMES CURRY; and amongst the few alterations made, I have prefixed his name to them, which I considered his due. The doctrines of a Physician of such pre-eminence, of such indefatigable zeal and ardor, of such acuteness of mind and brilliancy of talent, and of such

faithfulness of observation, should not be permitted to die with him. To expatiate upon the merits of my highly esteemed late Friend and Colleague, Dr. James Curry, and upon the obligations of the Profession due to him, more properly belongs to the preface of a posthumous edition of his works, than the dedication to a patron. This pleasing and grateful task, I trust, ere long will be performed. Allow me, in conclusion, to express my fervent and anxious hopes, that your fostering sanction and protection may be still continued to this School, and that the exertions of my colleagues and myself may be thus successfully promoted.

I remain your obliged,

and very faithful Friend and Servant,

HENRY JAMES CHOLMELEY.

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OUTLINES

OF

A COURSE OF LECTURES.

&c.

1. DISEASE commonly defined to be,—*Any variation from the most perfect and healthy state of the several organs and functions of the living body.*—Such definitions shewn to be too general;—few if any persons having every organ and function in the most perfect state.—Remarkable disparity between mental and corporeal powers in the same person, shewn in the examples of many celebrated men.—Considerable variety even in *bodily* functions, compatible with health.

2. *Health* and *Disease*, then, *relative* rather than *positive* terms;—and respect the individual as compared with the generality of men, and with himself at different times.—Practical definition of disease,—*An uneasiness,—excess,—or defect, in one or more of the functions of the body or mind,—recurring so often, or continuing so long, as to demand medical assistance.*

3. Organs of the body numerous, and their connexions various;—of course, many different *forms* and *degrees* of disease,—each requiring appropriate treatment.—Hence the necessity of accurately distinguishing them from each

other by certain *signs* or *characters;* which constitutes the science of *Nosology*.

4. Different modes of arrangement proposed by different Nosologists, discussed in Evening Lectures.—Dr. Cullen's arrangement preferred, as being on the whole most adapted to practical application.—General outline of this, with remarks upon its merits and defects.

Of Fever in General.

5. Fever the most general of all morbid states;—being common to both sexes,—to every period of life,—and to all climates and countries: hence Sydenham's calculation of the proportion who die of it, probably under-rated.

6. Has claimed the attention of practitioners and writers in all ages.—Opinions concerning it, of course, extremely different.—Very universally, however, divided into *primary* and *secondary;*—the first arising from general causes, operating on the body at large;—the other depending on inflammation or other local affection:—hence distinguished into *Idiopathic* and *Symptomatic*.

7. General symptoms of *Idiopathic* Fever;—increased frequency of pulse,—preternatural heat, preceded by sensation of cold,—feeling of languor, lassitude, and general uneasiness: pain of head, back, and limbs:—memory and judgment confused and indistinct;—senses of taste, smell, touch, &c. altered or impaired:—want of appetite,—defect of saliva,—thirst;—discolouration of the tongue;—respiration frequent and anxious;—changes in the urine.

8. Many other symptoms occasionally attend;—but those enumerated *general* and *characteristic*.—Great

variation even in these;—hence a desideratum to ascertain some *one* as *characteristic*, and *always present*.—Reasons why we ought not to expect this.—Pain the only symptom that of itself amounts to disease?—but pain common to almost every disease;—so that when *alone*, it requires a *negative* character to distinguish its nature.

9. Useless to state the various notions entertained respecting fever by different writers, from the time of Hippocrates down to the present age.—Boerhaave the first who investigated the subject rationally:—found *three* symptoms to occur in every fever during its course, viz. —chilliness,—quickened pulse,—and increased heat;—but fixed on the *second* of these as the *single essential* symptom uniformly present.—His error pointed out.—Slight chilliness often passes unnoticed by patients:—frequency of pulse readily ascertained, and therefore seldom overlooked by the physician;—but not *constantly* present.

10. Increase of heat considered by the ancients as the characteristic of fever—proved by their names πυρετὸς and *febris*;—and certainly necessary to complete the febrile paroxysm, though often absent for some time.

11. *Chilliness,—quickened pulse,*—and *increased heat*, then, common to *all* idiopathic, and to *many* symptomatic fevers, especially at their commencement; and generally occur in the order mentioned.—Objections to this noticed.—Singular case related by Morgagni.—Exacerbation of remitting fever often without *chilliness*;—but the disease then fully formed, and approaching to the state of continued fever,—which may be considered as having only *one* paroxysm during its course.

12. Another symptom, not less essential to idiopathic

fever, is—*general uneasiness*, pervading every part:—this strongly portrayed in the countenance in some fevers;—in others shewn by perpetual restlessness and change of posture.

13. Difficulty attending *definition* of disease, from the different views of writers and teachers respecting it.—A strictly logical definition perhaps impossible.—Practical distinctions alone of use; and disease to be characterized only by the *concourse* and *succession* of symptoms.—Illustration of this in the examples of small-pox, measles, and epidemic catarrh.—Accurate distinction particularly necessary in febrile disorders, from the great variety of their kinds, and from the appropriate treatment necessary even in the different stages of the same case.—Efficacy of opposite remedies reconcileable with the belief of there being something in common to all fevers.

14. Difficulty of framing any definition,—or *short character*,—which will include every variety that may occur:—yet such character necessary, especially for the young practitioner, till rendered familiar with the varieties in fever, and expert in distinguishing them.

15. Paroxysm of intermittent the most perfect example of the febrile state, both in distinctness and order of symptoms.—Description of its symptoms:—indolence—yawning—and stretching;—diminution of muscular force;—paleness and dejection of countenance,—hands cold to the touch;—features contract, and extremities shrink, and become livid:—constriction of skin, producing *cutis anserina* and *horripilatio*:—*feeling* of general coldness,—and soon after actual diminution of temperature—accompanied with frequent chills,—and occasional shudders,—which become more

frequent and considerable,—and at last end in universal shaking.

16. After longer or shorter continuance of cold and shivering, the heat gradually returns, and rises even above 98°, though the patient still feels a sensation of cold; but soon perceives transient flushings,—beginning in face and neck, and alternating with chills,—but gradually extending, and growing more considerable and universal, and at last becoming dry burning heat all over, with great restlessness, and often violent head ach.—During this progress in temperature, the surface not only acquires natural colour, and shrunk parts their usual size, but become even redder and more turgid than natural.

17. Lastly, moisture begins on face and neck; gradually extending, and becoming general perspiration or sweat.—As sweat flows the heat abates; and when ended, body restored to natural temperature, and functions in general to *nearly* their usual state.

18. Symptoms enumerated (15, 16, 17) as constituting entire paroxysm, obviously divide themselves into *three stages*, viz.—the cold,—hot,—and sweating stages;—these accompanied by various other phenomena, that illustrate the several changes, and throw light on the nature of fever in general.

19. Torpor of brain and nerves during cold stage—shewn by diminished sensation of eye, ear, taste, touch;—by impaired state of recollection and judgement;—by state of pulse at first slower, always weaker than ordinary, and often irregular;—by diminished secretion,—want of saliva,—scanty, colourless, and inodorous urine;—dryness of issues, ulcers, &c.;—by short and anxious respiration;—by loss of appetite, and occasionally sickness and vomiting.

20. With return of warmth, sensibility also returns, and becomes even more acute than before, especially to light and noise:—ulcers and other diseased parts grow more painful.—Mental faculties likewise restored; but thought hurried and confused, sometimes even to delirium; and patient's attention absorbed by his general sufferings.

21. Pulse in the mean time becomes regular, distinct, and full:—and in robust habits, or when pain or inflammation attend, often hard:—but still frequent, though less so than in cold stage.—Respiration also more free and full,—but still rather frequent and oppressed, till sweat takes place, which carries off the heat of skin, and with it the restlessness and oppression of breathing.

22. Such the assemblage and train of symptoms that *usually* occur in intermitting fever; but subject to great variety both in degree and number.

23. Change in Urine also requires notice, as anciently connected with theory of *concoction;* and still much attended to by some, as assisting to form judgement of solution or termination of the disease:—Urine during cold stage, nearly devoid of *colour*, *smell*, or *taste*,—and shews no cloud or sediment on standing.—As heat comes on, arterial action increased, and urine assumes high colour; though still scanty and without sediment.—But when sweat has continued some time, and arterial action abates, the colouring matter deposited in red or *lateritious* sediment.

General Division of Fevers.

24. Fevers variously divided; ex. gr. 1. into *endemic, epidemic,* and *sporadic;*—2. from their causes, into *marsh* fevers, *contagious* fevers, &c. :—3. from the nature and violence of their symptoms, into *inflammatory, bilious, nervous, putrid,* and *malignant;*—4. from the greater or less distinctness of their paroxysms, into *intermitting, remitting,* and *continued,* fevers.——Explanation of these terms :—all have their use; but several too vague to found any distinction upon.—*Endemic, epidemic,* and *sporadic,* occasionally applicable to most fevers.—*Putrid* and *malignant* not exclusively appropriate to any one kind.—*Intermitting, Remitting,* and *Continued,* the least ambiguous denominations : these again distinguished by their particular symptoms.

25. Explanation of the terms *intermitting, remitting,* and *continued* fever.—Chilliness at each exacerbation not necessary to constitute true *remittent.*

26. *Continent fever* of authors,—their description of it.—Its existence denied by Cullen, De Haen, and the best modern authorities,—and in itself shewn to be improbable.

27. Individual nature of idiopathic fever argued from the spontaneous change of quartan into tertian,—tertian into quotidian,—quotidian into remittent,—and remittent into continued fever;—together with the occasional reverse of this.—Such changes, however, when complete, not merely spontaneous; but occasioned by the co-operation of their respective causes, as heat, contagion, marsh-miasmata, &c.—Dr. Cullen's observations on this subject, and his candour pointed out.

General Causes of Fever.

28. These usually divided into *remote* and *proximate* —The former again distinguished into *predisposing* and *occasional.*—The *predisposing*, however, rather facilitate the operation of the *occasional*, than of themselves capable of inducing fever;—such are—*constitution*,—*errors in diet*,—*fear*,—*cold*, &c.:—while the *occasional* seldom fail to excite fever, when applied in a high degree, however slight the predisposition,—ex. gr. *marsh-miasmata*, and *contagion.*

29. This distinction useful, though not always clear; —several of the *predisposing* causes being, in certain cases, capable of inducing actual fever;—while the *occasional* ones sometimes lie dormant, till roused into activity by the accidental occurrence of fear, cold, grief, &c., which thus become *exciting* causes.

30. *Original constitution*—marked especially by *vascular* irritability;—much aided by a certain cachectic state of solids or fluids,—as scrophulous and scorbutic, occasioning acrimonious state of the secretions, especially of the intestinal canal.—Proofs of this in the rapid progress and malignant form of febrile state in such persons, even when arising from common causes.—Hence certain denominations of fever, such as—gastric,—intestinal, &c. used by some authors.

31. Certain constitutions, though not marked by any external signs, appear peculiarly liable to be affected by *particular* causes of fever.—Daily examples of this in the instance of *contagion.*—Remarkable example of the same with respect to *marsh miasmata*, in the case of two young physicians.

32. *Plethora* and *inanition*, though directly opposite, yet both favour the operation of certain causes of fever; —*plethora* predisposing to fevers of the inflammatory and bilious kind,—while *inanition* predisposes to *intermittents*, and to the *low* or *nervous* fever from contagion.

33. *Errors in diet.*—Excess in animal food predisposes to fevers of high action;—while vegetable food, especially if poor in kind, favours those of the intermitting and contagious sort.—Effects of these different kinds of food considerably dependant upon original constitution, and also upon present habit of body;—so that each may be useful under certain circumstances in preventing fever. —These circumstances pointed out, and the kind of food and management proper under them, shewn.—Food of difficult digestion universally injurious:—exemplified in the febrile state taking place after its use in delicate persons,—and in that which follows a debauch even in the strongest.—Power of *custom* in lessening the effects of excess in the use of strong liquors;—hence temperate persons more liable to fever from *occasional* debauch, than habitual drunkards are.

34. *Sudden or considerable alternation of temperature*—of all others the most frequent *obvious* cause of feverish indisposition of the catarrhal kind, especially in this variable climate: hence the denomination of a COLD, usually given to such indisposition.

35. *Cold* merely a relative term, and strictly signifying a greater or less privation of HEAT;—but its meaning in ordinary language, founded on the common feelings of men,—and therefore, as far as respects the living body, must be referred to these as a standard.

36. The living human body endowed with power of generating or evolving a degree of heat considerably

above the ordinary temperature of the atmosphere;—and, during health, this degree is pretty uniformly 98° of Fahrenheit, though external temperature varies greatly. —Hence evident power in the living body, of *regulating* the evolution of heat, according to the demand made from without.

37. In physical sense, every temperature of the air or other surrounding medium below 98°, might be denominated *cold;* but not so with regard to *feeling* and to health; and a degree much lower, viz. from 60° to 70°, the most grateful and invigorating.—This wisely ordered, to suit the *general* temperature of the habitable globe, and to allow the evolution of heat consequent upon man's exertions, and necessary to his well-being.

38. General denominations of temperature:—From 60° to 64° admits with ease and safety every exertion necessary either to man's subsistence or pleasure; hence named *temperate:*—the higher degrees up to 70°, called *warm;* and all above that, *hot.*—Of the inferior range, a few degrees under 60° is termed *cool;*—and all below, *cold.*—Considerable difference, however, among men in health, in assigning names to particular *degrees* or *portions* of thermometric scale,—according to their respective power of evolving heat, as depending on original constitution, and on habit.—Illustration of this in the effects of sudden and considerable change of *climate,* or of temperature.—The *natural* power of regulating animal heat limited; and considerable change to be safe should be gradual.

39. Power of cold on living body twofold, viz. *absolute* and *relative.*—*Absolute* power of cold that by which it uniformly tends to reduce the temperature of the body below the standard of 98°, by abstracting heat faster

than it can with ease be evolved.—Balance readily maintained at temperature of 60°,—but very low temperatures exhaust the calorific powers.—Example of this *partially*, in *frost-nipping*; and *generally*, in death of whole body, from intense cold:—proving, that animal heat is not merely a *chemical* process, but depends also on the *living principle*.

40. *Absolute* and *relative* power of cold, or its *sedative* and *stimulant* effects, illustrated by the operation of the cold bath upon a *delicate* and upon a *vigorous* man:—producing in the latter glowing warmth and increased strength;—in the former chilliness and shivering, followed by burning heat,—in short, febrile paroxysms.

41. Such paroxysm the simplest example of febrile state:—generally subsides like ephemera,—or if it remain, assumes the continued form of catarrh, with inflammatory constriction of exhalant vessels, and diminished discharge from skin.—Explanation of the common opinion—that such feverish state depends on the perspirable matter being retained.

42. Similar febrile disorder the usual consequence of a person being exposed to *air* of considerably different temperatures, in quick succession; and especially if change from *hot* to *cold*.—Is generally accompanied with local inflammatory affection of one or other part, according to circumstances of exposure, or particular susceptibility;—occasioning different degrees and forms of catarrh,—ophthalmia,—angina,—pneumonia,—rheumatism, &c.

43. Morbid effects of cold greatly increased, if applied to the body when overheated and in copious perspiration.—Hence the serious disorder often caused even by grateful coolness of atmosphere under such state of

body;—but mischief still more violent when the transition is sudden and great,—as from drinking very cold liquors.—Examples of this from Dr. Rush, Dr. Currie, and others, with the most effectual means of lessening or preventing the dangerous consequences.

44. *Sensation* of cold generally felt when change of temperature produces morbid effects. Neither *sensation* nor *effects* of cold proportioned to its absolute degree,—but rather to previous sensation of heat, and to capacity of bearing the change.—Hence opposite sensations from same temperature at different times,—or even at same time in different parts;—illustrated by experiment with two vessels of water of different temperatures.

45. Such sensations, however, not permanent, unless the higher temperature be *above* 62°, and the lower one *under* that degree:—illustrated by the Buxton water, which becomes either a cool or tepid bath according to the time of immersion.

46. Power of Cold different according to circumstances either in respect to the cold itself, or to the person to whom it is applied.—Difference from—1st, the intensity of the cold;—2d, from period of its application;—3d, from its being accompanied with moisture, and evaporation;—illustrated by Dr. Currie's account of shipwrecked mariners;—nevertheless, bad effects of moisture denied by some;—4th, from cold being applied with current of air;—*lastly*, from its being a sudden vicissitude.—Dr. Wintringham's opinion,—that epidemics arose from vicissitude alone,—examined, and shewn to be erroneous.

47. Circumstances respecting the person himself, which render him more liable to be hurt by cold;—1st, defect of calorific power from—fasting,—evacuations,

—fatigue,—debauch,—excess in venery,—long watching,—much study, and consequently sedentary life;—rest immediately after violent exercise ;—state of sleep ;—preceding disease :—2dly, from the whole or part of the body being deprived of its usual covering ;—one part being exposed, while the rest are kept warmer than usual ;—the sensibility of the individual, or of the particular part exposed.—Remarks upon each of these circumstances.

48. The power of the circumstances enumerated (47) in *favouring* the operation of cold, confirmed by attending to those which enable persons to *resist* its morbid effects ;—which are,—vigorous constitution, especially with respect to the heart and arteries ;—exercise ;—use of cold bath ;—employment of cordials ;—operation of active passions ;—habit of exposure ;—certain states of morbid excitement of the brain and nerves, as in mania.

49. Sudden and considerable alteration of temperature most readily productive of febrile state,—and especially that from a *high* to a much lower degree of heat.—But continued application of heat considerably above 62°, disposes to febrile condition, and greatly modifies that already present.—Operation of external heat double ;—1st, stimulating the nerves, and increasing the velocity of circulation ;—2d, preventing or lessening certain chemical exchange of principles, made in the course of the circulation under a lower temperature, and found conducive to vigorous health.—Circulation through the hepatic system especially affected by this ; giving rise to certain states of disease particularly noticeable in warm climates, and perhaps too much overlooked by practitioners in the colder ones.

50. Other causes which predispose to, or actually excite fever.—Certain intemperies of the atmosphere, independent of its sensible qualities. Sydenham's remarks on this; and his consequent division of fevers into *stationary* and *intercurrent*.—Inquiries how far the same constitution of atmosphere continuing for a number of years, accords with modern observation:—Each year appears to have certain marked character in its diseases, generally differing from the preceding or following one.—The cause assumed by him, viz. a change in bowels of the earth, altogether arbitrary. Chemical composition of atmosphere now well known;—but its effects on man very different, though its eudiometrical properties the same.—Do not the differences depend rather upon the *mode* or *degree* of combination between its ingredients, than upon their absolute quantities, or their proportions in it as a simple mixture?—Perhaps the particular *electric* state of atmosphere, as connected with nervous or Galvanic influence, may have considerable power in occasioning healthy or morbid effects from atmosphere:—Accurate register of such changes connected with history of season and prevailing diseases, still wanting.—Occurrence of catarrh in considerable district, without proof of contagion, or any unusual change in *sensible* qualities of atmosphere.

51. Effluvia of marshes, called *Marsh Miasmata*, the most common cause of intermitting and remitting fever.—These effluvia very different from mere watery exhalations; many moist situations being free from intermitting fevers. Precise nature of the Marsh Miasmata little known;—being void of odour or other sensible quality.—Macerating moisture and heat, which favour the rapid decomposition of vegetable and animal matter,

especially necessary to its production.—Operation of heat shewn, by the more noxious effects of marsh effluvia in warm than in cold climates and seasons;—and especially in autumn, when heat is often greatest, and many vegetables spontaneously die and rot. Animal putrefaction less aiding perhaps than might be supposed; for alone it has little effect on certain trades, as skinners, tanners, &c.—Effluvia from gangrenous decomposition, perhaps an exception.—In certain situations prove highly contagious.

52. Not every kind even of *vegetable* decomposition that yields febrific miasms. Remarkable exception in peat; which is antiseptic.—*Septic vegetable decomposition*, then, the cause:—and hence explanation of fact observed,—that in the autumn of very wet summers, intermittents have occurred in high, and at other times dry situations, though not observed before or since.—Instances of this in certain high parts of Northamptonshire in the year 1782, which was remarkable for its wetness.—Same principle explains why the mud of great African rivers, which abounds in decomposed animal and vegetable matter, becomes, when exposed by drought, remarkable for occasioning remitting and intermitting fevers.—Hence the periodical fevers at Cairo on retiring of the Nile.—Similar effects on the Guinea coast; but less at the gradual drying up of the rivers, than at the sudden re-moistening of the dried mud, by general fall of periodic rains.—Country often half depopulated then; and some parts quite deserted from that cause.

53. Marsh or Phytoseptic miasma not capable, like Contagion, of attaching itself to clothes, &c.; but speedily dissipated and rendered harmless. Proofs of this at Batavia, Bencoolen, and other places.—Instance of

sensible difference from removing ships only half a cable's length farther off shore.

54. All land winds contain more or less miasmata.—Proofs of this in a remark made by naval officers:—illustrates the observation of sensible difference in salubrity between the windward and leeward side of West-India islands.

55. *Contagion*—defined.—Applied in certain degree, is of itself capable of inducing fever in any constitution.—Question considered, whether contagion is propagated only by communication,—or can be generated *de novo*.—All contagions certainly capable of multiplying themselves under disease;—and some evidently propagated in that way only;—but others appear to be produced spontaneously under certain circumstances.—Great difficulty respecting the origin of certain specific contagions:—appear to have begun in particular countries at very remote periods, and under peculiar circumstances, so that if once destroyed might never again arise.—No ground, however, to hope for this in typhus, plague, dysentery, and other contagious febrile diseases that occur more than once during life.—Can men carry these contagions always about them, and only become susceptible of their influence under certain circumstances?—Sir J. Pringle's observations on the rise of contagion in crowded hospitals.—Circumstances which particularly favour the production or virulence of typhus contagion;—illustrated by comparative mortality in convict transports and in slave ships;—the difference perhaps, in part, owing to the higher temperature through the whole voyage of the latter ships, which dissipates contagion; but not entirely so, as typhus contagion may be rendered highly virulent and infectious even in hot climates.—Account of the Boulam

Fever,—Malignant Yellow Fever of the West Indies, North America, and Spain.

56. Fear—and excess in venery—also remote causes of fever;—while firmness of mind gives corresponding tone and vigour to nervous and vascular systems, and lessens or prevents the influence of contagion.—Examples illustrating this;—remarkable one related by Dr. Coste respecting the last plague at Marseilles.—Effects of fear, grief, &c. related by Diemerbroeck and others.—Observation made respecting new married people during the plague.

Doctrines respecting Fever.

57. By inquiring into the operation common to the several Causes of fever, we approach towards a knowledge of the febrile state.—The nature of a *proximate cause* ill understood:—hence the search after it rarely successful;—and the circumstance generally assigned as the proximate cause, either a gratuitous assumption, or some one or other of the more prominent symptoms.

58. Opinion of Hippocrates,—that fever was an effort of Nature to expel something hurtful from the body.—Adopted by Galen and his followers,—and countenanced by various evacuations occasionally attending crisis.—Hence doctrine of *Concoction,* or fermentation and despumation;—and belief that duration and event depended on these being rapid or slow,—imperfect or complete.—Treatment founded on these ideas.

59. These doctrines (58) universally taught for thirteen centuries;—and though now exploded among British practitioners, still exist in the language and opinions of the vulgar. Humoral pathology fully discussed

in Lectures on the Theory of Medicine.—Not sanctioned in fever,—either by observation,—or deducible from most successful plan of cure.—Though morbific cause absorbed and multiplied in certain diseases,—yet in others, no evidence of its existence.—Comparison of contagious febrile disorders with intermittents;—no proof of a *materies morbi* in the latter;—nor the intermissions in them explicable on such idea.—Fever often cut short without attending to concoction:—why this not practicable in every case of febrile disorder;—and why some admit only of being *regulated* during their progress.

60. Revolutions in physic generally in extremes.—Doctrines of Galen undisputed until time of Boerhaave and Hoffman.—Character of Boerhaave.—His opinions more generally adopted than those of any other modern.—Character of his Aphorisms, and the Commentary on them by Van Swieten.—Like all *systems*, aimed at too much. Prevailing corpuscularian philosophy, and his mathematical education, gave a mechanical turn to his opinions respecting living body.—Adopted Loewenhoeck's notion of decreasing series of globular particles in blood; and corresponding series of vessels.—A plausible theory of many diseases founded on this assumption.—His doctrine of *error loci* in inflammation:—seemingly strengthened by his erroneous idea respecting the shape of arteries.

61. Boerhaave's doctrine of Fever, though more gratuitous, yet still plausible,—as agreeing with Loewenhoeck's and his own alledged observations, respecting compounded globules of blood.—Imagined the tendency to aggregation among its particles varied at different times,—and condition or crisis of blood altered accordingly;—occasioning thin and serous, or thick and viscid state,

accordingly as aggregative tendency weak or strong.—Assumed *Lentor*, or viscid state of blood, as proximate cause of fever.—His mode of applying this to explain the phenomena of a febrile paroxysm.

62. His theory implicitly received by cotemporary and succeeding physicians.—Was himself the first to see its defects;—and to admit the agency of Nervous System.—Van Swieten's endeavour to explain the difficulty, and maintain his master's credit.—With this explanation, approaches the doctrine of Hoffman and Cullen.

63. Mechanical doctrines incapable of rigorous scrutiny when applied to living body.—No direct proof of viscidity in blood during fever.—The very ground-work, viz. Loewenhoeck's observations, shewn to be a mere fallacy.

64. The Mechanical System of Physic much weakened by chemical discoveries.—Phenomena of Nervous System became more attended to,—especially by Hoffman,—who referred the healthy or diseased condition of body, primarily to the state of the *moving fibre*.—This doctrine strengthened and illustrated by operation of various subtle agents on the living body;—and particularly by the effects of passions and emotions.—The general principle now universally admitted as a fundamental part of pathology.

65. Fever considered by Hoffman as primarily arising from diminished vigour of nervous system, and particularly of brain and spinal marrow; whence nervous extremities not duly supplied with energy.—Effects of this necessarily greatest in remote parts,—especially in extreme arteries;—whence atonic and spasmodic state of

them.—Application of this to explain some of the phenomena in cold stage.

66. That febrile commotion exists primarily in Nervous System, now universally allowed;—unnecessary, therefore, to enter into the discussion of it.—Hoffman's theory adopted by Dr. Cullen, and illustrated with great ingenuity.—Chief merit, however, due to Hoffman, both as first proposer, and as referring the phenomena of fever to an irregularity and disturbance pervading the nervous system,—and present in every stage of fever;—while Cullen assumes a *symptom*, viz.—spasm of extreme vessels,—as the proximate cause.

67. Sketch of Dr. Cullen's theory of fever.—Remote causes of fever all directly sedative,—and their application occasions debility,—as shewn by—general languor,—weak frequent pulse,—coldness and shivering,—want of appetite, &c. accompanying attack of fever.—Intermitting fever selected as the best example.—Considers *three* states, viz.—of debility,—of cold,—and of heat, as essential to idiopathic and primary fever.—From their occurring in the order enumerated, concludes them related as *cause* and *effect*.

68. So far supported by facts.—But proceeds to assume *spasm* as proximate cause of fever.—To do this, recurs to positions neither congruous with one another,—nor warranted by observation.—No proof of spasm in every fever:—though obvious in intermittents, is much less in remittents,—and often undiscoverable in typhus.—This shewn by comparison of these forms.—Reaction of heart and arteries therefore, to be explained on some other principle or law of the animal economy.

69. Other difficulties attending his theory:—spasm

supposed by him partly owing to the VIS MEDICATRIX NATURÆ.—Absurd to believe that the preservative power augments the very same state which it was roused to do away.—The essence of a proximate cause, that,—when present, disease also present,—when removed, disease ceases.—Spasm present only in one stage even of intermitting fever.—Is itself dependent on diminished energy of brain and nerves;—and its recurrence prevented by supporting tone and energy.—Spasm, therefore, only *one* among the concourse of symptoms.

70. Outline of Dr. Brown's theory.—Capacity of living body for receiving impressions, termed by him *excitability*.—Agents or Powers acting on the body, termed *stimuli*.—Life,—health,—and disease, the result of *stimuli* acting on *excitability*.—Certain degree or quantity of excitability assigned at commencement of existence:—is worn out by operation of stimuli,—quicker or slower according to their degree,—and death the necessary consequence.—Speciousness of this;—but irreconcileable with another necessary position,—that the *excitability* is accumulated,—is in proper degree,—or is exhausted,—accordingly as *stimuli* are defective,—in due proportion,—or in excess.

71. Other embarrassments attending this theory.—*Excitability* though varying in *degree*, affirmed to be always simple and individual in its *nature*.—Necessary consequence of this,—that *stimuli* also differ only in *degree*,—and consequently, in certain dose, ought all to have same effect.—That such idea absurd, and contrary to fact, proved from original difference of organs in body, each fitted to its respective agent.—Proved also from specific and peculiar operation of remedies:—excitability in-

creased by Mercury or Alcohol,—diminished or exhausted by Lead, or Digitalis.—These objections fatal to the whole system.

72. Still farther difficulties of his doctrine with respect to Fever.—No primary stimulant effect observable from Marsh Miasmata, or Contagion of Typhus or Plague.—Hence considered poisons and certain contagions as an exception.—Assumed *debility* as proximate cause of fever;—but avoids explaining how occasioned by these,—or ascertaining whether *direct* or *indirect*;—though this before affirmed by him to be indispensable to the knowledge of disease, and to successful treatment.

73. Though Dr. Brown's *theory* the same,—his *practice* greatly changed within a few years.—Doses of opium and brandy first recommended by him in fever, very much diminished latterly, in consequence of doubts suggested by some of his pupils.—His own practice never sufficient either to verify or disprove his system.

74. Dr. Darwin's theory difficult, if not impossible, to be understood; his doctrines received by very few. Old theories of inflammation of brain, and acrimony of blood from suppressed perspiration, revived,—remarks on them.

Of the Nature of Fever.

75. The investigation of this subject difficult:—much novelty not to be looked for,—but unbiassed relation of facts, and conclusions resulting from attentive observation.

76. Febrile diseases, though numerous and varied, have all something of a common nature.—Causes productive of fever apparently very different in their properties.—General similarity of their effect on living body, explicable only from their tendency to injure and destroy it,—

4. Dr Lutterbuck's Theory Dr Beddoes
proves this is by no means a new one.
Ye Brain seldom found in a diseased sta
during fever from morbid researches
numerous testimonies mentioned
Ye stomach having been found more
constantly & generally diseased
~~[illegible]~~ Philip's Wilson's theory in demonstrat
& inconsistent.
75 General remarks

77 Alternate change of principles going on thro' y medium of circulation & respiration

and the body itself being endowed with Preservative Power to resist their operation.

77. This power or principle chiefly resident in the Nervous System.—Functions of this system not fully ascertained.—*Sensation* inherent in it :—*Motion* derived from it.—Calorific function not sufficiently referred to nervous system.—Doctrine of respiration and animal heat treated fully in physiological course :—short sketch of it according to the discoveries of Dr. Crawford, Lavoisier, &c.

78. In process so purely chemical as represented by them, *great* variation necessary, according to *relative* as well as *absolute* quantity of Oxygen, Caloric, and Carbon. —A certain *degree* of variation observed in temperature of body, when person in health made to breathe air considerably more or less pure than that of atmosphere;—but scarcely sensible difference in air of different places and at different times, by eudiometrical tests.—Variation of animal heat, then, while breathing common atmosphere, not owing to difference in the quantity of oxygen it contains ; for the whole portion of oxygen gas inspired at once, not converted into carbonic acid.—Of course, the quantity of Caloric evolved under similar *external* circumstances,—to be referred to that particular vital process which affects an exchange of Caloric and Carbon during circulation.

79. This exchange, or *Calorific Process,* ultimately referrible to agency of Nervous System.—Proof of this, in uniformity of animal heat during health, under every variety of external temperature ;—and great difference of it, even under same temperature, if functions of Nervous System deranged.—Morbid variation of animal warmth, sometimes pretty constantly *below,* at other times rather

above the healthy degree,—but oftenest, repeated alternation of *excess* and *defect*.

80. When such alternation begins with *deficient*,—then proceeds to *excessive* evolution of heat,—and these changes recur at intervals with more or less violence,—it then constitutes that morbid state termed PYREXIA:—character of this, as accurately defined by Dr. Cullen.

81. Nature of the process effecting separation of Carbon from solids of body, on one hand,—and its absorption by the blood and consequent evolution of Caloric, on the other,—at present unknown;—but ultimately traced to agency of Nervous System:—and immediately and considerably affected by certain disturbed state of this, while external circumstances unchanged.—Striking proof of this in case related by the late Mr. J. Hunter, and farther illustration of it in the ingenious experiments of Mr. Brodie, (Phil. Trans. Part I. for 1811.)—Such disturbed state of Nervous System, if not the *proximate cause* of pyrexia,—at least very intimately connected with it.

82. This particular state, chiefly characterized by deficient and irregular distribution of nervous energy;—hence often described by the term *debility*.—Such term, however, too general,—as comprehending several species of defective power in Nervous System, not productive of *febrile* state.—Term *atony* used by Dr. Cullen.—This term by itself also objectionable,—as denoting more especially want of tone in *muscular fibre*;—but qualified by word *febrile*, appears sufficiently precise and expressive.

83. Chilly and cold state of body marking commencement of pyrexia, proof of diminished energy in nervous system.—This universally followed by increase of heat,—even to 6° and 8° beyond healthy standard.—Such

a gentwoman was seized with apoplexy having alternations of temperature when ye pulse & breathing was ye same. Hunt Evolution of animal heat depends in part on ye nervous system according to McBrodie Dr. C. says probably depends principally if not entirely on ye nervous system

alternation directly the reverse of what might be expected. —Illustration of this, by comparison of piece of mechanism with living body.—Retardation or irregularity of *machine*, remains the same, as long as first cause continues to act.—Living body also a machine,—but infinitely superior in construction and operations.—Example of healthy man exposed to marsh miasmata :—first effects, —indisposition to bodily or mental exertion,—lassitude and general uneasiness,—loss of appetite,—small and very frequent pulse,—paleness and shrinking of skin,—chilly sensation and actual coldness,—shaking of whole body ;—in short, cold fit of intermitting fever.

84. So far the effects in *machine* and in living body correspond—But these not permanent in latter,—or death inevitable.—After symptoms of *diminished* power and energy lasting some time,—*opposite* train of symptoms arise:—heat gradually returns, and even exceeds natural degree ;—mind becomes quick and irritable,—its ideas rapid even to delirium ;—pulse grows full and less frequent ;—and lastly, perspiration or sweat succeeds, with relief to all these symptoms, and restoration of bodily and mental functions, nearly or entirely to healthy state.

85. This restoration often only temporary,—and same train of symptoms recurs again after interval of 12, 24, or 48 hours ;—but at other times complete and permanent,—or else each recurrence less severe, until they cease spontaneously.

86. Difference between inanimate machine and living body,—evidently owing to the latter being endowed with PRESERVING PRINCIPLE, or *Vis Medicatrix Naturæ*.

87. Objections made to this principle, from its being

personified by its advocates, and compared with Rational Soul, under different names of *Archæus*,—*Autocrateia*,—and *Anima medica*;—but its existence and operation incontestably proved in a variety of cases:—examples of these.

88. Objection—that PRESERVING POWER, instead of simply counteracting the primary effects of morbid Cause in fever, occasions even more distressing or dangerous symptoms,—answered;—the symptoms of *re-action* being *morbid* only because in *excess*.—Application of this to the definition given of disease (par. 2.) pointed out.

89. Every paroxysm of fever, then, consists of *two* sets of symptoms;—the first set being the *direct* and *immediate* effects of febrific cause, ex. gr. marsh miasma,—contagion, &c.;—the second arising *indirectly*, or through operation of PRESERVING POWER.—In the increasing or diminishing this *re-action* of the Preserving Power, then, consists a principal part of the cure of fever.

Of the Crisis in Fever.

90. Original signification of the term κρισις;—its meaning as applied to change in disease.—Strictly denotes either fatal or happy event,—but generally used in latter sense.

91. Curious fact,—that living power, when nearly worn out by successive paroxysms or exacerbations of fever,—should often suddenly and spontaneously recruit,—remove all alarming symptoms,—and leave the patient with little more complaint than general weakness.—This change most striking in *continued* fever;—and sometimes so remarkable, as to seem the special effect of divine interposition:—bad consequences of such belief among nurses and patient's friends.

especially Sydenham Corporeal
mental powers often distinctly sepa-
-rate this discussed.

93 ye porters of Marseilles who pile under
ye bales of cotton which were impreg-
nated with ye plague.

92. To understand the nature of crisis,—necessary to recollect the view given (par. 89.) respecting nature of fever.—PRESERVING PRINCIPLE various in degree in different individuals,—periods of life, &c.—Constitution *strong* when PRESERVING POWER *vigorous*,—and *weak* when PRESERVING POWER *defective*.—Force of exciting causes also, viz. Miasmata, Contagion, &c. different on different occasions.—According to relative degree of preserving power on one hand, and force of febrific cause on the other,—the change termed *crisis* will be well marked,—indistinct,—or altogether absent.—Crisis most remarkable, when operation of the febrific agents goes *nearly* to subvert the PRESERVING POWER,—and where it acts directly on Nervous System, without occasioning such derangement of its *organization*, as to unfit it for resuming its functions when the morbid impression has ceased.

93. Morbid impression made by the causes of fever, not permanent,—but wears out after longer or shorter period.—Febrile state induced by cold (unless joined with local inflammation)—seldom of such duration and degree, as to display critical change.—Morbific intemperies of atmosphere constantly applied while it exists;—difficult, therefore, to ascertain the date of its first *effective* impression.—Effect of miasmata occasionally very speedy; instances mentioned by Lancisi, and by Sir J. Pringle.—Effect of contagion often still more quick.

94. When morbid impression not strong, no actual disease immediately follows.—Interval between effective application of Miasmata, and attack of Intermittent, now and then well marked (par. 31);—but between exposure to Contagion, and commencement of Typhus, often distinctly ascertained.—Agree in producing specific *dis-*

position to their respective kinds of fever, which remains for some time;—and either subsides spontaneously,—*gradually* acquires strength,—or is *suddenly* rendered active by concurrent operation of other remote causes.—This property common to all specific causes of febrile state,—as contagion of Small-Pox,—Measles,—Whooping-Cough, &c.—Utmost limits of interval belonging to these respectively, not ascertained.

95. Duration of actual disease from respective febrile agents, also limited.—Period of this known and uniform in some,—as Small-Pox and Measles;—and perhaps uniform also in Intermitting Fever and Whooping-Cough: but difficult to determine this, and why.—Of less consequence to ascertain it, if it exist, in Intermitting fever, as seldom shewing any marked crisis, and very liable to recur through habit.

96. Crisis most conspicuous, and of most practical consequence, in fevers originating from Contagion,—or in those which *assume* the typhoid type in their progress.—Hence the study of it especially important in those fevers.—Illustration of it by case of healthy person exposed to contagion:—often no sensible effect for a week or more.—Difficult to say how much longer morbid disposition will lie dormant;—perhaps never above *three weeks*.—May wear out or expire silently in certain cases;—is rendered active in others, by *Preserving Power* being weakened from operation of cold,—fear,—grief,—anxiety,—loss of blood, &c.—Duration of morbid impression difficult to determine;—but actual idiopathic fever seldom if ever longer than four weeks,—and often short of that.—Objection,—that patients die after 28th day from actual seizure,—answered:—death then not owing to original febrile state,—but to diseased condi-

a scene in a fortnight the authors
differ much on this subject.

6 That fever produced by cold & shortness
of duration

99 the doctrine of considerable curiosity

100 Some who are disposed to deny their occurrence as ancients & moderns Celsus Baglivi Pitcairne &c Those who are in favour of it as Van Swieten Hoffman Boerhaave De Haen Cullen &c.

tion induced in some important organ,—as inflammation, effusion, or suppuration in brain,—lungs,—liver,—intestines,—mesentery, &c.—Proof of this from *general* febrile disorder often subsiding some days before death in such cases.—Protraction of intermittents often owing to local disease,—especially in liver and spleen.

97. Local affections occurring during the progress of idiopathic fever, also render crisis obscure and imperfect.

98. Febrile derangement of functions proportioned to force of contagion on one hand, and to susceptibility of patient on the other.—May terminate at any period between a few days and three weeks, according to circumstances.—Crisis, or sudden change at termination, most marked when febrile derangement considerable;—when extended towards the utmost limit of morbid impression;—and when unopposed by any local affection.

99. Critical termination more frequent and complete at certain periods within this limit of duration, than at others.—Hence the doctrine of CRITICAL DAYS.

100. This doctrine first taught by Hippocrates,—generally admitted by his successors among the ancients,—and maintained by many moderns of great eminence.—Much difference, however, between the advocates for them, as to the particular days; and their existence altogether denied by many practitioners.

101. Periodical movements in the body clearly shewn by tertian and quartan periods in intermitting fever.—*Diurnal* movements obvious in continued fever;—but tendency to tertian and quartan movements also probable in it, from change of type in these fevers,—as well as from the nature of fever in general.—This tendency obscure in continued fevers of this country, and marked

only by greater exacerbation and remission at tertian and quartan periods;—but probably distinct in Greece,—owing to greater uniformity in climate,—and mode of life,—and to inert practice of Hippocrates.—The doctrine also alledged to be influenced by belief in the Pythagorean power of certain numbers.

102. Critical days of Hippocrates,—3^{d},—5th,—7th,—9th,—11th,—14th,—17th,—and 20th, from actual attack;—or, Crisis most frequent,—complete,—and favourable on these days;—and oftenest incomplete or unfavourable on the intermediate ones.—First fortnight *tertian* intervals;—afterwards *quartan*.

103. The exact day of attack in fevers from Contagion often uncertain:—hence difficult to determine the *odd* or periodical days, till disease somewhat advanced.—Their regular recurrence likewise altered in many cases, by the operation of remedies.—Critical periods, therefore, less distinct among us than among the ancients;—but their existence and operation in a certain degree still cognizable.

104. A septenary or hebdomadal period most remarkable in those continued fevers, which either arise from Contagion; or become typhoid in their course;—such fevers oftenest terminating at the end of *one*,—*two*,—or *three* weeks from attack; and critical change most conspicuous at these periods,—especially at the *second* and *third*;—whence vulgar phrase of—*fourteen*, and *twenty-one day fever*.

105. Correspondence with this, in the decided tendency of remitting and intermitting fevers of warm climates, to recur especially at lunar,—semi-lunar,—and quadranti-lunar periods:—and hence the ground of par-

105 Dr B's treatise on sellaunar influence on fevers. Mr Pearson in a paper in ye Medical & Surgical Journal
We cannot explain this planetary influence
It cannot be demonstrated in this country.
Neither can it be universal.

106 Dr G thinks ye practical benefit from this will not be found considerable he maintains a middle opinion.

107 ye evidence of Hippocrates on this subject in his first & third books on epidemics

ticular practice in such places.—Account of Dr. Balfour's theory;—evidence in its favour:—has carried his system too far.

106. Crisis in contagious fever most strongly marked, when septenary periodic movement concurs with spontaneous termination of original morbid impression.

107. Amendment in fever generally preceded or accompanied by some spontaneous discharge,—as hæmorrhage,—diarrhœa,—sweat,—lateritious deposit in the urine:—whence arose the idea of such discharge being the *cause* of the amendment, by carrying off the *materies morbi*.—Other discharges also mentioned as *critical*, e. g. vomiting,—copious flow of saliva,—abscess, &c.; but these comparatively rare.

108. Twofold view of such discharges by the advocates for Humoral Pathology, viz. as being,—1st, the ground of *prognosis* as to final event,—and, 2dly, as directing us to procure such discharges *artificially*, and thereby successfully imitate the salutary effort of Nature.

109. These discharges, however, even when spontaneous, often useless or hurtful.—Attempt to explain this by imperfect concoction of morbific matter;—but the doctrine shewn to be unfounded;—and even if true, its application to fevers in general neither satisfactory nor safe.

110. The discharges considered as *critical*, shewn to be oftener *effects* of the favourable change in system, than *causes* of it;—but, in certain cases, assist both to form *prognosis*, and *indications of cure*.

111. Remarks on the particular discharges:—1st hæmorrhage;—oftenest from the nose;—the quantity generally small;—the relief it sometimes gives, inexplicable

on the notion of morbific matter being evacuated by it; —in what stage and kind of fever useful and instructive; —in what hurtful and unpropitious.

112. Deposit in the urine occurs after each paroxysm of Intermittent (par. 23.), and also at the decline of Acute Rheumatism, &c.—not unfrequent in gouty persons during ordinary health;—and may be produced in any one by sudorific medicines.—Hence affords no particular indication of cure;—but occasionally precedes the other phenomena marking a solution of the fever.—Inquiry into the nature of febrile sediment in urine:—contains nothing peculiar to the febrile state.—Appearance of the urine in different forms of fever:—sometimes nearly natural;—often paler, and like whey, particularly in nervous fever or mild typhus.—High colour of it,—different in different kinds of fever;—causes of this:—sometimes of a deep brown, sooty, or dusky green.—Conclusions to be drawn from these appearances.

113. Increased discharge by perspiration or sweat, the natural and most common termination of febrile paroxysm. —Infectious quality of the matter perspired in contagious fevers, seems to favour the doctrine of morbific matter; —but such fevers not noticed by its founder; and the contagion shewn to be the product of morbid action in the perspiratory vessels.—Sweat often universal and profuse for many days without relief; and rather unfavourable.—Sudor Anglicus described by Dr. Caius. —Partial, cold, and clammy sweats in fever, never attended with relief, and generally very unpropitious. —What kind of sweat is favourable, either when spontaneous, or when procured by remedies.—Merit of Sydenham in exploding the alexipharmic and sweating treatment of fevers in general.

2 ye coloring substance of ye urine in the
state consists chiefly of an animal
ctractive matter besides this there is gen
ally a larger proportion of lithic acid
phosphate of lime.

13 Epidemic which raged during ye tim
of Henry 7th ye first time if ye patien
survived ye first twenty four hours hope
might be entertained of recovery

114 In a curative point of view this discharge of great importance

114. DIARRHŒA seldomer critical than perspiration; but sometimes precedes and causes the latter.—Is also more readily excited or restrained by remedies;—and hence important in a curative view.—Under what state it proves useful, indicated,—by the degree of vascular action,—by the colour, &c. of the stools, as being black and offensive,—yellow,—green, &c.—Kinds of fever in which certain states of the alvine discharge most commonly appear:—prodigious quantity of bile evacuated in certain fevers, and by particular constitutions;—importance of this discharge to recovery.

GENERAL PROGNOSIS IN FEVER.

115. Several points connected with this, already noticed (par. 110-114).—Prognosis to be drawn, on the one hand, from *excessive action*,—and, on the other, from *defect of the vis vitæ*.—The first is especially the case in inflammatory fevers,—the other in those of the typhous kind.

116. Simple excess of action not very dangerous, unless particularly violent in some important organ, as the Brain,—Lungs,—Intestines,—Liver, &c. being otherwise within the controul of remedies.

117. *Defect of the vis vitæ* more hazardous.—Ambiguity of the term *Vis Vitæ* from the vague definitions given of it.—Are to understand by it a Principle of Activity and of Preservation, most remarkable in the nervous and muscular substance, but diffused throughout both solids and fluids of the body, and apparently existing in these in different degrees in different persons, and under different circumstances.—The danger, then, to be estimated from its defect in these collectively.

118. Muscular weakness common to all fevers,—but

most sudden and considerable in those from Contagion: —cause of this.—Of itself not alarming.—Defect of Vis Vitæ as shewn in the state of the circulation and respiration, more dangerous,—and why.

119. Defect of energy in the Brain, as shewn by the weakness of the mental functions,—constituting different degrees of stupor and delirium,—often very considerable in cases which end favourably.—Active delirium *generally* accompanied with inflammatory condition of the brain:—great danger of this in contagious fevers.—Similar combination of *increased action* with *diminished power* in other vital organs, embarrassing, and difficult to treat successfully.

120. Irregular distribution of nervous influence,—shewn in convulsions,—spasms,—tremors,—subsultus tendinum,—hiccup, &c.

121. *Defect of Vis Vitæ* as shewn in the texture and appearance of the blood when drawn: varieties of these, with remarks upon them.—A *tendency* to the septic process often evident; but an actually *putrid* state of the *circulating mass,* incompatible with life.—Much misrepresentation and error on this subject found in medical writings.

122. Septic state most conspicuous in certain secretions,—especially of the mouth and fauces,—of the intestines, &c.; and the proper light in which such changes are to be considered.

123. Defect of *Vis Vitæ* both in solids and fluids shewn—1st, by effusions of blood under the skin forming *petechiæ,—vibices,—ecchymoses;*—remarks on these;—2d, by particular yellowness of skin in certain fevers;—important distinction between this and icteritious yellowness:—3d, by passive hemorrhage from the nose,—

mouth,—intestines,—urinary passages:—4th, by gangrene of parts inflamed by blisters, pressure, &c.—Gangrene of the feet sometimes takes place as the fever subsides.

124. Prognosis from change of voice and manner,—eager or difficult deglutition,—appearance of eyes, and of countenance in general;—posture;—passing of urine and fæces unconsciously;—temperature of extremities, &c.

125. Correct prognosis only to be formed from a comprehensive view of the living machine,—the relative importance of its several organs and functions,—the number of these, and the degree in which they are affected;—the species of fever, and the tendency of it *in general*, as well as of the *particular* epidemic;—together with the patient's age,—constitution,—previous habit of body,—and mode of life.

Diagnosis of Fevers.

126. Every idiopathic fever referrible to one or other of the three principal forms of *Intermittent*,—*Remittent*,—or *Continued Fever*.—The two first owing in part to one cause, viz. Miasmata:—hence often change into each other by the change of season, and other circumstances; and a consideration of these necessary to form an accurate Diagnosis.—*Continued Fever* of the simply inflammatory kind independent of local affection, not so common as might be expected.—Continued Fever, then, *generally* referrible either to Contagion, or to a peculiar state of atmosphere, which occasions a similar depression of the vital energy;—and therefore commonly assumes the typhoid character in its progress.

127. Accidental symptoms of local affection, to be

distinguished from the fundamental febrile disease, and not made a ground of multiplying names; which tends to confound disorders essentially the same, and to mislead in practice.

General Cure of Fever.

128. Though the treatment of fever varies greatly in different cases and stages of the disorder, yet certain principles of cure are applicable to fever in general; and a knowledge of these marks the scientific practitioner.

129. Why fever is occasionally cured by *different*, and even *opposite* modes of treatment;—and the consequent scepticism of many with respect to the utility of medicine, considered.—Every fever, however various its cause, shews a sort of common character, as originating from a *certain disturbed state* of the Nervous System.—Essential nature of this morbid state hitherto unknown, and perhaps will always remain so.—Hence the necessity of attentive observation, and cautious conclusion, to successful practice.

130. Living differs from dead body in its power of beginning motion, and producing various *changes;* both necessary to its existence and well-being.—These constitute the mechanism and chemistry of *life*.—Certain *degree* and *order* of these motions and changes, productive of HEALTH;—and any *excess*, *defect*, or *irregularity* of them, beyond a certain degree, causes DISEASE (par. 2).

131. Hence, the General Principles of Cure in fever consist, in counteracting the operation of the causes inducing it,—by, 1st, *diminishing* those motions and changes which are in *excess;*—2d, *increasing* those which are *defective;*—and above all,—3d, restoring the due *train* or *order of succession* in those which have had it disturbed.

133 John Hunter's farm

132. The 1st and 2d indications comprehend all that in general is necessary in fever arising from common causes,—as sudden alternation of temperature,—excess in exercise,—or in eating, drinking, &c.;—but in that produced by specific agents, as Miasmata and Contagion, are properly only palliative, and ward off urgent symptoms, so as to let the specific disease expend itself.—The 3d indication comprises the *essential* cure of fever;—there being no *antidote* to febrile commotion from specific causes.

133. The internal motions and changes of living body too little known to admit of precise definition; but may be expressed by the general term *Actions*.—A fundamental law of these,—that they *naturally* proceed in a certain *train* or *order*, unless disturbed by the operation of hurtful agents;—but that, when so disturbed, they assume *another*, and a *morbid* train or order, and continue this in a *degree*, and for a *period*, proportioned to the *force* of the hurtful cause, and the *permanence* of the impression made by it.—Illustration of this by comparison of fever as arising from *common*, or from *specific* causes.

134. Fevers from Contagion may often be extinguished at their commencement.—Why this not practicable in the advanced stages.

135. In the living body, same *ultimate* effect may arise from different or even opposite causes:—exemplified by the occasional success of *different* and even *opposite* remedies in fever.—But every plan of cure not therefore equally proper;—some one mode being especially suited to the individual *kind*, *degree*, and *stage* of the disease; and the judicious adaptation of it to these respectively, being most uniformly successful.

136. Causes of fever are very generally such as lessen action in the first instance; hence, the increased action which follows, is from the exertion of the Preserving Principle.—Importance of this in explaining the increased action with *adequate* or *inadequate power* of maintaining it;—and in adapting the plan of cure accordingly.

137. First General Indication (par. 131.) divisible into two heads, accordingly as the *power is considerable* or *deficient*:—full illustration of these two states, referred to the doctrine of Inflammation.—In every fever there is a state approximating towards one or other form of inflammation, and ready to assume its corresponding form by the concurrence of certain causes.—Tendency to the *active* form chiefly noticed by authors, and by them denominated the PHLOGISTIC DIATHESIS.

138. Particular condition of the nervous system occasioning this, at present unknown; but its *effects* most obvious in the Sanguiferous System, and our remedies to be chiefly directed to remove these.

139. State of circulation indicating Phlogistic Diathesis, marked by frequency,—strength,—and hardness of pulse, with increased temperature.—Remarks upon these.—Frequency less characteristic than the other states;—and to be depended upon only as accompanied by them.—Circumstances of the patient's constitution, &c. and of the remote causes, in which such diathesis especially prevails.—Hard pulse sometimes ambiguous, and why.—Increase of temperature, likewise, often greatest where no true phlogistic diathesis present.

140. Collateral symptoms marking phlogistic diathesis,

37 Is to diminish excessive action.

140 Truly inflammatory urine of various shades from a flame colour to a deep red . Urgent Thirst another symptom of inflammatory action

142 Its effect by no means proportioned to ye quantity drawn
Large blood lettings in Fever here far they are warranted according to ye practice of Dr Rush & Dr. Jackson

Cupping recommended as early as ye days of Hippocrates a very valuable remedy in ye congestion of any organ.

—High colour of the urine:—necessary distinction here.—White tongue:—discrimination of its kind and degrees.

141. ANTIPHLOGISTIC PLAN extensive:—consists of remedies and regimen.—Latter applicable also to other states of fever.

142. BLOODLETTING the most speedy and powerful remedy.—How rendered most effectual.—Circumstances regulating venæsection in idiopathic fever;—nature of prevailing epidemic;—nature of the remote causes;—season and climate:—degree of phlogistic diathesis present;—period of the fever;—age and natural habit of patient;—former diseases and habit of bloodletting;—appearance of the blood;—and the effects of the first venæsection.—LOCAL BLOODLETTING;—often superior to venæsection;—and admissible when the latter unsafe.—Modes of it,—and in what cases and parts each most suitable.

143. PURGING, another mode of lessening the phlogistic diathesis.—More limited in its effects, and why.—Seldom to be pushed far.—Purging likewise applicable to other states of fever.—Distinction between the *kinds* of evacuation procured by it, as adapted to these respectively.—Its utility as merely emptying the intestines—as carrying off a large portion of Serum,—or as discharging bile;—the circumstances under which one or the other is especially proper, denoted by—the fulness of the vessels,—the state of the countenance,—tongue,—urine,—perspiration,—breathing,—particular sensations. Remedies especially adapted to fulfil the indication under certain circumstances.

144. COLD.—Third mode of lessening excessive

action, consists in abstracting the stimulus of heat from the body.—The temperature of the body in fever very various; hence necessary to discriminate the circumstances requiring its diminution, and the extent of this.—Calorific function is both a means and an end in the animal economy:—its irregularity essentially connected with fever;—and its restoration an important part of the cure.

145. Balance between *evolution* and *abstraction* of heat in health.—Accumulation of it necessarily results from increase of former, or diminution of latter; and still more from both conjoined.—Hence its reduction twofold; but such division not distinct throughout.

146. Regulation of external temperature—how to be managed;—cautions necessary.—Sydenham's practice animadverted on.

147. Continued abstraction of heat in many instances unsafe, though temperature of body in excess:—reason of this, and explanation of Dr. Currie's remark on the fact.

148. Cooling effect of evaporation—long practically known in particular countries;—proved by Dr. Cullen's Experiments in 1755;—first noticed in living body by Dr. Franklin;—applied to explain certain phenomena observed in the Experiments made in heated rooms, by Sir. J. Banks, and Drs. Solander, Blagden, and Fordyce. —Though a principal agent, was not the sole one.

149. Sweat not proportioned to the force or velocity of the circulation.—Perspiratory vessels, like other secreting ones, liable to diminished function, from excessive action, in the adjoining red capillaries:—effect of former in keeping up the latter;—removal of latter

46 To avoid exposing ye patient to a stre
of air. + which was to take ye patie
out of bed for a certain time in ye day
to avoid its heating effects

148 Especially known in ye Eastern par
of ye world.

A Person could remain in a room hat
to 220 degrees for 18 minutes accord
to their experiments refer to transa
tions of ye Royal Society

Leslie's a beautiful little work on
Cold

150 Dr Currie's work very valuable on the subject.

He found it not to succeed in fever with affections of ye bowells

necessary in first instance :—why not to be done by the same means in different cases.—Means proper when both *Power* and *Action strong*;—those proper where *Action violent*, but *Power diminished*.—Febrile heat generally abated when sweating occurs, but this often the effect rather than cause.

150. AFFUSION OF COLD WATER :—history of it; —the practice ancient, but in general empirical and vague, till illustrated by Dr. Currie's experiments, and successful practice with.—The kind of fever to which it is especially applicable.—The time and manner of using it :—kind of water employed;—temperature proper in different cases.—When to be abstained from.—Period of the disease at which it succeeds best.—Particular form of fever in which it failed :—conjectures on the causes of this.

151. Obstacles to the use of cold affusion ;—from its novelty ;—from popular prejudice ;—from the heat not being considerable or universal.—Abstraction of heat by sponging the body with vinegar and water, occasionally employed with advantage.—Its effects compared with those of affusion ;—less sudden and powerful :—the frequency and extent of its application, likewise, necessarily committed to the attendants,—hence liable to mismanagement, and not always safe.

152. COLD DRINK.—Abstraction of heat from the stomach by *cold drink*.—Use of this necessarily very ancient, as founded on call of nature.—Recommended by Hippocrates, Galen, and Celsus.—Formerly employed by the Italian physicians, under the title of *Diæta Aquea*, to the exclusion of other remedies.—Its indiscriminate use hazardous, and why.—Circumstances indicating its propriety, or the contrary ;—patient's craving not always a sufficient warrant :—temperature of body,—

state of perspiration ;—signs of congestion or inflammation in thoracic or abdominal viscera.—Dr. Currie's opinion, as to *when alone dangerous*, appears to admit of some restriction.—Its use in some places among the lower classes, to excite diaphoresis in simple fever from cold :—its *modus operandi.*

153. NITRE :—potentially refrigerant effect of when swallowed :—its *modus operandi* obscure ;—not dependant on its absorbing heat during the solution ;—most probably from sedative influence on the stomach.—Its operation uncertain, and not always safe.—Circumstances indicating or counter-indicating its employment. —Mode of administration.

154. ACIDS—in general, when diluted, quench thirst and lessen febrile heat ;—perhaps do both by a common operation ;—but this not obvious.—Vinegar rather an exception, especially in certain constitutions.—Choice of acids :—native vegetable the most universally grateful. —Of the mineral acids, the Sulphuric the most frequently used ; probable causes of this :—the Nitrous and Muriatic deserving of comparative trial.—The *antiseptic* effect of acids to be considered under the second general indication.

155. OPIUM.—Abstract question of its being *stimulant* or *sedative,* improper here ;—its power of allaying excessive action under certain circumstances, incontestable. Doctrines which inculcate its uniform operation as a stimulus, therefore fallacious,—Distinction between *power* and *action* affords the only practical explanation of its effects in different cases :—application of this, and its importance shewn.—Particular circumstances limiting or modifying its use, even where indicated by the general condition of the system ; viz. state of the intestines,—of the brain ;—idiosyncrasy.—Means of lessening or removing

bring apt to produce much anxiety and
distress in some individuals particularly
in those of weak irritable constitution
It may be best given as common drink
when necessary

154 Vitriolic has been most commonly
employed Muriatic acid a very
useful remedy in Scarlatina

157 Tartarised Antimony if properly man
will produce every good effect of 7 other
forms. (a) as to its use in fevers

the two first.—Opposite practice of Dr. Brown and Dr. Fordyce; strictures on them.—Extent and frequency of the dose most proper in general.—External application.

156. PERSPIRATION or SWEAT, another mode of *lessening excessive action*;—accompanies the remission or crisis of almost every fever: hence the importance of inducing it as a means of cure; but the method of doing this different, and even opposite in different cases.—Is always most beneficial when *indirectly* procured, or when it is the *consequence* of a favourable change in the system.—Diaphoretic and sudorific medicines, however, often highly useful, especially as adjuvants.—Antimonials the most powerful of these;—all agree in exciting *nausea*;—erroneous conclusion of Dr. Cullen upon this point. Fallacy of his general doctrine already shewn (67-9); and mischievous effects of its application to low fevers, proved from the result of his own practice.—Under what circumstances antimonials may be freely employed;—great caution and nice management required in others.—Means by which their good effects may be often secured.

157. Of the choice of antimonials;—James's Powder; Pulv. Antim. Ph. Lond.—Tartarized Antimony:—uncertainty of the two first;—causes of this. No specific antifebrile virtue in any of them:—pernicious error of a contrary belief respecting James's Powder. (A)

158. Of the 2d general indication,—viz. *to increase those actions which are defective*.—Most agents applied to the living body, capable of increasing action in it; and hence the *universal* conclusion drawn by some, that *all* powers operate only by *stimulating*, and differ merely in *degree*.—Error of this already demonstrated (71).—In so

complicated a machine as the living body, *same or similar ultimate effects* often arise from agents differing widely in their primary operation :—proof of this in the opposite causes of febrile commotion.—Hence the *second* general indication sometimes fulfilled *in part* by means chiefly adapted to the *first*.

159. TONICS AND STIMULANTS.—Certain remedies, however, operate very uniformly by supporting or increasing action ;—and hence properly called *tonics* and *stimulants* :—these especially proper where *power*, or *action*, or both, deficient. Though *power* physically necessary to *action*, the converse also true in the living body,—or *action* necessary to the maintenance of *power*, —Power and action far from commensurate in disease ; —application of this to fever.

160. Distinction between *tonics* and *stimulants*, shewn by the febrile states in which they are respectively found most useful, e. g. intermittents, and low continued fever. —Importance of this, and pernicious error of Brunonian school demonstrated ; with recantation of some who were once its most strenuous advocates.—Cinchona seldom beneficial in *continued* fever of any kind :—symptoms absolutely forbidding its use,—as shewn in state of tongue, —of skin,—of intestines,—of urine.—Circumstances admitting its employment :—answers best in convalescent state, and why.

161. Simple Bitters not powerful in Intermittents, and of little use in Continued Fever.—Stimulants : —Serpentaria one of the best :—Contrayerva of little use.—Sulphuric Æther.—Ammonia.

162. CAMPHOR ;—its *modus operandi* obscure ;—even its taste combines opposite impressions ;—appears to act directly on the Nervous System, and hence per-

160 + Especially Dr Wilson

161 Stimulants being free from ye astringe
of Cinchona Serpentaria may be gi
in ye form of Infusion very much use
in this Hospital a very favorite remy
of Dr Saunders.

162 As to ye use of Camphor we are referred to Murray Camphor very generally given in delirium in ye low state of fever given to ye extent of 9 ℈. Every four or six hours

163 We are referred to his treatise translated by Dr Parry Jun.

164 Yeast may be administered in ye form of injection

165 Being ye theory of Dr Mitchell & other American practitioners.
Carbonate of Potass occasionally found useful as an effervescing draught very often found useful in fevers where there is an increased secretion of bile.

haps its use occasionally as a stimulant,—sedative,—or antispasmodic:—nevertheless has no considerable or specific febrifuge virtue; and chiefly useful as an adjuvant to Antimonials, Serpentaria, &c.—Its combination with vinegar highly praised by Huxham; but his commendation evidently more from theory than experience: improbable too from the smallness of the dose.—Would *native* vegetable acids improve it?

163. Acids in general *chemically antiseptic;* and by resisting or correcting septic tendency in fever, may prove *tonic.* But by some affirmed to possess specific febrifuge power;—the fact not yet verified by general observation; and Dr. Reich's *theory* respecting them, shewn to be highly improbable in itself.

164. Carbonic acid Gas, or Fixed Air, powerfully antiseptic *out* of the body, and highly useful where septic process takes place *within* it.—Different forms of administering it, and their respective advantages. —Perhaps Yeast useful only as containing carbonic acid;—the evidence respecting it contradictory;—inconveniencies attending its employment, and mode in which these may probably be avoided, without lessening its efficacy.

165. Alcalies in general, formerly much employed in fevers, to counteract their alledged cause, a predominant acidity. Their use, especially the Carbonate of Potass,—again revived in North America, and highly extolled as most powerfully antiseptic.—Occasionally serviceable, but greatly over-rated.—Circumstances under which they seem indicated.

166. Wine the most grateful of all remedies as a tonic and stimulant in certain states of low fever: reasons for this:—Pernicious error of considering it universally

such, and consequently indicated in proportion as living powers *appear* sunk, or their actions diminished.—Recapitulation of general principles respecting greater or less permanency of febrile impression—from the nature of its causes;—and from its degree or duration; and application of these with regard to wine.—Circumstances limiting or precluding its use, especially state of the brain.—Dose and management most efficacious.—Choice of wines;—Cyder,—Perry,—Malt liquors,—Punch.

167. WARM or TEPID BATH, a remedy well adapted to lessen morbid irritation in the low state of fever, equalize the circulation, and relieve the oppressed powers of the system.—Obstacles to its employment.—Warm *affusion* may often be usefully substituted.

168. FRICTION WITH OIL.—Strong testimonies in its favour, in preventing and curing the plague.—Its use in fever very ancient—its *modus operandi* inquired into.—Proposed in Yellow Fever, and Typhus.—Circumstances under which it is indicated, and mode of using it in conjunction with cold or tepid affusion.

169. Of the DIET generally proper under different kinds of fever.—Of strong cravings for particular and often unusual articles of food or drink.—Under what circumstances to be considered as indication of Nature, and freely indulged.—Remarkable examples of this.

170. THIRD GENERAL INDICATION, viz. *to restore the due train, or order of succession, in those functions which have had it disturbed.*—This *in part* fulfilled by the means adapted to the two first indications;—but often speedily and effectually accomplished, by exciting *another* commotion, which breaks the *morbid* train, and allows the *natural* one to be resumed.—No specific

166 Dr Messmans account of this.

arising it to increased action
Burns account of inflammation pointing
out ye mischievous effects of ye Brunonian
Theory. Dr C. says Wine should also
be given in a diluted state in ye form of
negus. When evacuations are fetid Cyder
& Perry will be useful. Malt liquors
may be given where there is a great desi
for them on ye part of ye patient

167 Warm Bath which may be gradually
heated + In its use we must be cautious
a safe easy & efficacious application

168 Pliny as far as we can collect
recommends it as an appendage to ye Bath
Dr Bancrofts unfavorable opinion of it.

169 At all periods solid nutriment will
be improper

171 Importance of ye Stomach pausen depending upon a condition of ye nerves of ye Stomach Diaphragm and ye abdominal muscles being principally concerned in ye act of vomiting In no diseases are emetics found more useful than in fevers in every view being indicated in ye commencement of fever often being cut short by their use Preparations of Antimony being generally given and are much superior to any Emetics Next to them is Ipecachuana more adaptive to ye delicate habits

172 Blisters dubious preferable to any other method of producing inflammation Externally as evacuants often found useful

remedy for this purpose:—occasionally effected by different and even opposite means;—and hence Medicine stigmatized by the ignorant and interested, as merely conjectural.—Injustice of the charge shewn, and its mischievous consequences pointed out (135).

171. Kinds and stages of fever in which this method of cure (170) is successful or safe.—Often injudiciously attempted by cordials and stimulating diaphoretics;—said to be accomplished in many cases by profuse blood-letting;—is *certainly* so in others by cold affusion;—but most effectually in general by *Emetics*.—Rationale of their operation; some more efficacious than others;—why so.—Occasionally fail altogether, or give only a temporary relief.—Means proper to aid their good effects, or to secure them when attained;—cathartics,—diaphoretics,—diluents,—pediluvium,—blisters.

172. Remarks upon these several *adjuvantia* in the cure of fever,—and the cases to which they are respectively adapted.—Blisters operate doubly, viz. as evacuants,—and as stimulants.—Circumstances to which one or other, or conjoined operation more especially suited;—period and place of application regulated accordingly.—Dr. Lind's testimony of their great usefulness in the commencement of fever, subject to some doubt.

173. SINAPISMS:—operation of them, in what different from blisters.—Their use more limited; but sometimes greatly superior.—When especially indicated.—Where best applied, and management of them.

174. Other remedies occasionally employed;—but these rather suited to particular fevers, and to be considered under them respectively.

☞ The symptoms occurring in individual cases of fever, so various in *degree* and *kind*, as to make their combinations at first appear innumerable; but certain limits to those combinations evident on farther observation; and fevers accordingly distinguished into *Genera* by their leading and characteristic marks; and into *Species* and *Varieties* by their secondary and accidental symptoms.—The *purer* forms of each, however, or the *genera* of fever, can alone be described and treated of in a course of lectures;—a discriminative knowledge of the *species* and *varieties*, being acquired only by personal attention to the influence of constitution,—habit of body,—climate,—season,—and other causes, as illustrated by Clinical Practice.

The necessity of accurately investigating the mode of attack, and the probable causes of every individual fever, and also of a watchful attention to its general type and progressive variations, inculcated, as the only means either of justly comprehending, or successfully treating, this multiform and important disease.

Of simple Inflammatory Fever.

175. The καῦσος, or *febris ardens* of the ancients? the Synocha of Cullen;—origin and meaning of these names.

176. Characteristic symptoms;—chilliness followed by violent and continued dry heat,—flushed countenance,—suffused redness of eyes and skin,—frequent, strong, and hard pulse;—acute pain of head and loins;—heaviness—and aching of the limbs;—white and dry tongue;—thirst;—costiveness, and high-coloured urine;—vigilance,

Sinapisms with a view of producing a
stimulant Effect very generally applie
to ye soles of ye feet

Sometimes nausea seldom vomiting

177 Attributed to ye difference in ye mode of living less quantity of animal food being taken and strong beverages
It generally takes place in persons of full living also in those of ye sanguineous temperament, hard labour

179 Antiphlogistic remedies ye lancet principally to be relied on Saline Cathartic Digitalis useful Nitre potential
Blisters seldom found to be useful
Cold affusion less effectual than in ye other forms of fever Combinations useful
Antimonial diaphoretics & Digitalis
aiding ye effects of each other Nitre may be given also as ye common drink at ye same time This fever much shorter in its duration than any other.

180 In ye beginning of an inflammatory type in its progress & towards its end of a typhoid type Dr Bateman says ye definition typhus mitior ought to be substituted for it
It takes place in debilitated constitutions and

or disturbed and delirious sleep;—occasionally tightness across the chest, intolerance of light, &c.

177. Why not so common as the other kinds of fever, and why perhaps less so now than in former ages,—shewn from the circumstances of constitution necessary to its existence. What description of persons especially liable to it.—Predisposing and exciting causes.

178. Sometimes terminates in inflammation of the brain, — lungs, — liver, — intestines, — or joints;—or changes its form, and approaches to that of typhus,—thereby constituting the *Synochus* of Cullen.

179. Remedies:—Bloodletting, general and topical, —Cathartics,—Antimonial diaphoretics. — Digitalis.—Nitre.—Blisters;—Cold affusion?—Remarks on these, and on certain combinations of medicine which display peculiar powers.—Emetics seldom required or useful in Synocha; and why.

Of the Sub-inflammatory Fever of cold Climates.

180. The *Synochus* of Cullen:—his definition of it.—Circumstances in which it differs from *Synocha*, illustrated by—the season of the year,—the constitutions and habits in which it chiefly takes place, and the symptoms that attend it:—especially by the speedy and great change from the *first* or sub-inflammatory stage, to that of *impaired power*, as marked by—the state of the tongue, — pulse, —excretions, —countenance,—eyes,—and brain.

181. Question—how far connected with Contagion, either as a *cause* or *consequence*;—and therefore, in what sense Dr. Cullen's definition to be admitted.

182. Variation of treatment from that proper in Sy-

nocha:—an opposite *extreme* too often pursued in the *Second* stage;—reason of this mistake, and its bad consequences shewn.—Why Venæsection *less*, but local bleeding and purging *more* necessary.—Certain purgatives especially useful: proofs of this; and marks whereby to regulate their frequency and strength.

183. Other means proper:—tepid or cold affusion,—Diaphoretics,—Pediluvium;—and occasionally Emetics,—Blisters,—Opiates,—as indicated by particular symptoms.

Of Intermitting and Remitting Fevers.

184. Definition;—Fevers consisting of repeated paroxysms, which seldom recur oftener than once in twenty-four hours, and have a complete intermission, or very considerable remission between them.

185. The symptoms attending the respective stages of an Intermittent, already described (par. 15).

186. Phytoseptic Miasmata (51) or the vapour arising from moist soils impregnated with a quantity of vegetable matter in a state of *septic* decomposition,—the *essential cause* of both Intermitting and Remitting Fevers;—hence such fevers *endemic* in marshy districts; and occasionally prevail *epidemically* during very wet seasons, even in high and usually dry places (52), so as to appear contagious.—Reasons for thinking *pure Intermittents* never contagious; but that *Remittents* sometimes are so.—Causes co-operating with Marsh or Phytoseptic Miasmata to give the *remitting* form:—hence shewn why Intermittents and Remittents often change into each other, and both into Continued Fever;—why reverse of this last change less frequent.

187. Intermittents in temperate and cold climates

very frequent in large manufacturing tow
It is a disease seldom produced by contag
but by ye common causes of fever
referred to ye accounts of ye Fever Institution
Students almost never become ye subjects of
fever from bedside practice or attendants
182 An active treatment in ye country will
adapted to cut short this form of fever
a very different one required in London p
ye difference of constitution Blood letting
London being obliged to be abandoned
Dr Battman's practice. Dr's plan pagin
particular attention to their organs where th
may appear to be congestion or determina
topical abstraction of blood by ye cupping
glass application of cold to ye head
Diaphoretics of ye antimonial class

186 Impressions made upon ye constitute
by marsh miasmata will often remain
latent for some time. It is also well
ascertained that ye miasmata will not
extend to any considerable distance
Remittents generally terminate in interm

countries where such fevers proceed with great rapidity to a fatal termination,—or to lay the foundation of other slower, though not less dangerous diseases:—But those denoting *the period of recurrence*, most important in general; as marking the time we have to employ with effect some of the most valuable remedies.

192. PROGNOSIS,—to be drawn from the age,—constitution—and habit of the patient;—the season of the year;—the type of the fever,—its degree,—its being sporadic, or epidemic;—and its being simple and regular,—or anomalous, and accompanied with other diseases.

193. Consideration of the question, how far it is right to put an early stop to mild intermitting fever.

194, THE TREATMENT of SIMPLE INTERMITTING FEVER consists in,—

FIRST,—*When the paroxysm is approaching*,—(and provided the strength and other circumstances will allow of it) administering near to the period of accession, certain remedies capable of exciting an opposite action or commotion in the system, so as to break through or suspend the morbid train about to take place, and thereby entirely supersede or greatly mitigate the expected attack; e. g. Emetics;—Opiates, either alone or combined with Calomel.—Various stimulating articles taken into the stomach, or applied externally.—Compression of the femoral arteries.—Circumstances under which one or other of these means is more especially proper;—or which give a preference to certain individual articles over others capable of fulfilling the general intention.—Remarks on the operation of various mental impressions in the cure of Ague;—and conclusions from thence as to the essential nature and primary seat of the disease.

193 Dr C. has no doubt with regard to ye
propriety of putting a stop to it
ye spleen generally found diseased in inter
mitting fevers ye liver not so highly
diseased generally ye spleen generally
appearing to suffer first & to suffer most

194 Emetics ye most safe & successful
generally composed of Antimony or Ipec
or their combined In delicate habits ye
sulphate of Zinc or in combination with
Ipecac. Opiates gt. xxx or gt. x
before ye cold paroxysm takes place frequent
combined with Ether
+ it seems only suited to those of fair
delicate habits & Exsanguineous Dr C. can
speak of it practically

Case of ague cured by surprise Terror will
operate in ye same way no doubt but a
very powerful remedy but must be con-
sidered a dangerous one Confidence
has prevented an attack of ague coming
on

195 Stimuli in some cases dangerous as likely to produce inflammation of some important organ of all others Ether have ye preference V.S. sometimes likely to be of advantage paying attention to constitution &c Opiates often cut short this ye cold stage & hastens ye sweat stage Dr Lind always relied on it It has not aggravated ye symptoms Purgatives ought to be given as to produce their effect at this time

196 Cinchona as a specific lies sacrificing in consequence of its free use with Wine as was instanced in ye Walcheren Expedition Few who died under ye antiphlogistic plan Cinchona ye most valuable remedy when given with judgement. its effects on ye system very permanent Bark we draw with Infusion of Cascarilla a neat way of giving it the quarter in die Arsenic never ought to be given when

ment, regulated by the predominance of the Continued or Intermitting type,—by the nature of the Cause which co-operates with the Miasmata to give an inflammatory —bilious,—or typhoid form;—and by the case being attended by some prominent and urgent symptom, or complicated with some other disorder (197).

Of the Endemic Fever of Tropical Climates.

199. Causes of this fever operating on the natives and long resident inhabitants of such climates, but still more upon new comers; viz.—miasmata,—heat,—fatigue, —occasional intemperance,—certain conditions and sudden changes of the atmosphere.—Assumes the *Continued*, —*Remittent*,—or *Intermittent type*, according to—the season of the year, the constitution of the patient,—and the combination of exciting causes.—Often changes with the season, and other circumstances, from one of these types to another.

200. Symptoms of the two first types, as constituting the *ordinary Bilious Continued*, and *Bilious Remitting Fever* of hot Climates.

First Stage,—heaviness,—anorexia,—general lassitude,—occasional transient chills, succeeded by hot flushes, and these by continued and often intense heat of skin,—quick and throbbing, or hard pulse;—headach;—glairy, white, or buffy tongue;—nausea,—pain, and often burning heat at stomach,—retching,—vomiting of slimy or bilious matter;—great restlessness,—deep sighing, —excessive anguish and sense of oppression, particularly referred to the præcordia;—flushed countenance;—

201.

202

suffused yellowish redness of eyes; high coloured bilious urine,—strangury;—partial sweats, of a peculiar faint smell;—great watchfulness;—delirium.

SECOND STAGE;—Pulse becomes weaker, and less frequent;—heat considerably diminished;—clammy perspirations;—tongue black and crusty;—retching almost incessant, often bringing up a coffee-coloured matter;—hiccup;—black and fœtid urine and stools;—death-like sensation of faintness at times: Occasionally, yellowness of the whole body—lethargic stupor or wild delirium;—tremors,—convulsions,—death.

201. *Anomalous Symptoms;*—general or partial numbness;—tetanic spasms;—suppression of urine;—syncope;—great coldness of particular parts, &c.

202. SYMPTOMS especially marking the *aggravated* form of the Tropical Endemic, and constituting the *Causus Icterodes,* or ARDENT YELLOW FEVER.

FIRST STAGE;—Sudden and violent attack of pain in the head, back, thighs and legs,—with giddiness,—great prostration of strength, and often a fit resembling the stupor of apoplexy or intoxication;—acute burning pain at stomach, and almost continual vomiting, at first of slimy, but afterwards of dark coloured, and sometimes bloody fluid;—eyes red and protruding; face and neck suffused and tumid;—countenance grim and terrific;—arid scorching heat of the skin;—tongue leaden-coloured and glairy, or morbidly clean and red—intense thirst;—extreme restlessness and anxiety;—hæmorrhage from the nose.

SECOND STAGE;—After a paroxysm marked by a number of these symptoms, and lasting from a few hours to two or three days, a deceitful appearance of remission takes place; the vomiting, headach, burning heat, and

delirium, greatly abate, or nearly disappear; the pulse loses its hardness, and falls even below the natural frequency: the patient eats, drinks, and declares himself well or nearly so. But the interval is often short; and either a repetition of the same violent symptoms takes place, with marks of *greatly diminished power*, or the patient sinks at once into a comatose state, only interrupted by hiccup, and vomiting of dark coloured fluid,—with black, and fetid stools,—yellow suffusion of the skin, varying in degree from a sallow hue to a deep orange tint,—interspersed with livid blotches, or ecchymoses, and accompanied with discharge of blood from various parts, especially the nose, mouth, and intestines;—the scene closing either in a convulsive struggle,—a state of torpid apathy,—or in a calm and collected resignation of life.

203. Such the general picture; but various anomalies observed in the mode of attack;—and in the number, violence, and duration of the symptoms; arising from—constitution and habit,—the nature and degree of the predisposing and exciting causes,—and the neglect or employment of preventionary measures,—or the mode of treatment adopted at the first onset of the disease.

204. CAUSES tending to produce this aggravated form of the Tropical Fever, and operating especially on newly arrived Europeans; viz.—irritable, tense fibre;—plethora;—rich blood;—sudden change of climate;—imprudent exposure to the sun's heat, or night air, and dews;—continuance of accustomed but unsuitable diet and habits;—anxiety of mind and fear of death,—or despondency and indifference to life.

205. Question—how far depending upon stationary endemic causes of soil and temperature,—or upon occa-

Symptoms of this disease sometimes preceded by a dusky appearance of ye countenance It is thus mentioned by Authors

203 Mean temperature of England 50.°

ye Disease generally violent according to ye exciting cause

205 It would appear that Yellow Spring
its ravages much in ye same way as
Epidemics in Europe. It originated from
ye Balam fever before mentioned
Good ground for believing that it was
spread by communication at Gibraltar

206 Inflammation upon ye surface of
ye stomach & small intestines is generally
Disease of ye liver is occasionally met
with Substance vomited from
ye stomach not generally bilious Black
vomit believed by some writers to be produc
by a rupture of ye small vessels of ye stom
Effusion has appeared in some instances
to have taken place in ye ventricles ye Bl
does not appear generally to suffer

this owing to spasm of ye gall ducts Dr. Bancroft was of this opinion but that ye partial patches were not connected with this cause

In warm climates ye organ that becomes generally most deranged is ye liver ye most successful mode of treatment is by paying particular attention to this organ

208 Treatment In persons of strong plethoric habit ye disease generally terminates fatally Dr Rush's practice exposes ye impropriety of relying solely upon one practice

Blood letting in strong plethoric habits essentially necessary Bowells to be relieved by cathartics in which Calom forms a part with ye cathartic Extract

Jalap or Scammony Calomel may be given in much larger doses than in ye Cold Climates Cold Affusion a very powerful adjuvant Oily friction but seldom had recourse to Emetics ~~[illegible]~~ in ye aggravated form they are hazardous & dangerous Every means to be used to get ye bowells into an open & soluble state

216 Second stage Blisters here more useful over organs that have been previously in a state of congestion Mercury will not be found to affect ye system till other remedies have reduced ye inflammatory symptoms.

Antimonials have been generally abandoned from their nauseating effect.

Calumba ye most favorite bitter.

Cuspania where there is any disposition to Diarrhoea.

Ammonia a very useful stimulant diaphoretic.

Acid fruits both grateful & useful.

sional and peculiar influence of atmosphere;—and whether ever contagious: with the variance among writers concerning these points. Proofs of its being occasionally *joined* with contagion, and assuming a new character in consequence, viz. the *Typhus icterodes*, or MALIGNANT YELLOW FEVER.

206. Description of appearances on dissection, and the remarkable discordancy of different writers.—Opposite opinions also respecting the yellowness;—and an attempt to solve the difficulty, and establish some general and consistent views of the disease.

207. PROGNOSIS—extremely uncertain; but, in general, proportioned to the *violence of action* on the one hand,—and the *defect of power* on the other.

208. TREATMENT of the ARDENT or MALIGNANT YELLOW FEVER, hitherto very dissimilar, and extremely unsuccessful:—Causes of this.—Remarks on the different means recommended, and an endeavour to shew, how far they are respectively adapted to the general nature, the present stage,—and the particular predominant symptoms of the complaint.

209. FIRST STAGE:—Bloodletting, general and local:—Cathartics; what kinds best.—Cold affusion —Oily friction.—Emetics?

210. SECOND STAGE:—Tepid bath or affusion, either alone, or alternated with cold affusion.—Spiritous fomentation.— Blisters— Mercury. — Opiates. — Antimonials?—Cinchona?—Quassia and other Simple Bitters: —Cusparia:— Cascarilla:— Serpentaria:— Æther — Ammonia:—Vinous and Malt Liquors.—Essence of Spruce?— Spruce Beer.—Coffee.—Acid Fruits.—Cold Water, &c.

Of the Nervous Fever.

211. The *Febricula* of Manningham,—the *Slow Nervous Fever* of Huxham,—the *Typhus mitior* of Cullen. —Reasons for preferring the name adopted above, as designating a description of fever requiring a particular treatment.

212. Symptoms;—general languor and lassitude;—loss of appetite, and depraved taste;—dulness and confusion of thought;—sadness of mind, and dejection of countenance;—respiration short, with frequent sighing;—general chilliness, with occasional transient and partial flushings,—and disturbed or unrefreshing sleep:—these often continuing for several days without confinement, and with but little notice, till followed by—aching in the back and limbs,—dull pain in the head, especially the occiput;—giddiness, and tinnitus aurium;—nausea, and vomiting of insipid fluid;—frequent, weak, and often intermitting pulse, with sense of anxiety and oppression about the *præcordia*, and excessive faintness, especially in the erect posture.—There is still little thirst or heat of skin;—the tongue is tremulous, moist, and covered with a whitish mucus;—the urine watery or whey-coloured;—and the bowels rather costive:—but as the disease advances, the heat increases,—the tongue becomes dry, and brown, or morbidly red,—the urine scanty and high-coloured,—and either considerable sweating or diarrhœa comes on, with deafness, drowsiness, and delirious sleep—or *coma*, *subsultus tendinum*,—cold extremities—clammy sweats, and involuntary discharge of urine and stools take place, followed by slight convulsions and death.

213. Prognosis.—A salutary crisis is often preceded by slight ptyalism, or moderate diarrhœa; but

Refer to his work

2 They may continue for a few days or for
a fortnight

217 Emetic when ye disease is taken early perhaps sufficient to break thro ye morbid train of symptoms of Ipecacuanha and a small quantity of Tart. Emet.

Mild purgatives Blisters to be had recourse to in ye early part of ye disease Topical blood letting where there is determination to ye head or any other organ

Musk towards ye latter period of ye complaint our best & most powerful remedy

Camphor about five grains every four or six hours when given

Castor weaker in its powers than ye two former therefore not to be trusted to

Wine given in moderate quantities to suppose ye strength of ye individual

Ammonia a very useful stimulant diaphoretic

This disease will frequently run thro a very long course

Purgatives a small quantity of Rhubarb with Magnesia Calomel given as an alteration seldom produces any good Effect.

218 (a) 1/2 symptoms taking a bad character

especially by a gentle, warm, and equable perspiration.—Deafness without insensibility is favourable, as are scabby eruptions about the mouth, or boils in other parts:—while profuse evacuations,—partial clammy sweats,—cold extremities, subsultus,—and insensibility,—with tremulous pulse,—portend great danger.

214. The CAUSES *predisposing* to this form of fever are,—a thin, pale, and weak habit of body,—great sensibility of mind,—much study and watching,—vegetable or poor diet,—grief,—anxiety,—profuse evacuations,—excessive venery.

215. The EXCITING CAUSES are,—Cold, especially with moisture; Occasional Debauch,—Contagion.

216. General character of the disease deduced from these several circumstances.

217. TREATMENT as founded on this character:—Early brisk Emetic:—Gentle laxatives;—Blisters—Diffusive diaphoretics—Pediluvium,—Camphor,—Musk,—Castor?—Opiates;—Wine;—Serpentaria,—Ammonia.—Serum vinosum vel Sinapeos;—&c. Aether Aromatic Confection

OF TYPHUS FEVER.

218. The *Malignant contagious*,—*Petechial*,—*putrid*,—*Jail*,—*Hospital*, and *Ship Fever* of Authors:—Whence these names;—Derivation of the word TYPHUS,—and reasons for adopting it. (4)

219. SYMPTOMS,—in the beginning occasionally like those of Nervous Fever (212); but the attack in general more sudden and violent, and the progress more rapid and alarming:—usually considerable chilliness,—gradually ending in acrid, and often burning dry heat with little remission;—great prostration of strength, general

anguish of body and depression of spirits;—short and anxious breathing;—nausea, and vomiting, sometimes bilious;—pulse quick, small, and occasionally hard;—distressing headach,—noise in the ears,—and throbbing at the temples;—eyes sunk, dull, and listless, with dusky, sallow, dejected countenance;—or ferrety, red, and rolling, with flushed countenance, and restlessness or fierce delirium;—tongue generally foul, often brown or black, with parched blackness of the lips, and fetid sordes about the teeth:—sometimes considerable thirst, sometimes none.—Urine scanty;—at first little changed, but progressively becoming high-coloured, sometimes greenish, or sooty, and generally of a strong peculiar smell.—Stools dark coloured and offensive, and in the advanced stage often profuse and involuntary:—Occasionally hæmorrhage from the nose, intestines, &c. but oftener extravasations of blood from the cutaneous vessels, producing red, purple, or livid spots, weals, or marks like bruises, on the neck, breast, arms, and other parts; and by their colour and extent shewing the malignity and danger of the disease.

220. Great variety in the symptoms, in number, degree, and kind; arising from—constitution,—habit of body,—climate and season,—prevailing epidemic influence,—and the force and concurrence of the several predisposing and exciting causes.—Account of the chief varieties, as shown in the principal organs and functions affected,—and leading to important steps in the treatment.

221. PREDISPOSING CAUSES—not only those enumerated in par. 214, but many others,—some of them opposite in their nature;—plethora (32),—long continued heat;—excess in animal food and strong liquors;—foul air;—epidemic influence.

+ with generally throbbing of ye carotid arteries

220 This disease will attack persons of every constitution & at almost every period of life

Ye Brain & ye viscera of ye abdomen most commonly affected especially ye Liver Sometimes we find inflammation of ye peritoneum or of ye bowells Ye brain very often affected thro ye primae viae.

22 / Person more susceptible than others

222 D. Bancroft says typhus ought to be restricted to that form of fever arising from human contagion

Typhus fever in its very aggravated form is a disease now very seldom met with

23 Prognosis in this disease doubtful as well as in ye former Deafness mention as a favorable symptom Ye patient slipping down in bed with his knees drawn up is a symptom denoting great danger

In ye first stage of ye disease.

225 Blood letting and cold affusion

Blood letting to be very cautiously employed Topical blood letting may be had recourse to with much greater effect

Emetics in ye beginning of this disease generally a useful remedy

222. The grand EXCITING CAUSE—accumulated human effluvia, or the morbific vapour arising from the bodies of persons confined in close apartments, especially if already labouring under the same complaint, or even under Remitting Fever.

223. PROGNOSIS:—A gentle, universal, warm perspiration, with diminished frequency and increased fulness of pulse,—cleaner tongue,—scabby eruptions about the mouth,—and moderately loose stools, are favourable changes:—while partial clammy sweats,—weaker, and irregular, or tremulous pulse,—dry, black, and chopped lips and tongue,—tension of the abdomen,—involuntary urine and stools,—coma, or constant delirium,—plucking the bed-clothes,—laboured respiration, and difficulty of swallowing,—precede a fatal event.

224. General character of the disease,—as deduced from its prominent symptoms, and its chief exciting cause,—contrasted with that of Nervous Fever, and applied to the plan of cure.

225. THE TREATMENT—consists, in part, of all the three indications already considered under the *General Cure of Fever*; but especially—in the *First Stage*—diminishing excessive *action* without lessening *power*;—and (where the strength will permit) trying to supersede the *febrile* by exciting *another* commotion:—in the *Second stage*,—by increasing or restoring those functions and actions which are impaired or suspended,—so as to maintain the power of the system until the *specific febrile impression* has ceased;—and, as a principle means of effecting this, correcting the *septic tendency* that displays itself in the secreted fluids and circulating mass:—Throughout the whole progress of the case, paying at-

tention to every urgent symptom, whether proper to the disease, or accidentally conjoined with it.

226. Remarks upon the several remedies more especially calculated to answer these intentions,—and the *stages* or *circumstances* of the disease, to which they are respectively adapted;—Early Emetic—particular laxatives;—Cold Affusion;—Leeches;—Blisters;—Diaphoretics;—Pediluvium, and tepid Bath or Affusion;—Wine;—Serpentaria,—Cinchona;—Acids;—Carbonic Acid Gas,—Fermenting liquors,—Yeast;—Opiates;—Camphor;—Phosphorus? &c.

OF INFLAMMATION IN GENERAL.

227. Though the rise, progress, and result of Inflammation are more obvious than those of any other diseased state, yet its nature in general, and its treatment in particular circumstances, by no means agreed upon.—The subject highly important.

228. Essential symptoms;—pain;—increased redness and heat,—with swelling or tension of the part:—these varying greatly, both in positive degree and in relative proportion.

229. Example of the progressive steps (228) shewn in Ophthalmia from external irritation.—Preternatural accumulation and distension evident.—Proofs of these taking place more especially in the *ultimate arteries* and *veins*,—from the number and course of the vessels,—from injecting the part.—Conclusion from hence as to the real seat of inflammation.

230. Similar phenomena (228,9) occur *spontaneously* also.—Various theories adopted at different times

226 Those containing a small quantity of Hydrarg. Sulphur Saline ones do not seem indicated Calomel with Rhubarb will do ye best In strong & full habits perm a more active purgative will be required

Blisters acting as Evacuants & stimulants are sometimes useful in Con delirium

Dr. prefers a sinapism

Carbonic Acid Gas very useful may be given in ye early stages in ye Effervescing draught Yeast may be found useful when given in moderate doses

Infus Rosæ. aiding other medicines as combining it with a small quantity of Opium will be found very valuable

Wine given in moderate quantities depending upon ye individual time of life habits &c

Opiates must be used cautiously in this dis
they may be given very often with Calomel

Camphor in low & irritative delirium

Phosphorus a very useful & powerful
stimulant its powers in this disease doubt
when all other remedies have failed it
might be employed

to explain them:—unnecessary to discuss all these.—Boerhaave's (as it is usually called) first deserving notice; and its application to solve the phenomena, shewn to be inadequate.

231. General preliminary sketch of the Sanguiferous System:—Arteries chiefly composed of *elastic* and of *muscular* coats, which, though in a certain degree *antagonists*, yet co-operate in carrying on the circulation.—Relative proportion of these two coats alters as arteries diminish in size.

232. Universal property of living muscular fibre, to contract upon the application of various agents, collectively denominated *stimuli*.—Question,—whether susceptibility of muscular fibre to receive impressions from *stimuli*, be *inherent* or *derived*,—not necessary to the present subject;—but all susceptibility evidently dependant on nervous influence, and the latter opinion most probable.

233. Muscular fibres of arteries, in common with all others, are excited to contract by every agent, whether *mechanical*, *chemical*, or *specific*, that can be applied to them:—but THE BLOOD their *peculiar* and *proper* stimulus,—and its action threefold.

234. Generation or evolution of animal heat, the most splendid physiological discovery of the present age.—The conclusion of its being a *vital* as well as *chemical* process (77-81) shewn to be additionally confirmed in inflammation.

235. In healthy state, stimulus of blood and susceptibility of arteries exactly balanced.—*First* effect of over-stimulus on muscular fibre—*excessive contraction*;—*second* effect—proportional *fatigue*, and *relaxation*—

Application of this to the case of inflammation excited by *external* stimulus (229).

236. Every inflammation a state of *capillary congestion,* greatest at central point, and gradually lessening as we recede from this.—Inflammation always begins in capillary vessels and smaller branches;—this accounted for from their structure.

237. More modern doctrines of inflammation examined.—Theory of Dr. Cullen; supposes the proximate cause of spontaneous inflammation to arise, from *an unusual quantity of blood being* THROWN *upon the smaller vessels, exciting increased action in them, which is supported by Spasm on their extremities.**—Spasmodic constriction of arteries shewn to take place in certain states of inflammatory disease affecting the sanguiferous system at large:—this, however, not on the *extreme* arteries, but on the larger vessels and their branches;—and not of uniform occurrence even on them.—Still less evidence of spasm on extreme arteries or veins when inflammation altogether local.—Conclusion against the doctrine in question.

238. Dr. Fowler's theory of inflammation—as consisting in *increased action alone,*†—more simple than Dr. Cullen's; and sufficiently explains both the phenomena and treatment of *tonic* inflammation,—but not applicable to the opposite kind.—Does not require a separate consideration;—as the establishing *two forms* or *kinds* of inflammation, necessarily supersedes this as a *general* doctrine.

* *First Lines of the Practice of Physic,* § CCXLV.

† *Tentamen Inaug. quædam de Inflammatione complectens.* Auctore RICARDO FOWLER. *Edin.* 1793.

238 Merely explaining that of ye other kind

+ Taking place in Erysipelatous inflamm

239. Latest history—making Inflammation consist entirely in a *weakened and over-distended state of the capillary arteries*,—referred to Dr. Lubbock and Mr. Allen as its authors;—but published by Vacca in 1765, and subsequently maintained by Winterl and Callisen.—Examination of it as delivered by Dr. Wilson.*

240. Takes for his example a state of *advanced* inflammation, in which the capillary arteries already *considerably dilated*, and of course *muscularly weakened*. —But *debility*, and *increased action* not incompatible:—familiar illustration of this.†Action, however, not progressively increasing whilst inflammation continues;—often arrives at greatest height very soon, and afterwards declines more or less rapidly according to circumstances;—but no period of inflammation wherein *action* not present.

241. Dr. Wilson's trials on frog's foot with Alcohol, shewn to be inconclusive, from the torpid nature of the animal:—This virtually admitted by Dr. Wilson himself in the instance of the frog's heart.—The result of his experiment on the mesentery of a rabbit, equally inapplicable, from the degree of mechanical violence used.—His objections to Dr. Fowler's experiment on a rabbit's ear, examined, and proved to be futile.

242. Experiments made to determine this question.—Shew *first* effect of strong stimulus to be increased velocity of circulation;—*second* effect, great distension of vessels, and comparatively slow motion of blood in them;—but still rapid in the adjoining, and as yet undistended capillaries:—the same acknowledged by Dr. Wilson.—

* *A Treatise on Febrile Diseases, by* Alex. Philips Wilson, M. D. Vol. iii.

Application of this to the case of progressively extending inflammation.—Proofs of the blood not being stagnant during inflammation, in warm blooded animals.

243. Falsity of the theory in question (239-41) finally demonstrated, by shewing the mischief to which it would lead in practice.

244. General conclusion respecting the above doctrines.

245. Theory of Dr. James Curry.—The circulation through the capillary Arteries and Veins;—although *intimately connected with* their muscular *substance* does not *absolutely depend upon* muscular *motion,* but is more immediately and chiefly maintained by another cause.—He explains the phenomena of Inflammation; upon—A CHANGE IN THE RELATIVE NEURILECTRIC OR GALVANIC STATE OF THE EXTREME VESSELS, AND THE PARTICLES OF BLOOD.

REMOTE CAUSES OF INFLAMMATION.

246. These various, and even opposite; but all either *directly* or *indirectly* produce *increased action*;—all therefore either *directly* or *indirectly stimulant* (232).—Abstract nature of *stimulus* obscure; but its operation shewn to be *primarily* and *essentially* upon the nerves, and, *cæteris paribus,* proportioned to their number and sensibility in any part.

247. Universal effect of *direct* stimulus within certain limits—to increase the *susceptibility* or *feeling* of the stimulated part;—and this increase proportioned to the original sensibility, and the degree of stimulus applied:—whence during it, even the natural and customary

245 Mr Chas. Bell derived his opinion from Dr Burney in ye work he has written on ye forces which circulate ye blood.

246 As ye operation of heat & cold

250 Stuhl D'Cullen McHunter were of this opinion.

stimulus of the blood becomes morbidly great.—Prodigious increase of sensibility under inflammation, shewn in certain membranes:—and Haller's conclusion respecting the seat of pain in such cases refuted.

248. Where *direct* stimulus applied in excess, the remote or exciting cause of inflammation obvious. But inflammation, both topical and general, often follows the application of *Cold,* and often arises *spontaneously*:—how then account for these?

249. Apparent dilemma here; but the fact perfectly reconcileable with true Physiology and Pathology;—and both *Inflammation* and *Gangrene* from Cold, satisfactorily explained.—Illustration in the case of a naval officer.*

250. Spontaneous inflammation alledged by some to arise from *irregular distribution of blood* (237); this cause, however, both gratuitous and inadequate.—Inflammation of considerable organs during fever, generally attributed to particular *weakness* of them;—but *weakness* shewn to be a term of vague meaning, as accompanying states of the body very differently disposed with respect to inflammation.

251. Another explanation offered, and *primary cause* traced to change in Nervous Influence.—Application of this shewn to be universal.—Determination to particular parts or organs, however, no doubt *aided* by constitution,—prevailing epidemic influence,—peculiar Contagion;—and perhaps by other circumstances not easily accounted for.

* *See Observations on Apparent Death, &c.* By JAMES CURRY, M. D. F. A. S., &c. 8vo.

Division of Inflammation into two principal Kinds, viz. the Tonic and Atonic.

252. Preliminary observations on *Power* and *Action* in the living body (137).

253. Application of this distinction (252) in the example of Ophthalmia; where both kinds frequently take place during the progress of the same attack, only varying in their relative degree.—*Atonic* inflammation the result of repeated attacks of the more *tonic* kind; but inflammation often *atonic* from the first:—striking instance of the latter suddenly occurring in India and in Egypt; and occasionally observed in this country.

254. The difference of inflammation, as to *kind*, farther proved from the mode of cure found most appropriate to each.—Subdivision of *atonic* inflammation as attended with *excess*, or *defect* of sensibility.—General conclusion.

Explanation of the Symptoms of Inflammation.

255. Pain;—cause of it;—very different in *kind* as well as in degree in different cases.—Redness;—why *always* present.—Tension and Swelling;—under what circumstances each of these more especially occurs.—Heat;—its actual increase shewn to be little beyond natural temperature of internal parts;—sensation of it fallacious.

256. Difference in the proportion of these symptoms respectively, in the two *kinds* of inflammation.

Of the Species of Inflammation.

257. Inflammation divided by Dr. Smyth, into *five*

Boerhaave considered it owing to distension of
y vessels this however is not y case
We find pain often increased at each
pulsation of y heart called y throbbing pain
pain also very different according to y
part in which it takes place pain also in
gout differs from that occurring in comm
inflammation

Redness owing to ye smaller vessells become enlarged in their diameter

Swelling owing in a great measure to effusion

Heat in ye part is generally in proportion to ye activity of ye inflammation

The first was very early pointed out by
Galen & Erysipelatous
In diaphanous membranes & inflammation
generally of ye more acute kind

All these inflammations frequently termina
in ye same manner as ye phlegmonous

After Rheumatism suppuration by no mean
an uncommon occurrence but not so frequen
as in Erysipelas

In mucous membranes pus a very common
termination

Dr Smyth's distinctions not practically useful he only
mentions their most common termination

260 This is one which is impractic our principal object

261 In some instances a natural & salutary process in other instances a preternatural & dangerous fatal one

species, as occurring in parts differing in structure, viz. in the SKIN—Erysipelatous;—in CELLULAR MEMBRANE—Phlegmonous;—in DIAPHANOUS MEMBRANES;—in MUCOUS MEMBRANES;—in MUSCULAR FIBRES—Rheumatic.*—But all these parts shewn to be liable to simple phlegmonous, or suppurative inflammation; and the above distinctions to be neither correct, nor practically useful.

258. *Structure* of parts rather occasions particular *termination*, than specific difference in *nature* or *kind* of inflammation.—The *Species* chiefly owing to the nature of the *exciting cause*,—as *Variolous*,—*Syphilitic*, &c.;—or to some peculiarity of constitution or habit,—as *Gouty*,—*Scrophulous*,—*Cancerous*,—*Erysipelatous*, &c.

OF THE TERMINATIONS OF INFLAMMATION.

259. The terminations of inflammation reducible to *five* heads, viz. *Resolution*,—*Adhesion*,—*Effusion*,—*Suppuration*, and *Gangrene*,—*Scirrhus* also reckoned by some among the number; but although sometimes a *termination* of inflammation in glandular parts, yet oftener *precedes* and *causes* it.

260. RESOLUTION.—Origin of the term among the chemical and mechanical physicians;—its meaning as now used.

261. ADHESION;—in what circumstances it chiefly occurs;—Mr. Burns's criticism respecting it,—refuted.

262. EFFUSION;—almost peculiar to cavities lined with smooth diaphanous membranes;—variety of the matter effused in different situations and circumstances.

* *Medical Communications*, vol. ii. Art. xix.

263. SUPPURATION;—occurs in every vascular part except the tendons.—Phenomena accompanying it;—alteration in degree and kind of pain;—diminution of heat;—change of colour in the skin, when near the surface:—rigors,—these perhaps rather a collateral symptom, than direct consequences of suppurative change;—circumstances under which they especially happen.

264. Enumeration of the principal opinions respecting Pus, with strictures on them:—1. BOERHAAVE'S—that it was made up of the various fluids effused into wounds, mixed with a portion of the solids dissolved and slightly putrid, and united into an uniform, white, thick, glutinous, and oily fluid.*—2. GRASHUIS'—that it consisted of various heterogeneous particles both solids and fluids, *but chiefly of the fat*, mixed together, and undergoing an incipient putrefaction under stagnation and heat.†—3. SIR JOHN PRINGLE'S—that it is formed by a fermentative process from the serum effused into ulcers, while the thinner parts are dissipated by the heat.‡—4. DE HAEN'S—that it is generated in the blood, from a peculiar matter formed there, not only under certain general states of disease that are *not inflammatory*, but in some persons even from a *natural diathesis*.§—5. DR. MORGAN'S—that it is a new secretion, produced by a peculiar action of the vessels:‖—this opinion commonly attributed to Mr. John Hunter as the original author.—6. MR. BURNS'S—that Pus is formed by an operation

* BOERHAAVII, *Aph.* 206. 387. 832.

† GRASHUIS, *De Generatione Puris*, cap. 1. p. 18 *et* 22.

‡ PRINGLE'S *Obs. on Dis. of the Army*, *App.* p. lxxxi. ii. 6th edit.

§ DE HAEN, *Ratio Medendi*, vol. i. cap. xi. *De Puris Generatione.*

‖ *Tentam. Inaug. De Puris Confectione, Auctore* JOHANNE MORGAN. Edin. 1763.

3 By which ye matter of sores & pus is formed.

b Alteration in ye weather will produce a change in ye inflammation and in ye matter poured out as was particularly instanced in a hospital in ye West part of this Island

Pus may be formed in five hours by secreting parts in twenty hours by ye skin in forty hours by muscular fibre

of the living principle, from the *interstitial fluid*, and the *nutritive particles*.*

265. Sir E. Home's arguments for Pus being a secretion†—examined;—and his position disproved from his own experiments.

266. Pus is not a secretion, but acquires its characteristic properties by a spontaneous change taking place, under the influence of heat, in a mixture of Serum, and of Lymph, or rather Albumen, in certain proportions, after quitting the vessels.—Variety of appearance which the effused fluid assumes, explained from the different proportion of its ingredients, and the circumstances under which it is poured out:—whey-like,—flakey,—curdly,—clotted or cohesive,—puriform,—purulent.

267. GANGRENE and SPHACELUS—defined,—and their relation to each other shewn:—may be either *direct* or *indirect*;—distinction between these exemplified in senile mortification,—in gangrene during and after Typhus fever,—after Erysipelas,—after contusions,—lacerated wounds,—or violent Inflammation.—In what parts each kind respectively most frequent.—Signs of its taking place, accordingly as it is external or internal.

268. SCIRRHUS;—peculiar to glandular parts?—oftener precedes than follows inflammation;—and when the latter, something peculiar in the *species* of inflammation, oftener connected with constitutional disposition (258).

GENERAL CURE OF INFLAMMATION.

269. This resolves itself into a single or a double

* *Dissertation on Inflammation, by* JOHN BURNS, *Surgeon*, vol. i. p. 404-5.

† *A Dissertation on the Properties of Pus, by* EVERARD HOME, F. R. S. 4to. Lond. 1788.

indication, according to the *kind* (252-4) of inflammation present.

270. Circumstances whereby to determine the general character or *kind* of the inflammation, collected from—the patient's age,—constitution,—and habit of body;—the origin,—progress,—and present state of the disease;—and the effects of the remedies (if any) already employed.

271. The CURE OF TONIC INFLAMMATION, or *Excessive vascular Action with considerable Power*,—will consist in—employing such means as *directly* tend to lessen the excessive action;—which is done by—A. removing, as far as it is practicable, those external causes, whether *mechanical*, *chemical*, or *specific*, that have been applied, and still continue to act;—B. lessening, to a certain degree, the stimulus arising from those agents that are natural, viz. the Blood, and Animal Heat,—by Bloodletting,—by Cold applications;—C. diminishing the morbid sensibility and irritability by sedative remedies; e. g. Preparations of lead,—Digitalis?—Opium? &c.—Remarks upon the extent to which several of these means (B and C) are to be carried,—with directions for their proper use.

272. In the CURE of ATONIC INFLAMMATION,—or *Increased Action with inadequate Power*,—beside employing the means specified above (270) and occasionally others which have a peculiar sedative operation adapted to particular *species* of the disease,—the *power* of the vessels must be *supported* or *increased*, by the local or general use of astringent and tonic remedies.—The principles laid down in par. 136-7, and 159, illustrated here by cases both of local and general action, and applied to the treatment of *atonic* inflammation.—

Variation necessary, according to the *stage* of the disease, —or to its being attended with *increased* or *diminished sensibility* (254).

273. Both *kinds* of inflammation subject to considerable variety in *degree*;—and the one or the other character predominating, according to—the greater or less strength or *power* of the vessels to maintain themselves under a state of increased action,—the original or acquired sensibility of the part affected,—and, the nature and force of the exciting cause.—Difference of treatment arising out of these particulars.

274. The treatment of *Specific Inflammations*, such as the Gouty,—Erysipelatous, &c. as far as it differs from that of SIMPLE INFLAMMATION, will be considered under their respective heads.

TREATMENT OF SUPPURATION.

275. This, as far as respects local applications, comes under the province of Surgery; but *internal* remedies often necessary; and these are either such as increase the tone and vigour of the whole system, or correct specific morbid dispositions,—as the scrophulous,—syphilitic,—cancerous, &c.—Remarks on certain remedies employed for these purposes respectively.—Sea-Water bath, tepid or cold;—Cinchona;—Alcalies;—Cicuta.—Mercury;—Nitric Acid;—Sarsaparilla.—Arsenic;—Carbonic Acid Gas, &c.

TREATMENT OF GANGRENE.

276. Will in part depend upon the causes inducing it,—and its being *direct* or *indirect* (267); but the general indications are,—1st. to support and increase the *power* of the vessels which yet retain the principle of

life;—By moderate warmth,—nourishing food,—Wine,—Cinchona,—Carbonic Acid,—Camphor,—Opium,—Musk and Ammonia, &c.:—and—2nd. to prevent or retard the septic dissolution of the sphacelated parts.—By Carrot, Turnip, or Parsnip poultice,—fermenting cataplasm,—Nitrous Acid lotion,—Oxygenated Nitrous Gas,—Camphor dissolved in Oil of Turpentine?—Varnish of Pitch or Wax in ditto.

Treatment of Scirrhus.

277. Ambiguity of the term *Scirrhus*, as often applied to express specifically different kinds of morbid hardness in glandular parts.—Necessity of investigating the particular kind of induration therefore, in order to render the treatment successful, or even safe:—illustration of this in Cancerous,—Scrophulous,—and Syphilitic indurations.—Genuine scirrhus perhaps incurable in the advanced state:—why so.—Remarks on certain remedies usually employed against Scirrhus:—Cicuta;—Belladonna;—Arsenic;—Muriate of Barytes;—Electricity;—Galvanic aura, &c.

OF THE PHLEGMASIÆ.

Or Inflammation of Parts, with General Febrile State.

278. Sometimes from the *extent* of the local inflammation,—from the great sensibility of the part affected,—or from its importance in the constitution, the whole Arterial System partakes of a corresponding state:—and therefore demands attention, as well on its own account, as on that of the part primarily affected.

282 Calculus in ye kidney attended with
pain in ye stomach Hepatitis having
pain in ye shoulder Many other examp
of morbid sympathy might be adduced

279. At other times the *general* inflammatory affection arises from the same exciting causes which occasion the *local* one; and comes on along with, or even precedes it.—This more especially what constitutes the PHLEGMASIÆ; and its application of importance in directing the treatment.

280. GENERAL CHARACTER OF THE PHLEGMASIÆ;—Disturbance of some internal function, with local pain, and symptomatic (?) Synocha (175);—blood buffy or sizy;—urine red;—tongue white;—heat sometimes considerable, but often moderate;—pulse quickened, and generally hard; but sometimes full, at other times oppressed or obscure.

281. Variation in the symptoms accordingly as the disease partakes especially of the *tonic* or *atonic* form.

282. The *seat* of the pain *generally* directs to the part or organ particularly affected;—but this occasionally fallacious. Examples of both true and false reference by the patient;—and cautions necessary to guard the practitioner against mistake, in a point so important in regulating the plan of cure.

TREATMENT OF THE PHLEGMASIÆ IN GENERAL.

283. This will depend upon the distinctions already laid down with respect to the *degree* and *kind* (252, 6) of inflammatory state present,—upon the sensibility and importance of the organ chiefly affected;—and, upon the relative proportion between the *local* and the *general* affection, together with their respective priority of occurrence (278-9.)—Illustration of these by examples.

284. TREATMENT WHERE THE INFLAMMATORY ACTION IS OF THE TONIC KIND:—

A. BLOODLETTING, general and local;—circum-

stances determining its extent, as collected from the patient's strength,—age,—habit of body,—mode of life,—state of pulse,—urgency of symptoms;—but much less necessary than generally supposed, if other means duly employed.—Appearance of blood drawn, a doubtful indication:—danger of the Boerhaavian doctrine shown here.

B. BLISTERS; their use in this case explained.

C. Application of Cold,—doubts respecting it:—regulation of temperature.

D. PURGATIVES,—different kinds required at different periods of the disease.

E. ANTIMONIAL DIAPHORETICS—how to be regulated.

F. CALOMEL and OPIUM combined:—idea of counter irritation refuted:—principles upon which their operation may be better explained,—illustrated by actual cases.

G. DIGITALIS,—to what stage of this form best suited.

285. TREATMENT WHEN POWER DEFECTIVE.—Causes particularly giving rise to this form;—marks for ascertaining its degree.—A. Cautions respecting general bloodletting.—B. Local bleeding—C. Blisters—D. Purgatives,—what kind especially useful.—E. Mild diffusive diaphoretics: combinations affording these,—F. Calomel joined with Opium.—Operation of E. and F. separately and conjointly.—A plan more or less tonic necessary throughout, but especially towards the end (272).

e not to be determined by ye quantity
then away but by its effects on ye system

Blisters when ye inflammatory symptoms
have been somewhat subdued may be essentia
useful

Cold in ye affections of internal organs
a very hazardous remedy but where
inflammation is external may be of great
service

Purgatives essentially necessary in ye treatm
of active inflammation as saline ones

E where blood letting cannot be safely
had recourse to essentially useful

F more particularly useful when there is
irritation in ye primae viae given in small
doses every two or three hours

G In ye first stage of ye inflammatory disease it appears
to have but little influence not so certa
in its effects as mentioned by some auth

285 State of ye vessels in passive inflammation may generally be considered to be in a state of congestion Local bleeding may be had recourse to in ye form of ye cupping glass it ought to precede ye application of a blister Purgatives more especially useful here but not those before recommended they are generally those acting principally upon ye small intestines as Ext. Colocynth. Rhabarb

Antimonial Diaphoretics not here useful but Liquor. Ammon Acet. &c Warm Bath a very powerful aid
Calomel & opium here very useful being combined with ye Dovers Powder in ye latter period of ye complaint
ye more vigorous remedies to be used in ye beginning of ye active stage

PARTICULAR PHLEGMASIÆ.

Of Ophthalmia, or Inflammation of the Eyes.

286. Usually divided into two species; 1st. as situated in the membranes of the eye (*Ophthalmia membranarum*, Cul.)—2d. as situated on the margin of the eyelids (*Ophthalmia tarsi*, Cul. and *Psorophthalmy* of Mr. Ware). The second species often a sequel of the first; but sometimes precedes and causes it. The division of Ophthalmia, however, according to the *kind* of inflammation (253), shewn to be more comprehensive and useful.

287. Symptoms of Tonic Ophthalmy;—Pricking or shooting pain in the fore part of the eye,—redness of the *tunica adnata*,—increased sensibility to light,—generally with discharge of tears:—occasionally sharp pains darting to the bottom of the eye, and through the head, with considerable pyrexia (*Ophthalmitis*).

288. Causes. Constitutional irritability of the eyes.—Mechanical violence from blows, &c.—irritation from foreign bodies, inverted hairs (*Trichiasis*), &c.—Cold, especially applied with partial current of air;—Intense Light;—particular state of the atmosphere during certain winds;—Peculiar Contagion (*Egyptian Ophthalmy*);—Suppressed Gonorrhœa?—Remarks on these, and their respective operation explained.

289. Cure of Tonic Ophthalmy;—Exclusion of light:—Bloodletting,—various modes of it, with directions for their choice and extent:—Emetics,—

Purging,—what cathartics especially useful:—Cold applications;—Digitalis?—Belladonna?—Diet and regimen proper.

290. SYMPTOMS OF THE ATONIC OPHTHALMY;—Turgescence and redness of the vessels, with comparatively little pain in general. (254.)—This kind often combined with the second species (2d. 286), or ends in it.—When the inflammation is of the crystalline or Erysipelatous species, the cellular membrane of the eyelids and neighbouring parts, is also affected.

291. Description of the Purulent Eye of Young Children; and inquiry how far caused by, or connected with, Leucorrhœa in the mother.

292. THE PREDISPOSING AND EXCITING CAUSES of the *Atonic Ophthalmy*, besides those mentioned above (290), are—Scrophulous habit,—Small Pox;—Measles;—Dentition;—Exanthematic metastasis;—Tinea capitis;—Mercurial irritability;—Syphilitic taint?—Fatigue of eyes;—Smoke or other acrid vapours;—frequent Intoxication.

293. TREATMENT OF ATONIC OPHTHALMY:—Local bloodletting in different modes;—blisters.—Occasional purging with particular cathartics.—Opium.—Sudorifics—Emetics.—Various astringent and stimulant applications, consisting of preparations of Lead,—Alum,—Zinc,—Copper,—and Mercury;—Vinum Opii;—fomentations?—Ol. Terebinthinæ, Riga Balsam;—Electricity;—Cicuta;—Cinchona;—Cold bathing—local and general.—Errhines.—Issues—Setons.

294. Occasional consequences of ophthalmy;—sudden or slow increase of the aqueous humour (*Hydrophthalmitis; Hydrophthalmia;*)—thickening of the coats, and turbidity of the humours (*Hypopyon*);—general or

application of gonorrhoeal matter to ye
appears to produce a mild form of ye
disease compared with that arising from
metastasis of suppressed gonorrhoea

289 ye temporal artery to be preferred to any
other part having combined with it ye
antiphlogistic regimen to its fullest extent
Emetics Saline Purgatives
Digitalis has been recommended both locally
& generally given internally as an adjuvant
Belladonna how far useful in ye active state
is doubtful Hyoscyamus will produce ye
same effect Dieta aquea of ye
Italians

290 Producing that state of vessels forming
a net work over ye eye different from ye
general redness of ye tonic opthalmy

291 This does not appear to be ye case it
may be considered to be a distinctly idiopathic
form generally being connected with an unhealthy
state of ye primae viae.

partial opacity of the cornea (*Albugo vel Leucoma.*)—Nature and treatment of these last.

295. Ophthalmy, especially of the *atonic* kind, occasionally assumes an intermitting or remitting type)—Management necessary in that case.

Of Phrenitis,

Or Inflammation of the Brain and its Membranes.

296. Origin of the name.—Character of the disease,—Intense pain, and sense of fulness or stricture, within the head;—redness and turgescence of the eyes and face,—impatience of light and noise,—continued watchfulness, and fierce delirium, accompanied with violent pyrexia.—Difference of symptoms alledged to mark inflammation of the membranes (*Phrenitis;—Meningitis?*), or of the substance of the brain, (*Cephalitis*, Sauv. *et* Sag.—*Sphacelismus*, Lin.).

297. Phrenitis not of frequent occurrence in this country as an Idiopathic disease;—but often *symptomatic* or *secondary*,—arising during the progress of general fever,—or from metastasis of Rheumatitis, Gout, Erysipelas? &c. and then partakes more of the *atonic* form.—Importance of attending to this.

298. Predisposing and Exciting Causes—Original tendency, often marked by general tension and irritability of fibre, and passionate temper. Violent fits of anger,—continued irritation of mind occasioning want of sleep;—concussion or other mechanical injury of brain; intoxication;—phytoseptic miasmata;—exposure to intense atmospheric heat, especially under great

exertion;—certain narcotic poisons:—epidemic influence,—contagion?—Mercury.

299. Consequences of the disease,—and an account of the various appearances observed on dissection.

300. Reasons for believing Phrenitis more intimately connected with a certain state of the Hepatic system, than at present supposed; and views of the nature and treatment of the disease founded on this,—illustrated by cases.

301. TREATMENT:—Bloodletting, general and topical;—Arteriotomy?—Cold applications to the head;—Blisters *near* the head:—nearly erect sitting posture;—abstraction of light and noise.—Drastic *cholalogue* Cathartics;—Digitalis;—Antimonials:—Sinapisms—Remarks on these several means, and on the extent to which they should respectively be carried, according to the degree of the disease, and its being primary or secondary.

OF QUINSEY IN GENERAL.

302. The Cynanche, Synanche, and Angina of authors:—origin and meaning of these terms;—include several inflammatory affections about the throat, differing considerably both in their *seat* and *nature*, and consequently in their treatment. Division of them according to these circumstances, into 1. *Angina tonsillaris*,—2. *A. pharyngea*,—3. *A. laryngea*,—4. *A. trachealis*,—5. *A. parotidea*,—and 6. *A. maligna*, or *Scarlatina Anginosa*.

OF COMMON INFLAMMATORY QUINSEY.

303. *Cynanche tonsillaris* of Cullen;—*Tonsilitis*.—DEFINITION. Inflammation affecting one or both

299 ye brain is generally found much hard
ye membranes of ye brain adhering more firmly
there is likewise generally found effusion in ye
ventricles Abscesses also are sometimes
found

301 Taking away blood from ye temporal art
cold application to ye head essentially servic
able Topical blood letting Blisters as to ye
nape of ye neck or ye temples to be preferred
a blister over ye whole of ye head nearly erect
posture necessary Cathartics as Calomel
cum Jalap. & Sen. Scammon. Digitalis useful
Antimonials useful adjuvants Sinapisms
useful towards ye latter periods of ye complaint
Delirium tremens cautions as to this here we
must attend to ye bowells but Opium is ye
remedy we must rely on Db. gaur two
grains every hour in one case successfully
in another ye Pulv. Ipecac. Comp. Dj.

Every two or three hours with ye same effects

307 V.S. very seldom found to be necessary application of leeches to ye angles of ye jaw puncturing ye tonsils when they are considerably enlarged absolutely necessary Blisters more useful in ye chronic form of ye disease when ye ears

Diaphoretics to be adapted to ye form of ye disease acid gargles most useful as ye mineral acids Infus. Ros.

Decoct. Cort. Quere. & Alum a very useful stimulant & astringent gargle

308 When attended with active fever ye pulse is full & hard

tonsils, often extending to the *velum palati, uvula,* and parts adjacent;—marked by redness, swelling, and pain of these parts,—difficulty of swallowing, and occasionally of respiration;—sometimes without, oftener with pyrexia;—and frequently ending in suppuration.

304. PREDISPOSING CAUSES.—Original constitutional tendency;—Mercurial irritability.

305. EXCITING CAUSES.—Cold applied to the neck and fauces, or to the body in general, especially if with partial current of air, and when the person is overheated:—epidemic influence.

306. Quinsey generally of the *tonic* form at first attack; but often of a mixed character, and in some persons always *atonic*.—Erysipelatous species:—this generally connected with typhoid pyrexia.

307. TREATMENT of quinsey different, accordingly as it partakes of the *tonic* or *atonic* form,—as this primary or secondary,—and as it is merely topical, or attended with pyrexia. *Remedies;*—Venæsection,—puncturing,—leeches,—blisters,—purgatives:—Emetics,—diaphoretics;—acid gargles;—Nitre:—Astringent and mildly stimulant applications. Remarks upon these, and upon the particular form or circumstances of the disease, to which they are respectively adapted.—Most effectual means of guarding against future returns of the disorder.

308. ANGINA PHARYNGÆA or *Œsophagitis.*—This of rare occurrence as a primary disease; being oftener an extension and variety of *A. tonsillaris,* than a distinct species of quinsey.—SYMPTOMS.—Scarcely any redness or swelling apparent on inspecting the fauces;—and little or no difficulty of breathing; whilst that of swallowing is extreme;—The general treatment, there-

fore, nearly the same as that of *A. tonsillaris;* but the situation of the complaint necessarily precludes some remedies applicable to *A. tonsillaris,* and requires others to be employed to a greater extent.

ANGINA LARYNGEA, or Laryngitis—An infrequent disease, occurs most commonly in those who have been subject to other Anginose affections. SYMPTOMS—Slight redness of velum palati and uvula,—tongue thickened and swoln, uneasy sensation in larynx, thickness in voice, deglutition not at first impeded, respiration difficult and laborious from the beginning—Fever synochal—Appearances as found upon dissection related—Treatment consists in early and active depletion—Bronchotomy.

OF THE CROUP.

309. The *Suffocatio stridula* of Home;—the *Angina polyposa* of Michaelis;—and the *Cynanche trachealis* of Cullen.—Anglicè *Croup.*

310. DEFINITION. An inflammation of the mucous membrane of the trachea and its ramifications, causing great difficulty of breathing, particularly of inspiration, which is accompanied with a peculiar noise;—frequent dry cough, with harsh sound, as if passing through a brazen tube;—violent fever of the synocha kind (175).

311. The disease chiefly attacks between the period of weaning and of puberty,—usually runs its course in a few days,—and the patient generally dies suddenly as if suffocated.

312. PREDISPOSING CAUSES.—Circumstances of constitution and habit of body marking those most liable to the complaint.

313. EXCITING CAUSES:—these not well ascer-

Angina Laryngea meal frequent than Angi
Pharyngea Dr Pitcairne died from this
imagining he was seized with croup he was
attended by Dr Baillie another case mentio
In ye active inflammatory form blood lett
freely & generally Bronchotomy likely w
be attended with success in ye true form of
this disease We must have recourse to succ
remedies as will determine to ye skin also

309

311 This disease is not often met with
during ye time of suckling very frequent
children who have been brought up by ye ha

& in weakly & debilitated children

314 ½ inflammation confined to ½ upper part of ½ trachea chiefly

½ cause of death generally owing to a portion of membrane falling across ½ trachea and in this way acting as a valve This disease occasionally occurs in ½ adult but in ½ chronic form A considerable quantity of pathy mucus contained in ½ bronchae & trachea generally found on examination Croup frequently attacks children labouring under measles its cough easily distinguished from that occurring generally under measles

316 Best treatises by Dr Home Dr Crawfe
& Dr Cheyne doubtful whether so frequent
now as formerly ye Disease occasionally
prevails epidemically in this case Emetics
ye first instance will frequently cut short ye
disease whether it is contagious this do
not appear to be ye case generally
no doubt but these children who have had
disease are liable to it again Their future
catarrhal affections are attended with symp
allied to Croup.

317

318 Doubtful whether in ye active form of ye complaint calomel will be sufficient
Blood letting Essentially necessary in young children ye jugular vein may be opened necessary to make as speedy an impression on ye disease Early as possible
Antimonial remedies of great importance
Calomel from one to two or three grains every hour must be given when called for
Leeches useful remedies applied to ye trachea in sufficient number After leeches & general blood letting blisters must be had recourse

In ye second stage Expectorants as those which produce nausea Antimonial remedies
Digitalis a very useful remedy
In ye second stage Calomel & opium may be given combined with Squills or Digitalis

Diaphoretics small doses of Calomel & opium with Dovers Powder Dr. B. prefers

Decoct. Senek. a remedy which will generally have a powerful diuretic effect sometimes acts as a diaphoretic
Bronchotomy Dr. B thinks will generally be attended with want of success ye inflamm. extending so low down ye Trachea

tained; but the most obvious is—exposure to a cold and damp evening air, especially succeeding a hot day.

314. Appearances on dissection; and an explanation of the peculiar and urgent symptoms, as well as of the sudden and commonly fatal termination, drawn from thence.

315. DIAGNOSIS.—Symptoms distinguishing Croup from the tracheal inflammation of Catarrh and Measles.

316. History of the rise and progress of the disease as collected from authors:—whether more frequent now than formerly;—whether occasionally epidemic, or ever contagious.—Whether it attacks a second time.

317. Whether sometimes *spasmodic* rather than *inflammatory;* and reasons for believing, that the former appearance is owing to the fever which attends, being of the *remitting* instead of the *continued* kind.

318. Essential and peculiar character of the complaint as deduced from a consideration of the several circumstances noticed above:—MODE OF TREATMENT founded on this, and supported by experience.—Remarks on the particular remedies; Venæsection,—leeches;—Emetics;—blistering;—Cathartics;—nauseating expectorants;—Digitalis?—Calomel and Opium;—diaphoretics;—tepid bath—inspiring the steam of hot water.—Decoct. Senekæ?—Proposal of Bronchotomy considered.

319. Variation of treatment proper where the disease assumes the *remitting* form (317).

320. Account of a disease termed by some CHRONIC CROUP, which takes place in adults, but which appears more nearly allied to *Catarrhal Phthisis.* See PHTHISIS.

Of the Angina Parotidæa.

321. In England called the *Mumps*, in Scotland the *Branks*.

322. Character,—A specific disease, occurring but once during life,—affecting the parotid and submaxillary glands with considerable swelling, accompanied by pyrexia of the synocha kind (175-6), generally slight; —often showing a metastasis to the female mammæ, or male testes, and occasionally to the brain.

323. Though commonly so slight a complaint as to require but little medical attention, is sometimes violent both in its local and general symptoms.—Management of these proper with respect to its specific nature.

324. Distressing consequences occasionally from its metastasis in men, and inquiry whether this admits of prevention.

For *Angina maligna* see *Scarlatina anginosa*.

Of Pneumonia,

Or Acute Inflammation of the Lungs, and their investing Membrane.

325. General Character; pain rather suddenly attacking some part of the thorax internally, and increasing;—preceded, accompanied, or soon followed, by pyrexia, and attended by painful inspiration,—generally with cough.

326. State of the tongue, urine, &c. commonly present, and serving additionally to mark the disease.

327. Variation of symptoms, accordingly as the inflammation affects more especially—(a) the reflected

Remitting form of ye disease small doses of
Calomel Diaphoretics &c

322 This disease is generally confined to children
often prevailing Epidemically

323 Necessary to keep ye patients bowels open
& to give them some gentle diaphoretic

326 In ye active form ye tongue generally
loaded & white ye urine generally high colour
& scanty ye heat of ye skin much more than
natural bring dry ye bowels are generally
constipated

sickness of ye stomach irregularity of ye
bowels bilious tinge of ye eye generally
inform us of affection of ye liver

330 A rare disease before puberty
y male sex are more frequently subject to this
than y female

Inflammation of y lungs more common
during winter & spring

pleura,—or (b) the substance of the lungs and their proper covering,—shown in—the hardness or softness of the pulse,—the kind of pain,—the state of the respiration,—the patient's aspect,—and the effect of posture; —the cough being dry, or with expectoration;—Names in use designative of this difference of situation—(a) *Pleuritis and Pleuro-peripneumonia,*—(b) *Pneumonia and Peripneumonia.*—These however, in general combined with each other, in various degrees: and frequently with inflammation of the liver,—which, unless taken into account, gives rise not only to considerable embarrassment in the diagnosis, and indications of cure, —but to imperfect success or complete failure in the result.

328. Curious fact respecting the sympathy of contiguity in pneumonic inflammation; and application of it to explain the utility of certain remedies.

329. Particular symptoms alledged to arise from the inflammation when seated in the mediastinum (*Mediastina*, VOGEL,)—or the diaphragm (*Paraphrenitis auctorum.*)—Doubts respecting some of these, founded on dissections.—Occasional change in the seat of the pain, and probably also in the inflammation.

330. PREDISPOSING CAUSES; a constitutional tendency to the complaint, especially marked by plethora, with a tense and irritable system of blood vessels, particularly of the lungs.—Certain period of life.—Male sex?—Former attacks of the same disease.—Season of the year.

331. EXCITING CAUSES; sudden or long continued refrigeration, especially if aided by moisture, and operating on the body when overheated or fatigued;—the imprudent use of spirituous liquors immediately

after this *(Pleuritis vel Pneumonia vera)*;—particular quality of atmosphere sometimes epidemic; *(Febres pleuriticæ)*—peculiar quality of certain febrile contagions *(Pn. catarrhalis,—morbillosa,—typhoidea, &c.)* —metastasis of acute Rheumatism,—of Gout,—Erysipelas? *(P. rheumatica, arthritica, erysipelatosa? &c.)* —inflammatory, sub-inflammatory, or bilious, remitting, and intermitting fevers *(Synocha pleuritica;—Pleuritis biliosa,—Pl. remittens)*;—irritation from worms in the stomach *(Pleuritis vel Pleurodyne verminosa)*.

332. Diagnosis.—Marks whereby to distinguish Pneumonia from spasmodic and other painful affections of the chest.—Discrimination of the disease into *simple* or *complicated*,—and into *idiopathic and primary*,—or *symptomatic and secondary*,—as drawn from the predisposing and exciting causes,—the mode of attack and progress of the disease,—the symptoms present.

333. Importance of determining in what *degree* the disease partakes of the *tonic* or *atonic* form, as greatly influencing the treatment *(Pneumonia vera et notha)*: —circumstances necessary to do this, drawn from the patient's age,—sex,—previous health, and habit of body, —strength,—assignable causes, (330-1), &c.

334. Different modes in which pneumonic inflammation terminates in health, death, or another disease:— Resolution,—Expectoration,—Adhesion;—Extravasation of blood into the interstitial substance of the lungs, —or profuse effusion of glairy fluid into the air cells and bronchia;—Vomica;—Empyema;—Tubercles;— thickening and ossification of the inflamed membranes and vessels;—Hydrothorax.—Signs of these respectively, as collected from observation and dissection, and illustrated by morbid preparations.

Pneumonia rather more commonly taking place
in Elderly people this very frequently begin
in ye form of catarrh in alternate chills
& heats commonly prevails when there
Epidemic catarrh This disease equally
takes on both sexes. Commonly prevailing
at that season of ye year during ye cold
sharp north Easterly winds

Sometimes ye disease will terminate without any expectoration

ye disease sometimes terminates fatally from some portion of ye lung being in a state of complete congestion

In elderly people more commonly after peripneumonia notha effusion into ye air cells is ye termination

Empyema sometimes spurious here it is confined to one particular part of ye chest in contra distinction to ye true Empyema in ye greater number of instances ye patient sinks under hectic Empyema may be always known by ye patient lying on ye side affected

Tubercles these are more especially met with in persons of scrophulous habits

Dr. C. mentions a case of ossification of ye pleura which occurred in this Hospital

Hydrothorax distinguished by a variety of symptoms ye state of ye pulse how far it may be right to puncture ye chest is a matter of doubt

335 True pneumonia is a disease of active inflammatory nature

Blood letting our principal means of relief in young healthy plethoric subjects it ought to be taken away with considerable freedom

Cupping useful under a certain state of pulse

Blisters in y acute form ought never to be applied very early we must wait until y urgent symptoms are subdued

Cathartics here do not produce so much benefit as in other inflammatory affections

Saline cathartics will be proper

Digitalis a useful & essential remedy

Infusion of Roses a doubtful remedy from slight astringency of y Acid Sulph. Dilut

?

Where we are afraid of taking away blood Calomel & opium will be very essential

Expectoration viscid & difficult to be got up y steam of warm water or vinegar & water will be very useful here

Ammonia a very useful remedy in Elderly
people in ye commencement being given with
ye Camphor Mixture at a later period combi
it with ye Squill but ye same time I have
been especially mindful of ye bowells

Squill Pill & Infusion of Cascarilla I have
often given together with considerable benefit

Diarrhoea a very unfavorable symptom
here we may give ye Dovers Powder combined
with a small portion of Chalk
Digitalis & Calomel a very powerful diuretic

In young persons where there is tendency to
Phthisis setons will be especially useful in
some individuals we must have recourse to
change of climate

335. TREATMENT OF PNEUMONIC INFLAMMATION IN GENERAL, admits of considerable variety, according to its being—*simple* or *complicated*,—*original* or *secondary*,—to the particular seat of the inflammation,—and, still more, its *degree* and *kind*.—The chief indications are—

1. *In the beginning of the disease*, to check the inflammation in its acute state, and while still admitting of a perfect resolution,—By Venæsection,—cupping,—leeches,—blisters;—cathartics:—moderately cool air;—Nitre;—Digitalis;—Infus. Rosæ?—

2. *In the more advanced stage*, to favour the expectoration or other evacuation that may take place, and that is found to give relief,—By Mild diaphoretics, tepid diluents;—Opiates alone, or combined with Calomel and Antimonials;—Inhaler;—gentle Emetics, Squills,—Seneka,—Ammoniacum,—Ammonia.—Bitter Tonics, and moderate stimulants:—And

3. To support the strength under these,—to allay urgent symptoms,—and to guard against those bad consequences, to which there appears any evident tendency.—By light nutritive food,—moderate tonics,—diuretics,—seton, &c.

236. Remarks upon the propriety and extent of these remedies individually, as determined by a consideration of the various circumstances already noticed.

OF CARDITIS, AND PERICARDITIS;

OR ACUTE INFLAMMATION OF THE HEART AND ITS MEMBRANES.

337. CHARACTER:—Along with several of the symptoms belonging to Pneumonia, there is great faint-

ness, anxiety, and oppressive pain referred to the region of the heart, accompanied with extremely frequent, small, and often irregular pulse, together with violent palpitation, and even syncope, on motion.

338. Acute Carditis of more frequent occurrence than was generally believed; but perhaps oftener a metastatic or misplaced form of Rheumatitis, than a primary disease allied to Pleuritis and Pneumonia.—Instances of the disease illustrated by preparations.

339. Consequences of Carditis;—inflammatory exudation, with effusion of serous fluid into the pericardium,—or adhesion of the pericardium to the heart;—ossifications of the heart and its appendages

340. THE TREATMENT OF CARDITIS should consist of the same means used in the more acute forms of pneumonic inflammation; and these employed with a promptitude, and to an extent, proportioned to the more rapid progress and greater danger of this disease.

OF HEPATITIS, OR INFLAMMATION OF THE LIVER.

341. GENERAL CHARACTER.—Violent and tensive, or dull and heavy pain in the right hypochondre, increased on pressure, inspiration, or particular posture; sympathetic pain referred to some remote point of the thorax;—dyspnœa, with sense of stricture or oppression about the præcordia;—sometimes cough, generally dry, and often by paroxysms;—occasionally vomiting, hiccup, and sallow or icteritious countenance:—primary or symptomatic pyrexia.

342. Division into two species—the acute (*H. membranacea*)—and the chronic (*H. parenchymatica, vel Hepatalgia apostematosa*), or into the *tonic* and *atonic*

27 Dr. C. never saw syncope occur in ye early stage of ye disease

338 In by far ye greater number of instances Dr. C. has seen it it has been connected with acute rheumatism one very prominent symp is extreme anguish in ye region of ye heart where it terminates speedily fatal it is always by effusion into ye pericardium where it terminates in adhesion ye patient is for a considerable length of time invalided.
ye patient here must be kept always on a ~~[illegible]~~ an inclined plane with spare diet as milk vegetables &c

340 We must ~~not~~ here depend upon blood letting liberally but should it not have afforded relief in a certain time we must be very cautious in its use
A large blister over ye surface will sometimes afford considerable relief Digitalis also here necessary It is a disease very difficult of management Whether it may be said to prevail in families is doubtful a case of this sort mentioned.

341 will be found far more common in the country than is generally supposed to be
If sympathetic pain not to be reckoned a pathognomic symptom

2 If acute factor form of ye complaint do not so frequently occur in this country as in warm climates

3 If terminations of ye acute form are in general in resolution when inflammation takes place in ye membrane it frequently terminates in adhesion not unfrequently inflammation in ye substance of ye organ terminates in suppuration
Abscesses thro ye diaphragm into ye lungs have occasionally terminated fatally cases mentioned two that have occurred in this Hospital Abscesses into ye colon

...ow far gangrene takes place in this organ
a matter of doubt

344 Diagnosis

The patient generally passes stools deficient
of bile in affection of the liver

345 Male sex are more exposed to these causes
which predispose to the disease also the male
sex having a stronger bile & being more
plethoric Diet influences the quantity
of blood formed Bile only found in the
red blooded animals

346 A high range of temperature disarr
of biliary secretions
Johnson's a well written treatise on the diseases
of tropical climates.
Injuries of the brain a common exciting
cause abscesses occasionally occurring
whether inflammation of the liver does
occur epidemically is doubtful
Coast of Coromandel a very healthy part
of India according to Dr. Lind.

347 When early & actively treated the disease
will generally terminate in resolution
½ chronic form in scrophulous persons
generally a disease of formidable nature

forms;—these widely different in their respective extremes; but, as being variously blended, best treated of under one general head.—Circumstances under which more especially one or other form takes place:—symptoms distinguishing them, and others serving to denote the particular seat of the inflammation.

343. Progress of the disease according to its degree and kind:—Terminations,—in resolution,—in adhesion,—in suppuration, and abscess opening—externally,—into the ducts,—into the lungs,—into the abdominal cavity:—induration or scirrhus.—Gangrene?—Signs of these terminations respectively,—and their most frequent consequences.

344. DIAGNOSIS. Acute hepatitis often simple, but occasionally joined with pneumonia or gastritis; and sometimes entirely mistaken and unsuccessfully treated for these.—Marks whereby they may be generally distinguished.—Frequently accompanies bilious remittents, and sometimes intermitting and contagious fevers in hot climates.—The chronic form often connected with Dysentery.—Importance of attending to these combinations, as considerably influencing the treatment.

345. PREDISPOSING CAUSES;—Male sex;—adult period;—certain constitutional tendency, marked by excess or irregularity in the hepatic secretion, and often connected with plethoric habit, tense irritable fibre, and passionate temper:—stopping customary discharges, especially the hæmorrhoidal.

346. EXCITING CAUSES;—occasionally all those that induce general inflammatory pyrexia, as—sudden vicissitude of temperature,—cold drink,—violent bodily labour or exercise;—but more especially excess in spirituous liquors, and continued great heat of climate or

season.—Hepatitis particularly frequent on the Coromandel Coast.

347. PROGNOSIS.—This generally favourable in the *acute* form, if the disease be early seen and properly treated. But in the *chronic* form, its progress in disorganizing the Liver is so insidious, and so often connected with Scrophula, Cachexy, or habits of intemperance, as to render the Prognosis very difficult, and often unfavourable.

348. The TREATMENT OF HEPATITIS necessarily very different, accordingly as the disease is *acute,* or *chronic,—simple,* or *complicated.—In the acute form,* bloodletting general and topical,—blisters—cathartics,—and other antiphlogistic means—must be had recourse to in proportion to the violence of the inflammatory symptoms, the previous health and vigour of the patient, and the nature of the exciting causes.—Why venæsection less, and local bloodletting, with purging, more useful here, than in pneumonic inflammation.—Why Calomel more efficacious than any other cathartic;—with directions for its management.——In the advanced stage of the *acute,* and almost universally in the *chronic* Hepatitis, Mercury carried to gentle ptyalism, the most effectual remedy:—inquiry into its *modus operandi;* and curious observation respecting it in latent hepatic abscess.—Other remedies occasionally useful, especially in the *atonic* form;—mild diaphoretics,—tepid bath,—fomentations,—diuretics,—bitters,—alkalies,—Cicuta:—issues,—setons;—sea voyage:—Nitric Acid?—Extr. Taraxaci? &c.

349. Liver an organ of complicated and peculiar structure, and subject to as great a variety of diseases as any other organ of the human body. Remarks upon

48 Topical blood letting over ye region of ye liver by cupping glasses a thing of great importance particularly when had recourse to after general blood letting

Cathartics are very great deus of Submarias Hydrarg. Ij. every ~~three~~ four hours being given in warm climates Calomel more efficacious than any other cathartic operating more immediately upon ye liver They recommend Calomel alone to be relied on Dr. C. has given it to ye extent of ten grains followed by Infusion of Senna with he thinks a similar effect

In chronic hepatitis it is necessary to be on our guard Mercury supposed to have a specific effect on ye liver Dr. C. believes its good effect to be owing to its exciting ye secretions & system generally being affected After inflammation is subdued we must have recourse to Blisters

Diaphoretics a small quantity of Mercury combined with Antimony or Ipecacuanha Alkalies very useful remedies aiding ye diuretic effect may be given in ye form of ye effervescing mixture having a very beneficial effect on ye stomach

Sea voyage in warm climates has been found

of essential service

Nitric acid a very useful remedy in the chronic form of hepatitis

Ext. Tarax. a mild tonic bitter

Tursus Haemotodes generally not confined to p
Liver

As to abscesses in ye liver sometimes we find them of ye truly scrophulous character

350 &c Taking away blood locally & generally
If quantity of bile supposed to be secreted in 24 hours in a healthy subject is about six ounc

352 Symptoms taking place in Hepatitis

several of these:—1st, Inflammation of the investing membrane, followed by adhesion to neighbouring parts. —2d, Inflammation of the substance of the Liver, often ending in partial obstruction, and occasionally in abscess. 3d, Mucous obstruction of the ducts.—4th, Granulated Liver, soft and hard.—5th, Tuberculated.—6th, Flaccid and macerated.—7th, Ecchymosed.—8th, Aneurismal. —9th, Calculous concretions.—10th, Hydatids.—11th, Hæmatoid Fungus, or Medullary Sarcoma.

350. Functional disorder independently of diseased structure, e. gr.—(a.) Erethism, and *Polycholia* or redundancy of Bile;—(b.) Torpor, and *Acholia*, or deficiency of Bile;—(c.) Secretion of morbid Bile, either from particular disordered *action* of the Liver, or from certain conditions of the blood and general system;—*Cacocholia*.

Of Gastritis,

Or Inflammation of the Stomach.

351. Character;—Acute and continued pain in the region of the stomach, increased by external pressure, or by swallowing any thing that irritates by its bulk, quality, or temperature;—frequent retching, and occasionally hiccup:—pyrexia, with extremely quick, small, and hard pulse;—great anxiety and prostration of strength.

352. Idiopathic Gastritis rare; but many of its symptoms occasionally attend inflammation of the liver, intestines, or kidney;—and also various fevers, especially Bilious Remittents, Yellow Fever, &c.

353. Division of gastritis into two species, viz.—(a) the *phlegmonous*, and—(b) *erythematic*.

354. PREDISPOSING CAUSES not clearly ascertained.

355. EXCITING CAUSES;—drinking very cold liquors when the body is greatly heated;—large doses of Nitre;—overdistension with highly stimulant or indigestible food;—particular determination under general fever:—Metastasis of gouty, rheumatic, erysipelatous, or pemphigose? inflammation;—checking certain chronic eruptions;—swallowing articles which act mechanically, chemically, or specifically, by wounding, corroding, or otherwise inflaming the coats of the stomach.—Remarks on the mode in which these causes respectively operate.

356. Progress, and terminations of the disease;—with the appearances on dissection: consequences which occasionally result from it, when caused by certain poisons.

357. THE TREATMENT of gastritis will necessarily vary according to the exciting cause, and the degree of the disease, and to its being *simple* or *complicated*.—The chief indications are—1. To lessen the inflammation by —venæsection,—cupping,—leeches,—fomentations, and blisters,—opiates by glyster, or externally;—2. To recal any external inflammation or cutaneous complaint, the disappearance of which had preceded the affection of the stomach.—By hot-bath, fomentations, blisters, &c. —3. Where offending matters swallowed are still present,—to evacuate, correct, dilute, or inviscate them;—and afterwards guard against their future consequences. Individual remedies especially calculated to answer these purposes, according to nature of hurtful cause, e. gr. whether *mechanical*, as powdered glass, &c.—*chemical*, as corrosive Acids or Alkalies,—Arsenic,—Copper,—

Hardly a disease that may be said more likely to take place in one constitution than another

355 The disease will be occasionally produced by external causes as exposure to wet cold

A large quantity of water taken into the stomach has been known to produce instant death

We find gastritis occasionally taking place in typhoid fevers and in fevers of other character

Chronic eruptions are frequently connected with irritation of the stomach

356 The prognosis in this disease may always be considered extremely doubtful

Sometimes we find hæmatemesis connected with inflammation & ulceration that has taken place in the stomach Dr. C. mentions a case the ulcers found put on a very different appearance

Dr. C. doubts how far pictorial applications
of cold will be proper
difficult to recommend any thing to be taken
internally but Dr. C would recommend shake
quantities of ice water cooled down to the
temperature of ice to be taken which will
generally have a powerful & useful effect
Spirits injected in the form of glysters will
very frequently allay irritation

Hot Bath a very powerful remedy under
these circumstances
Blisters very powerful also

358 not so frequent as inflammation of
y liver Dr. C has occasionally seen
considerable disturbance of y urinary organs
under inflammation of y spleen

359 very common in attacks of remitting &
intermitting fever forming y ague cake
but unfrequently y termination of common
Enlargement is unusual

360 In its active form we must rely upon
y lancet & upon cupping glasses
According to report
y native physicians have punctured y enlarged
spleen in India Dr. C. doubts this thinking
by punctuating they merely mean scarifying
in y region of y organ It is undoubtedly an
operation that would prove fatal

In y chronic inflammation of y spleen
small doses of Calomel warm bath &c
indeed y same as for that state of y Liver
Dr. C thinks y spleen an organ of great
importance in y animal economy

361 Great variety of diseases to which ye kidney is subject

Dr. Munro met with a kidney wrighing forty hounds

364 In some subjects ye kidney seems loosely attached to ye loins ye application of a bandage round ye abdomen recommended
ye formation of calculous matter Dr. C. Alison to be ye most common exciting cause of nephritis

Oxymurias Hydr. &c.—or *specific*, as certain acrid or narcotic vegetable matters.

Of Splenitis.

358. Idiopathic acute inflammation of the Spleen an extremely rare complaint:—probable cause of this.—Symptoms characterizing it where it does take place;—Pyrexia; pain in the seat of the spleen, increased by pressure, and accompanied with tension, and heat of the part; without any signs of Nephritis.

359. Simple Congestion,—or Chronic inflammation and enlargement of the spleen, occasionally with abscess, a common attendant upon, or consequence of, Intermitting and Remitting Fevers.

360. The treatment of Splenitis, whether acute or chronic, nearly that directed in the corresponding states of hepatic inflammation.—Curious operation said to be practised by the native physicians of India in cases of enlarged Spleen.

Of Nephritis, and Cystitis,

Or Inflammation of the Kidneys, and of the Bladder.

361. Acute Nephritis and Cystitis of rare occurrence as spontaneous diseases; being usually the consequence either of irritation from certain foreign matters passing through the kidneys and bladder, or of calculous matter formed in them.—Chronic inflammation and ulceration, however, or thickening and mucous or puriform discharge of these organs, occasionally idiopathic; but still oftener symptomatic of gout, gravel, or stone.

362. Symptoms of Nephritis;—Pain in the

region of the kidney, often extending along the Ureter, and causing numbness of the thigh, with retraction and pain of the testicle on the same side:—frequent calls to pass off urine, which is sometimes rather pale at first, but oftener very red and scanty; and occasionally altogether suppressed *(Ischuria renalis)*;—retching;—preceding or accompanying pyrexia.

363. PREDISPOSING CAUSE,—Constitutional irritability of the kidneys, generally connected with gouty or calculous habit.

364. EXCITING CAUSES;—Mechanical injury from blows,—falls,—strains,—long continued and violent exercise in travelling;—cold, especially with moisture, applied to the loins and belly;—certain stimulating matters swallowed, and acting specifically upon the urinary passages, as Cantharides, Turpentine, &c.—metastasis of gouty inflammation;—the lithopoietic process,—or the calculous matter when formed, acting by its bulk or figure.

365. DIAGNOSIS;—Symptoms distinguishing Nephritis from rheumatism,—from colic,—from enteritis,—and hepatitis.

366. TREATMENT;—Venæsection,—cupping;—leeches;—mild cathartics;—glysters;—warm bath,—fomentations;—antimonial diaphoretics;—Opiates;—mucilaginous diluents;—super carbonated Soda Water?—If from Gouty metastasis, then means directed to re-excite the original inflammation. SEE GOUT.—If from Calculus, the means specified under that head.

367. SYMPTOMS OF CYSTITIS.—Pyrexia followed or accompanied by pain and tension in the region of the bladder, increased by external pressure;—frequent and painful discharge of urine, or suppression of it;—tenesmus.

5 Hansen & Fletcher not found to accompany
rheumatism we also do not find in this disease
any affection of ye testicle
Sometimes nephritis very difficult to distinguish
from colic we may sometimes be able to
distinguish by pressure
In general in Entritis ye patient has fixed
pain about ye umbilicus sickness here do
not always come on at first
In hepatitis we have not always sickness in
ye first instance

366 Treatment that of phlegmasia

If from gouty metastasis cataplasmata ye feet
warm bath &c.

367 The pulse is generally hard & full
Symptoms will vary according to the part of the
bladder inflamed
a continual urging to go to stool

368 Inflammation of the bladder has been
brought on in consequence of exposure to cold

369 Sometimes this disease will follow parturition
sometimes it is the consequence of the extension
of gonorrhoeal inflammation

Blood letting by lancet & cupping glass injections will also be very useful here

In ye chronic diseases of ye bladder unattended with inflammation Turpentines & Balsams very useful remedies a remedy Dr. C. has found to be superior to all others is ye Kon. Misc. united with a mineral Alkali

In many chronic affections ye Lytha a very powerful & valuable remedy

368. Predisposing and Exciting Causes,—in general those enumerated (363-4);—likewise injury during labour;—extension of gonorrhœal inflammation.

369. Irritation and gleeting of bladder (*Cystirrhœa mucosa, vel Catarrhus Vesicæ*), sometimes occurs in delicate women, especially after lying in;—and chronic inflammation, with thickening of the coats, and puriform or purulent discharge by urine (*Cystalgia purulenta*) not uncommon in elderly persons, especially men.—Symptoms distinguishing *idiopathic* Cystitis from the symptomatic affection attending enlarged prostate,—scirrhus of the uterus or rectum,—or stone in the bladder.

370. Treatment of Cystitis nearly the same as directed in Nephritis.—Some remarks on Cystirrhœa,—thickening and ulceration of the bladder, and other complaints mentioned in par. 369.

371. Acute Inflammation of the Uterus (*Hysteritis, vel Metritis*),—almost peculiar to women after lying-in: as being intimately connected with the circumstances of pregnancy and parturition,—referred to the course of lectures expressly upon that subject.

Of Enteritis,

Or Acute Inflammation of the Intestines.

372. Character,—Severe, fixed, and depressing pain, with sense of heat, in the abdomen, more especially round the umbilicus,—increased on pressure,—preceded or accompanied by pyrexia, and generally by obstinate costiveness,—and followed by vomiting, and tympanitic distension.

373. Division of enteritis into two species, viz. the Phlegmonous and Erythematic.

374. State of pulse,—heat,—tongue,—urine, &c. in the progressive stages of the disease, according to its particular species (373).

375. DIAGNOSIS.—How to be distinguished from Colic,—and from inflammation of the other abdominal viscera.

376. Modes in which it terminates—resolution,—puriform effusion,—gangrene:—proportional frequency of these terminations according to the nature and degree of the exciting cause, and the form the disease assumes (373):—Symptoms accompanying those terminations respectively.

377. PREDISPOSING CAUSES;—Certain period of life;—full living;—plethora;—habits of indolence;—inactive state of liver;—constitutional irritability of the intestines.

378. EXCITING CAUSES;—A. Cold suddenly or long applied:—B. Substances irritating the intestines—(*a*) by their bulk, shape, or indigestibility, e. gr. hard kernels, seeds, or stones of fruit,—pieces of metal,—calculous concretions,—scybala;—or—(*b*) by their chemical or specific acrimony, as concentrated acids or alkalies,—various metallic preparations,—drastic purgatives,—high seasoned food in large quantity:—C. Worms:—D. Spasm producing stricture or intro-susception:—E. Strangulation of the intestine from hernia:—F. Retrocession of gout, rheumatism, erysipelas, or chronic eruptions:—G. Suppression of customary evacuations, as from piles, old ulcers, issues, &c.——Remarks on these several causes, and on the form of intestinal inflammation to which more especially each gives rise.

Phlegmonous Enteritis ye symptoms are much
more severe than in ye Erythematic
ye symptoms defend much on ye part of ye intestine
inflamed
In Erythematic inflammation ye pulse generally
hard & full
tongue coated with white fur ye bowels
instead of being constipated are loose

It will commonly be found Enteritis & peritoneum
are similar to each other distinction between
ye two diseases therefore a matter of little
importance

375 Ye colicy pains may be distinguished
by there being no pain on pressure of ye intestines
but rather relief In severe colic ye muscles of
ye abdomen become considerably retracted
~~Nephritis~~ Nephritis easily to be distinguished ~~with~~ from Enteritis
by ye state of ye pulse Inflammation of
ye Omentum & Mesentery hold to be
confounded with Enteritis treatment in ye
commencement will be ye same

gangrene generally indicated by ye sudden
cessation of pain quickness softness of ye pulse
with irregularity

377 Connected with some peculiarity of
constitution also those of sanguineous
temperament it attacks more at ye adult
& middle period of life than at any other

378 Case of enteritis produced by eating
a large quantity of filberts case also of a
boy who had enteritis produced by eating a
large quantity of black cherries with ye stones
ye latter case terminated totally before ye
expiration of twelve hours

very doubtful whether ye Exhibition of mercury
will produce intres usception more than any
other purgatives
Inflammation much oftener attacks ye
mucous membrane than ye peritoneal after
ye retrocession of rheumatism

9 Treatment very simple Blood letting
must be carried to that extent so as to reduce
ye urgent symptoms you will not unfrequent
find you may reduce ye symptoms by ye first
blood letting in a full & plethoric habit
ye indication is very clear
In very delicate subjects in ye first instance
we must take away blood generally
afterwards depending upon ye cupping glass
&c. Digitalis in ye first instance is
not to be depended upon being only a remedy
of secondary importance Calomel & opium
Exhibition of purgatives ought to be
delayed until ye more severe symptoms
are subdued Dr. C. has never seen them
answer in ye beginning Injections may
be always useful acting as it were as a
fomentation to ye part In that which
assumes a form of peritonitis purgatives
will be found essentially useful

when we have any hurtful ingesta in ye bowels we must endeavour as far as we can to remove them

380 In ye erythematous enteritis we very frequently find it soon assume ye atonic character

381 In cases connected with strangulated hernia Tobacco enema has been found useful in ye true form of enteritis it has been seldom found of any service

Quicksilver if you have ye true phlegmonous form of enteritis or in fact any other form this ought not be exhibited from ye distress which it occasions by its bulk &c

Mechanical distension holds out no advantage

A remedy sometimes found useful in colic is dashing cold water upon ye legs but in enteritis it ought not to be had recourse being liable to be productive of mischief

Suppositories sometimes found very useful

382 Great necessity of purgatives in Puerperal Fever not decided whether or no it is contagious It is generally found to be an Epidemic. A. Turbinth. we should be cautious how we venture upon this.

379. TREATMENT.—The indications are—1st, To lessen or check the inflammatory state by Venæsection—by Leeches and Blisters to the abdomen,—by Digitalis?—2dly, to allay pain, vomiting and spasm, and to produce a determination to the surface of the body, as well as eventually to reverse any hurtful metastasis that had taken place—(F. 378)—by the warm bath and fomentations,—by rubefacients,—by Opium, either alone, or joined with Calomel, or certain other forms of Mercury, and occasionally with mild diaphoretics;—thereby preparing for—3dly, Rendering the intestinal canal capable of being safely and effectually cleared by suitable cathartics.—4thly, Where the exciting cause consisted of hurtful ingesta, or other matters lodged in the intestines, and still continue to act,—to remove or abate their irritation,—by expelling, correcting, diluting, or inviscating them.

380. Observations on the individual means best adapted to fulfil these indications; and the extent in which they are respectively to be employed, &c. Management necessary during the convalescent state, to secure a perfect recovery;—and afterwards to guard against a future recurrence of the disorder.

381. Remarks on certain remedies proposed in Enteritis;—Tobacco glyster;—Quicksilver;—Mechanical distension of the intestines by injections, &c.

382. PERITONITIS—Similar in its leading characters to Enteritis—requires almost the same treatment—often occurs in Fever—particularly in Puerperal Fever, of which it seems to constitute a part—*Mesenteritis* and *Omentitis* rarely met with as distinct diseases.

OF RHEUMATISM.

383. A denomination of disease including affections

which, though connected with, and often changing into each other, yet differ considerably both in their respective assemblage of symptoms, and method of cure.

384. Imperfectly described by Hippocrates, &c. under the ambiguous term of αρθριτις:—first accurately discriminated by Ballonius, and by him called *Rheumatismus*;—original meaning of the name.—Humoral doctrine.

385. Most commonly distinguished into *acute*—and *chronic*:—often denominated also from the part affected, as *Odontalgia*,—*Pleurodyne*,—*Lumbago*,—*Ischias*,—Insufficiency of these distinctions shewn.—Another proposed, accordingly as the inflammation is—(a) *tonic*,—(b) *atonic*, or—(c) altogether absent;—(a) RHEUMATITIS (acute rheumatism of authors)—(b) RHEUMATAGRA (acuto-chronic rheumatism,—Scorbutic rheumatism of Sydenham?—Rheumatic Gout)—(c) RHEUMATALGIA (chronic rheumatism of authors,—*Arthrodynia*. Cull.)

386. CHARACTER OF RHEUMATITIS — Obtuse tensive pain, swelling, and redness,—attacking the larger joints more especially,—immediately preceded or speedily followed by Synocha fever (176),—generally accompanied by profuse partial sweats,—and often shifting its situation, with fresh exacerbations of fever:—lasting from two to several weeks, and then either going off entirely without desquamation, or changing to

387. RHEUMATAGRA;—in which the joints last occupied by Rheumatitis, especially the ancles, knees, wrists, and elbows, remain swelled, stiff, and painful, sometimes with Œdema, for many weeks, or even months;—the pain generally aggravated at night, or by

384 Sydenham ye first author who has given us an accurate account of rheumatism.

386 very often ye small joints are attached also ye disease from its metastatic character sometimes very dangerous

390 As ye wind in ye north East or Easterly quarter
These causes producing inflammatory action in ye system remarkably ye case in attacks of intermitting fever it has been attributed to ye use of ye Bark by some authors
As to syphilitic taint it is more particularly observed in persons of scrophulous diathesis

391 We seldom find that acute rheumatism when it attacks ye small joints is confined to them rheumatism also occurs generally at a much earlier period of life Gout seldom attacks ye female sex till after ye cessation of ye menses and is in them a very rare disease in poor persons gout is a disease that very seldom attacks
Hereditary tendency to gout We occasionally find gout brought on by ye same exciting cause as rheumatism as long exposure to cold we find ye progress of ye disease different ye termination of ye two complaints is also different

(a) In general ye rheumatic pains are more fixed to ye joints Extending in ye course of ye muscles ye syphilitic pains Extending along ye course of ye cylindrical bones and being very often followed by nodes

392 metastasis to ye heart & pericardium or frequent ye most frequent cause of this complaint sometimes it is ye cause of enteritis gastritis &c In this disease there is very strong tendency to fresh attacks of ye complaint it often changes its characte becoming rheumatogra

external heat,—but attended with little or no pyrexia,—and not followed by any chalky concretions.

388. RHEUMATALGIA. Often after rheumatitis or rheumatagra, but frequently also without any previous inflammation or swelling, certain joints or muscles become affected with pain and stiffness, felt especially on motion,—often accompanied by spontaneous coldness and even paralytic torpor,—relieved by external warmth,—and much influenced by atmospheric changes.

389. PREDISPOSING CAUSES OF RHEUMATITIS AND RHEUMATAGRA, (386-7)—Irritable and plethoric, or sanguineous habit;—vigorous period of life;—sex?—indolence,—changeable climate and season;—(b) preceding attacks;—scorbutic (?) habit;—mercurial irritability.

390. EXCITING CAUSES;—Cold suddenly applied, especially when the body is overheated or fatigued;—certain unknown changes of atmosphere;—general febrile commotion however produced.—Syphilitic taint?

391. DIAGNOSIS, sometimes difficult between Rheumatism and Gout, not only from their general resemblance, but from their being frequently combined:—circumstances commonly distinguishing them,—in the patient's age,—sex,—condition and mode of life,—hereditary tendency,—exciting cause,—mode of attack,—symptoms during the progress—and termination of the complaint—Rheumatic pains, how distinguished from syphilitic ones. (a)

392. PROGNOSIS IN RHEUMATITIS—in general favourable as to life; but sometimes metastasis suddenly takes place to the brain, &c.—Tendency to relapse.—Symptoms denoting a favourable termination.

393. TREATMENT OF RHEUMATITIS;—Venæ-

section; caution against the Boerhaavian notion respecting it. — Leeches. — Blisters? — Purging, — different modes of proper, according to the period of the complaint, &c. Diluents—Sudorifics?—rules for their management.—Nitre—Digitalis.

394. PROGNOSIS IN RHEUMATAGRA.—This disease not immediately dangerous; but generally obstinate as well as painful, especially in scrophulous and cachectic habits, and when combined with syphilitic taint; sometimes ends in a state of the joints very analogous to white swelling.

395. TREATMENT OF RHEUMATAGRA;— Mild diaphoretics;—tepid bath;—local bleeding;—blisters; —tonic bitters, as Cinchona,— Mist. Myrrhæ cum Ferro, &c.;—diffusive stimulants,—*Dec. Dulcamaræ?* —*Mercury,*—*Pil. Hydrarg. Submuriat. comp.*—Sudatorium;—Douche;—Electricity? or Galvanic aura.—Salt brine.—Vegetable, and Milk or Whey diet.—Sarsaparilla.

396. PROGNOSIS IN RHEUMATALGIA. In general more easy of cure than Rheumatagra, except in elderly persons, and when it takes the form of Ischias.

397. TREATMENT OF RHEUMATALGIA;—Diffusively Stimulant diaphoretics, e. gr. Guaiacum,—Ammonia;—Sem. Sinapeos,—Infus. Raph. rust.— Dec. Mezerei;— Rhododendron Chrysanthemum; — Slow Mercurial process.—Sulphur;—Ol. Terebinth. and— Ol. Jecoris Aselli, &c.—*External remedies:*—Tepid and vapour bath;—various epispastic, rubefacient,—and stimulant plasters, liniments, and embrocations; Cabbage leaves.—Friction, Champooing;— Electricity,— Galvanic aura:—actual cautery,—Moxa.

398. Observations on the most effectual means of

Good letting here cannot be depended upon as in other inflammations an essential remedy early in ye disease in young inflammatory habits Purging is an essential remedy in ye beginning Bleeding when there is any tendency to attack ye chest must not be omitted

Acet. Colchici ~~[illegible]~~ ℥j. seu ʒß every six hours has been with Dr. C. lately a very remedy and he has found it to answer After having cleared ye bowels & relieved ye pulse ye bark may almost invariably be had recourse to with very great effect

Sudorifics ye Antimonial Powder or ye Tart. Emet. with ye Liquor Ammon. Acet. with Digitalis

Sulphur. Hydrarg. combined with Tart Emet & opium given at night will produce considerable mitigation of symptoms following next morning should circumstances admit with a Saline purgative When inflammatory symptoms are reduced Bark may then be had recourse to.

395 This will seld on a dimit of ye lancet generally but local blood letting followed by ye application of poultices for some days will generally relieve ye enlargement of joints

Ye most useful diaphoretic is Dovers Pow. Ed. given with ye Liquor Ammon. Acet. two or three times a day Blisters remedies often very useful

Cinchona in older habits combined with some of ye stimulant diaphoretics a very useful remedy Guiacum in substance with Dovers Powder Dr. has found very useful

Dulcamara Dr. C. has no experience of Mercury frequently in ye chronic form is often very useful as ye Plummers Pill & Decoct. Sarsap.

Douche has been very useful

Salt Brine very useful when ye parts have become enlarged

A light diet best suited to ye health of these patients as a vegetable diet

399 During ye colder months they should wear flannel next ye skin in ye warmer months exchanging it for calico
Cold Bath makes them much less susceptible of ye return of ye complaint in ye beginning we must be cautious about it Ye Diet should be moderate avoiding evening air &c.

401 This disease is found more particularly to prevail at ye latter part of ye winter & in ye spring of ye year

guarding against rheumatic affections, by proper clothing,—exercise, –friction,—cold bath, &c.

Of the Gout.

399. Gout, a general term, including, like Rheumatism, a number of morbid affections differing greatly both in their symptoms and seat, but all arising from the same primary cause.—The αρθριτις of the ancients;—the *Podagra* of Boerhaave and Cullen:—*Fr. La Goutte*—origin and meaning of these names.

400. Sometimes denominated from the part it affects, as *podagra,—gonagra,—chiragra,—&c.*;—but the division into *regular* and *irregular*, or rather into *tonic* and *atonic*, the only one practically useful.

401. Character of Tonic or Regular Gout;—Pain, swelling, and bright redness, suddenly affecting the joints of the feet or hands, and especially the ball of the great toe,—generally preceded by some unusual affection of the stomach;—followed by symptomatic synocha,—and going off by gentle universal perspiration, with sediment in the urine, and itching and desquamation of the part.

402. Retrocedent Gout.—Sometimes the pain, swelling, and redness which had begun in the extremities, suddenly go off, and colic, delirium, &c. take place. —This more especially the case, where the regular course of the paroxysm is improperly checked, or where slight and fugitive pain, &c. with dyspepsia, and various anomalous symptoms, mark the *atonic* form of the disease.

403. Misplaced Gout.—At other times, instead of the extremities, the stomach, brain, lungs, intestines, kidneys, or bladder, become affected with disturbance

of function, which immediately gives way upon the inflammation appearing in the extremities.

404. PREDISPOSING CAUSES;—Original constitution, often hereditary;—middle and advanced age?—virility;—full living,—neglect of exercise;—weakness of stomach;—fermented liquors of the acescent kind;—the application of lead.

405. EXCITING CAUSES:—Occasional excess in wine or spirits;—sudden vicissitude of temperature, from variable climate, season, or exposure;—sprains or other injuries;—Passions of the mind,—anxiety,—intense application to study or business;—excess in venery, &c.

406. DIAGNOSIS.—Marks generally distinguishing Gout from Rheumatism (391);—the two sometimes combined. The symptoms of *atonic* gout extremely numerous and proteiform,—often appearing as dyspepsia, hysteria, hypochondriasis, asthma, palpitation, syncope, vertigo, apoplexy, paralysis, &c. &c. according to the original or acquired tendency to those diseases;—and thereby making the discrimination between it and several other disorders, occasionally very difficult.

407. Consideration of the question whether Gout primarily a disease of the *solids* or of the *fluids*,—with an account of the subordinate theories.—Arguments for a *morbific matter*,—others for the nervous pathology;—Dr. Curry's opinion respecting the nature of gouty inflammation, being analogous to phosphoric combustion.

408. Discussion, whether regular fits of Gout remove or prevent *other complaints*, or rather, *other* and *anomalous forms of the same disease*:—arguments in the affirmative; strictures on the opinion of Dr. Heberden.

409. PROGNOSIS, twofold, viz. 1st, as respects hazard to life; 2dly, as regards permanent cure;—To

404 In those who are in ye habit of constant Exercise this is a disease that seldom takes pla

Spirit Drinkers not so frequently ye subject of gout as in those who drink wine

405 Long exposure to cold
+ more particularly sudden fits of anger sudden change of diet from a full diet to a spare diet

406 In persons ye subjects of atonic gout ye stomach is ye part principally deranged

407 In persons who are ye subjects of gout there is generally a considerable increase of ye lithic acid Persons sometimes have an attack of gout which can act alone thro ye medium of ye nervous system as in those brought on by ye various passions of ye mind

Hippocrates considered gout to consist of a vitiated state of ye bile with a variety of other opinions If evidence of an acid was decidedly have

409 The most difficult part of the treatment of gout is that of regulating the diet of your patient. In young persons we have a much greater probability of cure in the complaint when the disease occurs in Elderly persons it will be more likely to have a metastatic tendency therefore the prognosis more doubtful

411 In some instances the disease may be cut short by blood letting in young persons on the first attack occurring from intemperance with the local applications
In Elderly subjects however violent it may be we must be very cautious how far we venture even upon local blood letting.

Brisk cathartics more particularly ye saline ones will be found useful in ye young strong subject In ye older subject Rhubarb. ℥j. Fol. Sena. ℥ij. digested in a ℔j. of proof spirit of which two tablespoons full may be taken occasionally This is a very useful remedy & was first recommended by Boerhaave

a remedy very lately introduced first recommended by Hippocrates ye application of cold water in young strong subjects not used without some hazard in ye older subject it has produced death by metastasis Dr. C. doubts its efficacy if it was ~~given~~ employed ye prima via should be first cleared

ye opposite plan has ~~been~~ in some instances been found useful application of cold silk will be found very often a useful remedy as also ye application of wash bother producing perspiration upon ye part & keeping it up Soap Plaster or Soap cerate will produce ye same effect Opiates

where stimuli are indicated must be perhaps
ye most powerful we possess

Hot pediluvium very useful when there is
metastasis of gout

3 regularity in exercise & sleep of great consequence
in ye cure of this disease
Cold Bath must be ventured upon cautious by
Friction is a very powerful remedy in restoring
parts to their due functions

be drawn from the circumstances of constitution,—habit of body,—age,—condition and mode of life,—particular form of the disease,—its duration and effects,—its metastatic tendency, &c.

410. THE TREATMENT of Gout necessarily various, accordingly as the disease is—*tonic* or *atonic*,—retrocedent,—misplaced,—hereditary or acquired;—but chiefly resolved into that required *during the fit*,—and that proper *during the interval*.—The principal indications are, 1st—

411. IN THE PAROXYSM,—to moderate the violence of the inflammatory symptoms,—and conduct the disease with safety to its natural termination;—By Venæsection?—Emetics?—brisk cathartics?—gentle laxatives, diluents, and mild diaphoretics:—regulation of temperature;—application of cold water,—the circumstances and management necessary to render it safe; and cases of its fatal effects related.—Remarks on the opposite plan of—vapour bath,—oiled silk,—fleecy hosiery, &c.—External applications,—Soap plaster or Cerate,—Native Oil of Camphor, &c.—Opiates;—tonics.

412. 2dly, WHEN RETROCEDENT OR MISPLACED, to recal it to its proper seat in the extremities;—By local evacuations from the affected parts;—blisters, and rubefacients to the extremities;—Opiates, and diffusive stimulants, as Vol. alkali—Camphor,—Musk,—Wine,—Spirits, &c. very hot Pediluvium alone, or with oxygenated Muriatic Acid.—Liniment with Phosphorus?—Doubts respecting the propriety of some of these in certain cases of retrocedent gout, and success of an opposite plan illustrated by cases.

413. 3dly, IN THE INTERVAL, to remove the effects

it has produced, and obviate its recurrence,—by diet and regimen adapted to the form of the complaint and circumstances of the person.—By very moderate use of, or entire abstinence from—fermented and spiritous liquors,—animal food,—excessive study,—and sexual pleasures:—Regularity in exercise and sleep;—friction;—Cold bath;—employment of bitters, and other tonic medicines;—antacids—warm laxatives.

414. Account of the chemical composition of chalk-stones, and the methods that have been proposed for their removal.

415. Remarks on particular remedies, and modes of treatment:—Guaiacum;—Semen Sinapeos;—Ginger;—Cajeput Oil;—Sulphur;—Bath and Buxton water;—Cicuta;—Dulcamara;—Le Fevre's specific;—the Portland Powder;—the bad consequences observed to follow this powder, accounted for.—Buzaglio's method;—Vinum Colchici.—Eau Medicinale de Husson.

CATARRH.

416. Derivation, and meaning of the term.—SYN. *Destillatio* of Celsus.—*Anglicè*—A Defluxion,—A Cold.

417. DEFINITION;—Inflammatory state of the mucous membrane lining the nose, fauces, trachea, and bronchia, with pyrexia; often epidemic, and sometimes contagious.

418. SYMPTOMS;—Fulness of the Schniederian membrane, with subsequent increase of secretion,—progressively extending to the fauces, trachea, and lungs, and causing a sense of rawness and soreness of these parts, accompanied with more or less cough and expectoration:

Guiacum in ye tonic form of ye complaint
a very useful remedy
Ginger may be used as an article of diet
Ol. Terebinth may be considered more useful
generally than ye Ol. Cajeput.
Harrogate waters ye best form of giving
Sulphur
Cicuta useful as an anodyne under many
circumstances more useful than opium
Le Frores specific generally supposed to
consist of Sulphate of Zinc
Those persons who had taken ye Portland Pow dr
commonly died suddenly apoplectic
Persons labouring under gout to take very
hard exercise this was very soon abandoned
Eau Medicinale must be looked upon as a
doubtful & dangerous remedy Before giving
ye Vin. Colchic. ye primae viae must be well
cleared. There appears no doubt of their
similarity to each other.

417 These affections when slight scarcely require any medical attention
Dr Badham treatise will worthy of perusal his division into bronchitis acuta & chronica
Dr C. believed those cases of Phthisis said to have been cured have been of this nature

419 The mutability of weather in this country perhaps greater than in almost any other situation
Epidemics said to prevail generally by a peculiar direction of the wind In Epidemics there is some ground to believe that contagion will spread the disease but it is more probably owing to some communicable state of the atmosphere
During the prevalence of Epidemic no individual has been known to have it twice Children and old people ~~suffer~~ are less ~~severely~~ liable to the disease than others
In the latter it is generally attended with great danger

420 The active state runs thro its course very soon

421. In ye lessening of this complaint we
have recourse to general & topical blood
letting saline purgatives antimonial
diaphoretics Nitre given as ye common
drink ye pediluvium Blisters will
be found very useful after inflammatory
action has been subdued Demulcents may
be confined with diaphoretics Squills are
ye most useful form of Expectorant
Emetics very useful when we have no reason
to suspect affection of ye substance of ye
lungs Inhaler more especially useful
when ye inflammation is extending along
ye trachea & bronchia

422 In persons of very strong & full
habits it is absolutely necessary to have recourse
to blood letting but in ye contrary habit we
must be equally cautious It may be necessary
to have recourse to tonics & stimuli very ~~[illegible]~~ early

—Stiffness, and often great tenderness of the skin round the nose and eyes :—gravedo ;—dulness and confusion of thought ;—stiffness and soreness of the cervical muscles ;—general lassitude and aching of the limbs ;—occasional chills, particularly along the spine ;—quickened pulse ;—increased heat ;—dryness of skin ;—whiteness of tongue ;—evening exacerbation and morning remission of fever.—Eruptions about the nose and mouth.

419. PREDISPOSING and EXCITING CAUSES ;—individual disposition :—sudden change of temperature, and especially cold applied to the head, neck, and chest ;—certain states of the atmosphere operating extensively, and giving rise to an *Epidemic Cold*, or *Influenza* ;—Contagion.

420. Account of some of these Epidemics, particularly that of 1782, and of 1802-3 ;—their general and peculiar symptoms ; and their respective results.

421. TREATMENT of SIMPLE CATARRH, or that arising from ordinary causes ;—laxatives,—diaphoretics,—pediluvia,— blisters,— bloodletting,— Opiates ;— demulcents,— expectorants ;— emetics : — Inhaler ; — remarks on these.

422. TREATMENT of EPIDEMIC CATARRH, or *Influenza*, to be regulated not only by the constitution and habit of the patient, but—by the general character,—and peculiar or urgent symptoms of the disease ;—and especially, by the sudden change which often takes place, from an apparently active inflammatory state, to one of great prostration.—Illustration of this, drawn from the history of such epidemics, particularly that of 1802-3.

423. For the treatment of chronic Catarrh, see Phthisis.

Of Phthisis Pulmonalis,

Or Consumption of the Lungs,

424. Derivation and meaning of the name.

425. Character;—Cough, hectic fever,—and puriform (266) expectoration,—accompanied with general emaciation and debility,—and succeeded by colliquative sweats, often alternating with diarrhœa.

426. Symptoms very various both in number and degree, in different cases—sometimes from obvious causes, often from unassignable ones;—and hence dispute whether the pulmonary affection be the primary and essential cause,—or whether merely an accompaniment of the general disease.

427. The symptoms that more commonly occur, are—Cough, either frequent, and teazing, or occasional and severe;—sometimes dry at first, oftener with expectoration of tough phlegm, blackish mucus, or of puriform matter, sometimes streaked with blood:—Dyspnœa;—dull and oppressive, or sharp and shooting pain in the chest,—but sometimes neither:—Tongue generally foul,—often morbidly clean and red,—occasionally quite natural.—Skin in general dry and hot, but especially the palms of the hands, and soles of the feet,—with circumscribed flush on the cheeks;—often, transient chills,—more commonly, a regular febrile paroxysm morning and evening, with nocturnal sweats. *(Hectic Fever.)*—Mind little impaired; sometimes more acute—and generally confident of recovery;—but decay of the bodily functions shewn by,—gradual loss of flesh and strength, pearly whiteness of eye,—incurvation of the nails, and

25 Phthisis has been known to run thro' its whole course without any expectoration of disease differing much in symptoms

426 Sometimes we find Phthisis take place without being able to trace it to any evident cause That form which steals on with y most insidious ~~form~~ symptoms is tubercular phthisis occurring in y tubercular form it seems to be connected with some peculiarity of constitution but what this is cannot be determined
Dr. C. believes phthisis to be depending primarily upon some affection of y pulmonary system

427 Difficulty of breathing will be found in many instances to occur more particularly towards evening
Flush upon y cheek sometimes taking place only on one cheek sometimes on both

428 Dr. Cattended ye last of seven brothers & sisters who died of Phthisis at ye age of 2[illegible]
ye mother also died of Phthisis
rapid growth will predispose to ye disease
case mentioned by Richerand
Dr. Young's ye best treatise on Phthisis

429 Catgut makers Butchers Seamen Trotter
Stable Boys Withering & Grooms Coachmen Dragoons

430. Dr. Withering states that persons of any temperament with large dilated pupil are very liable to have Phthisis

431 One of ye last cases Dr. C had was that of a lady who in stooping to pick up something from ye ground had haemoptysis She afterwards died of Phthisis

It appears coalheavers are not more ye subject of phthisis than any other trades

Inhaling ye breath of persons in advanced stage may be questioned Dr. C. doubts whether phthisis is ever spread by contagion

Haemoptysis very likely to take place from a tubercle

Dr. C doubts whether syphilitic taint will ever be ye cause of phthisis it may take place in consequence of mercurial irritability

Ulceration of ye larynx producing all ye symptoms of phthisis

432 In ye vomical ye patient has a good deal of pain in ye side when ye vomica has formed we cannot have be sure of ye patients recovery
In ye tubercular phthisis ye patient is commonly troubled with a short harrassing cough generally you have a remarkably quick & small pulse ye disease generally stealing on insidiously

433 That tubercles seem to be formed in consequence of some deposition in ye interstitial or parenchymatous structure of ye lungs that is ye opinion of most moderns
Dr. Baillie says they are not be considered a morbid affection of ye glands
We are still in doubt what may be ye structure of ye tubercles Probably they may be deposited from ye minute arteries

sometimes loss of the hair.—Appetite variable,—generally impaired, but occasionally craving, and sometimes good to the last.—Vomiting after eating.—Colliquative diarrhœa, alternating with the night sweats.—Œdema of the feet and legs, with aphthæ of the fauces, and occasional delirium, often precede death.

428. PREDISPOSING CAUSES;—Original, and often hereditary tendency;—marked by irritability and weakness of the vascular system, especially of the lungs,—and by frequent catarrh or hæmoptoe.—Scrophulous habit, laying the foundation of tubercles.—Narrow or deformed chest.—Earlier period of adult age.—Variable climate;—local quality of the air.—Inquiry why so frequent in England.

429. Certain trades particularly free from phthisis.

430. Observations on certain marks considered as denoting the phthisical tendency;—Sanguineous temperament,—fair soft skin and hair,—light eyes;—tall and thin person,—long slender neck,—projecting shoulders;—long fingers, with very convex nails;—unusually white, and sound teeth.—Opposite description of persons in whom also the disease occurs;—middle or low stature—opaque skin,—dark hair and eyes,—dilated pupils,—tumid upper lip;—short fingers, with truncated nails;—Forms which it respectively assumes in each of these.

431. EXCITING CAUSES;—Pneumonia,—Catarrh,—Measles,—Small Pox,—Whooping Cough,—Various Fevers.—Spontaneous Metastasis, or repressing of certain eruptions;—Sudden variation of temperature; neglect of covering the breast and neck;—certain unknown condition of atmosphere.—Frequent over-exertion in speaking, singing, or blowing musical instruments,—Compressing the chest by tight bands, stooping posture, &c.

Inspiring certain kinds of dust or vapour.—Substances accidentally lodged in the trachea.—Inhaling the breath of persons in the advanced stage of phthisis?—Hæmoptoe:—mechanical injury of the lungs, from blows, &c.—Formation of calculous matter in the lungs.—Communication of hepatic abscess (343).—Syphilitic taint?—Mercurial irritation.—Febrile irritation from Worms.

432. Appearances on dissection, illustrated by preparations, and connected with the previous symptoms,—dividing phthisis into *three* principal species, viz.—A. the *vomical*.—B. the *catarrhal*.—C. the *tubercular*;—and explaining many particulars observed in the rise and progress of the disease,—the effect of remedies,—and the final result.

433. Enquiry into the nature of tubercles: and account of different opinions entertained respecting them.

434. Description of hectic fever, and discussion of the several theories offered to explain it;—general debility,—defective assimilation of chyle;—suppurative inflammation;—absorption of pus;—abstraction of nourishment;—hyper-oxygenation of blood—general state of the system.

435. Remarks on the Tests proposed to determine the purulent nature of the expectoration.

436. DIAGNOSIS.—Symptoms distinguishing idiopathic Phthisis from Catarrh,—Vomica,—Empyema,—Chronic Hepatitis, &c.:—these, however, often fallacious, and why.

437. PROGNOSIS;—to be drawn from—the mode in which the disease arose,—its duration,—and its slow or rapid, its interrupted or uniform progress,—the number and degree of the symptoms present,—and the effects already produced. But slightest symptoms alarming,

Hydatids in ye lungs are a very rare disease
Dr. C. has seen but one case of this sort
therefore Dr Barron's opinion is improbable
that tubercles are arising from hydatids

434 In hectic fever there is general & gradual
emaciation Debility cannot be a sufficient
cause for this fever + This opinion of ye absorption of pus was adopted
by Dr Cullen but contradicted by John Hunter
+ That state of debility brought on in diseases
that are incurable according to Dr. Hunter
This however does not appear to be ye case
as it occurs in persons who certainly recover
from diseases. Ye true & proximate cause
of this fever is not yet thoroughly understood

435 Ye appearance of ye matter Expectorated
is what we must generally depend upon Mucus
being either generally ~~either~~ whitish or yellowish
being seldom of a greenish hue mucus is
generally inoffensive ~~has~~ has generally emitting
a slight odour ye patient very often
Experiencing an unpleasant taste Dr.
Dennis Experiments & tests Mr Hunter
considered that pure pus was inspissated
by muriate of ammonia Dr. Pearson
disproves this Dr. Young's test looking

this pus between two plates of glass this he states never deceived him for these tests refer to Thomas & Armstrong.

Sometimes ye pariform matter has a sweetish taste which is generally stated to be a very unfavorable symptom

436 In ye cough that accompanies catarrh there is generally a dry ringing sound

Upon ye formation of a vomica ye quickness of ye pulse generally subsides more frequently vomica is connected with diseased state of ye lungs terminating in phthisis

In chronic hepatitis we can generally distinguish between ye two diseases by ye cough being commonly dry ye patient generally complains of some degree of pain in ye right side perhaps some ictiritious appearance with a disordered state of ye bowells

437 This is a disease very variable in its term
we are told it has terminated its course in
eight days but this might be rather consid
as a case of pneumonia That it may last
for seven or eight years Dr. C. has now a c
which he occasionally sees in a relative
having had ye symptoms for ye last seven yea

438 When this disease is excited by exposure
to cold beginning in ye catarrhal form sm
bleedings may be occasionally had recourse to ~~[illegible]~~
~~had recourse to~~ inflammatory action have
taken place to any extent when we suspect
ye presence of tubercles cupping will be a m
safer remedy as well as in ye more advanc
stage of ye disease. Blisters useful when
inflammatory action has been subdued
by small bleedings & topical blood letting

Nitre particularly useful when there is inflam
action & in this complaint
Acid. Sulph. Dilut but when there is
inflammatory action going on ye mineral
acids will be prejudicial Dr. C. would

at this time have recourse to Diaphoretics

B

Prussic Acid not so severe as would appear from Dr. Granville's statement. It is a remedy that acts as a sedative but does not appear equal to Digitalis. Opiates combined with Digitalis or sudorifics when there is inflammatory action going on it may be given in ye Poppy Pill or what is better ye Syrup. Papav. When opium disagrees as in some habits ye Ext. Conii vel Hyoscyami may be given. Breathing different kinds of air does not appear to answer generally such experiments when made must be made with great caution. Inhalation of warm water especially useful in ye catarrhal form. To this some have added other remedies as Ammonia opium Hyoscyamus. Other Inhalation of appears to have been useful from ye experiments of Dr. Pearson

C

Myrrh generally a heating tonic Dr. Bree combines it with nitre which may sometimes be found useful. In general bark & myrrh will agree with ye patient better when given with ye effervescing mixture

where hereditary tendency traceable.—Has been sometimes removed by supervening insanity, or typhus fever; and is *often suspended* by pregnancy,

438. THE TREATMENT OF PHTHISIS will depend much upon the nature of the predisposing and exciting causes, and the particular form which the disease puts on (432);—but especially upon its being—*(a)* accompanied with considerable inflammatory irritation,—or—*(b)* marked by great general loss of *power* (117, 137, 252-4).—The chief indications, therefore, are—

A. To diminish inflammatory action,—By Occasional small bleedings?—cupping,—leeches;—dry cupping;—Blisters;—issues;—setons.—Refrigerants—Nitre?—Crystals of Tartar;—Acids;—Infus. Rosæ cum Sulphate Sodæ vel Magnesiæ.

B. To lessen irritability both local and general;—by Digitalis:—Prussic Acid;—Acetas Plumbi?—Opiates;—what kinds best,—most effectual modes of administering them.—Cicuta.—Hyoscyamus:—Sarsaparilla.—Breathing different kinds of factitious or modified air.—Inhaling vapour of warm water,—Æther, &c.

C. At the same time, to support or increase *power*, as far as is consistent with the two preceding indications:—by Mild tonic bitters;—Myrrh;—Lichen Islandicus;—Lime Water and Milk, &c.—Light and nourishing diet, adapted to the patient's digestive powers; but, in general, consisting chiefly of ripe saccharine or subacid fruits, and other vegetable matters, joined with Milk:—Varieties of Milk, and its preparations:—Ass's milk—Cow's milk—butter-milk;—Goat's-milk whey;—*Koumiss.*—Bristol Water?

D. Throughout the progress of the treatment,—to

check all urgent symptoms,—and to obviate as far as practicable, such of the exciting causes as may still continue to act.

439. Modifications of treatment especially necessary under particular forms of the disease.—Remarks on certain remedies occasionally employed; and inquiry into the nature of the case, and their probable *modus operandi*, when beneficial; — Mercury;—Petroleum and its Oil;—Bals. Copaibæ,—Mecca Balsam;—Tar Water;—inhaling resinous fumes;—Cinchona;—Emetics;—Sulphur,—Sulphuretum Potassæ, &c.

440. Means proper for checking colliquative sweats and diarrhœa;—for correcting the fœtor of the expectoration, &c.

441. Remarks—On the choice of climate and situation;—On various modes of exercise;—riding on horseback?—easy carriage;—sailing;—swinging; — rotatory machine;—On the most proper cloathing;—regulation of sleep;—amusements, &c.

OF THE EXANTHEMATA,

OR FEVERS WITH CHARACTERISTIC ERUPTION.

General Observations on eruptive Febrile Diseases.

OF MEASLES.

442. SYNONYMA,—*Morbilli; Rubeola.*

443. CHARACTER;—A contagious disease, occurring but once during life,—ushered in by sneezing,—swelling, redness, and watering of the eyes,—flushed and turgid countenance,—drowsiness,—and frequent hoarse dry cough,—accompanied with fever, that is, through-

symptoms of Phthisis sometimes induced by
mechanical causes &c

439 The treatment of the three different forms
of the disease is very different In the first two
forms in the commencement of the disease the stric
antiphlogistic plan will be proper In the mo
advanced state tonics may be employed as
Bark or Myrrh

Mercury in some forms of phthisis is principal
to be relied more particularly when it is con
nected with some hepatic affection or a
disordered state of the stomach where phthisis
is connected with a syphilitic taint mer
must be cautiously administered

Balsams useful when the disease is of the
catarrhal form & when it has got into the
chronic state Balsam of Peru much recom
mended Petroleum applicable under the
same circumstances Tar water useful when
this disease is connected with cutaneous affec
& when the stomach is disordered Inhaling
the vapour of tar in Russia found useful in
the tuberculous form in this country it does
not appear to have been useful

The Bark under certain circumstances will be
found useful Emetics given occasionally
will sometimes relieve most distressing symp

Dr. Reid's evidence in favour of the catarrhal form they may be effectual in removing the complaint Sulphate of Copper Sulphate of Zinc Ipecacuanha the latter may be considered perfectly especially the last Sulphur only applicable where the disease is connected with some cutaneous affection or in the languid indolent habit Sulphuret of Potass Dr. C. cannot speak of its efficacy it was recommended by Dr Garnett a very respectable authority Muriate of Barytes a remedy which must be given with caution also the Carbonate of Bary-

440 To check the diarrhoea four remedies we can depend upon in the last stage of the disease Combination of Opium & Calomel Opium & Chalk

Colliquative Perspirations nothing equal to the Diluted Sulphuric Acid given in Infus Ros. by waking the patient in the morning giving him some small quantity of nutrimentum before the perspiration comes on we may considerably alleviate it

Foetor may be alleviated by the Carbonic Acid Gas by inhalation or medicinally administered Dr. Home recommends the patient to drink the starched drink for this purpose Milk & Lime Water may alleviate the Diarrhoea as as a beverage

41 Climate found to be most favorable is from 60 to 65 Regulated temperature not Equal to this. Exercise that most agreeable to ye patient. An open carriage when ye weather will permit best adapted to ye patient labouring under this disorder. Sailing & Swinging often useful only bro[illegible] remedies revived. These modes of Exercise produce considerable Effect on ye pulse often by lowering it. Ye patient must wear that clothing which will keep up ye most Equable temperature. Sleep we must watch ye perspi[illegible] coming on. Ye patient should retire to rest early & rise early & if necessary they may rest in ye middle of ye day. Pleasure a great remedy in this disease. Sponging ye Chest w[illegible] cold water or with brandy & water strong recommended by Mr. Hey of Leeds. When th[illegible] is applicable ye use of ye shower bath or Eve[illegible] cold bath would be more beneficial.

Diet must be always be of ye lightest kin[illegible] In old persons who are likely to fall victim[illegible] to catarrhal phthisis we may allow a mo[illegible] generous one with some fermented liquor. Exercise ye grand prophylactic here.

Climates Lisbon certain parts of ye year in which there is almost as a great range of ye thermometer as in this Country

In Madeira & Malta a much greater equability of temperature. Nice & Montpelier not very favourable. Devonshire in this County Hastings very favourable to phthisical [illegible]
Dr. C. especially recommends this place
Exanthemata

444 Dr. C. has seen this disease attack persons at y middle period of life who had not had it before therefore as does not appear to be exempt from it.

446 If constant sneezing in y beginning will generally distinguish it from catarrh with y humidity of y eye. In scarlatina y eruption appears earlier than measles being unattended generally by catarrhal affection. Scarlatina having also some swelling & stiffness about y throat.

447 When occurring sporadically it is seldom attended with any considerable danger when y disease is occurring in scrophulous habits it is generally followed by some glandular affection

448 Taking y acrid serum from y eyes & introducing it into y skin &c. It does not appear to have produced any milder form

out, of the synocha kind (175-6) :—on the fourth or fifth day, the skin—more especially of the face, neck, breast, and trunk, appears thickly beset with small red spots, scarcely elevated, running into clusters, and at the end of three days, going off in small branny scales, often leaving behind a troublesome diarrhœa,—or considerable pneumonic affection, cough, and symptomatic fever.

444. PREDISPOSING CAUSE,—a susceptibility to the specific contagion, almost universal under puberty, but gradually diminishing afterwards; and perhaps always greatest in sanguineous, irritable, and plethoric habits;—in Spring and Summer season.

445. ESSENTIAL EXCITING CAUSE;—the application of the specific Contagion, most probably in the state of vapour.

446. DIAGNOSIS.—Distinguished from Catarrh by the eruption;—from Scarlatina by the character of the efflorescence,—the state of the fauces,—the prevailing epidemic,—or tracing the contagion,—the form of the fever, &c.

447. PROGNOSIS,—To be drawn from—the general event of the disease;—the violence of the febrile state;—but, especially, from the degree of the pneumonic symptoms,—with the previous delicacy of the patient, and tendency to pulmonary complaints.

448. Account of the attempts to produce a milder disease by inoculation.

449. THE TREATMENT of Measles must be regulated by—the inflammatory form of the disease,—its specific nature as to duration,—and the particular urgent symptoms which arise in certain stages of it.——The chief indications are—A. To moderate the violence of the general febrile state;—by Venæsection?—gentle

laxatives;—moderately cool air;—vegetable diet;—cooling sub-acid diluents:——B. To prevent or check any unusual determination to the lungs, intestines, or brain, in the progress of the disease,—by general bloodletting:—leeches to the chest, abdomen, or head;—blisters to the same parts;—mild antimonial diaphoretics:—C. To guard against the bad consequences which often result from Measles,—By Opiates;—Digitalis;—Perpetual blisters, issues, or setons;—mild atmosphere,—Ass's milk, &c.

450. Question concerning the propriety of *early general* bloodletting,—Remarks on the hazard of treating the diarrhœa by astringents and opiates;—and a different mode, founded on the nature of the disease, pointed out. Bad consequences resulting from the sudden or long continued application of cold;—and means of removing them.

451. Account of the typhoid or putrid type which Measles have been sometimes observed to assume;—and the treatment proper under such circumstances.

Of Small Pox.

452. Syn. *Variola* of authors.—*Fr. La petite Verole.*

453. Character. A highly contagious eruptive fever,—occurring but once during life;—commencing with languor,—drowsiness,—pyrexia,—pain of the head and loins;—vomiting,—and soreness of the stomach on pressure:—on the *third* day generally, there appear, first on the face, and successively on the inferior parts until the *fifth*—small red spots, gradually rising into pimples, which fill with *puriform* matter, afterwards dry into

449

451 If treatment here will be principally stim
paying attention to local symptoms. There is a form of
measles unattended by catarrhal ~~[illegible]~~ here
appears they are both afterwards to ye true
form of ye disease. This called by Dr. Wilson
Rubeola sine catarrh.

453 In children ye vomiting does not
take place in ye very beginning, it is generally two
or three days before ye eruption becomes complete
when ye eruption is completed not unsequently
a slight diarrhoea comes on which may be
considered a very favorable symptom

From ye eleventh to ye fourteenth day patients
will commonly sink in ye confluent form of
ye disease

55 variola verrucosa most commonly se
in negroes according to observation.
The variola sanguinea generally proves fatal
about the fifth day

56 When the secondary fever is ushered in with
complete vigour this is a very unfavorable symp
patients generally sinking after this
Baglivi considers the most unfavorable
symptom in this secondary fever is any
affection of respiration

457 If susceptibility to ye disease appears to continue more or less throughout ye whole of life

459 If deaths which took place in ye Small Pox Hospital in those inoculated was 1 in 700 or 80 according to ye reports of Dr. Woodville in ye natural state one in three died or in a violent Epidemic one half died

hard scabs, and, on falling off, frequently leave pits or marks in the skin.

454. Division of Small Pox into the *tonic* and *atonic* forms, or into—A. the *Distinct*—having few, detached, circular, and turgid pustules, with rose-coloured bases, accompanied by fever of the synocha type, abating considerably on the eruption taking place, and going off almost entirely on its completion:——And into—B. the *Confluent*—shewn by—more violent and typhoid pyrexia,—generally with coma and delirium;—followed by an earlier eruption (often with erysipelatose appearance) of numerous, small, flaccid pustules,—running together, and containing a thin serous fluid, or brownish ichor;—the fever abating but little on the commencement, and often increasing considerably on the termination of the eruption;—and attended with more severe ptyalism and affection of the fauces,—or instead of them, in infants, with diarrhœa.

455. Other denominations of—*mild and benign*,—or *putrid and malignant*,—accordingly as the symptoms are moderate,—or as they are attended with hæmorrhage, &c.—Occasional varieties—e. gr. crystalline pock. (*Variola crystallina*, Mead and Sauvages.)—Warty (*V. verrucosa*, M. and S.)—bloody (*V. sanguinea*, Mead.), &c.

456. Circumstances occurring at certain stages or periods of the disease, e. g.—in adults, tendency to sweating during the primary fever, especially at the time of eruption;—in infants, epileptic fits about the same period;—*Fifth day*, pustules begin to vesicate.—On the *eighth*, if eruption numerous,—swelling of the face, closing of the eyes, inflammation of the fauces, and discharge of viscid saliva.—*Eleventh day*—pustules

at their height;—swelling of the face, affection of the fauces, and ptyalism subside,—and are followed by tumefaction of the hands and feet, which goes off as the pustules maturate.—Secondary fever—coming on when suppurative process completed.

457. PREDISPOSING CAUSE;—A *seminium*, or susceptibility of being affected by the specific Exciting Cause, (458) which very few are entirely without,—and though varying greatly in individuals, yet most considerable in early life, and probably increased by whatever excites inflammatory diathesis, as—full living,—particular epidemic constitution of the air,—certain seasons, &c.

458. EXCITING CAUSE,—The peculiar and specific virus multiplied during the disease, and applied to a susceptible person, either in a palpable form, or in a state of vapour.

459. Advantages of *inoculated* over *casual* Small Pox.—Causes assigned for this,—choice of patient's age, and state of health;—season of the year;—preparation;—early management of the disease;—quality of the matter used?—quantity introduced?—Remarks on each of these heads;—with precautions necessary to the success of the operation, and security of the patient.

460. Phenomena of the disease explained on the commonly received humoral pathology.—Objections to this.

461. DIAGNOSIS.—Difficulty sometimes of distinguishing Small Pox from other febrile diseases, in the early stage of the disease;—circumstances requiring attention for this purpose, e. gr. prevailing epidemic,—ascertained exposure,—probable communication, &c.—Occasional concurrence of Small Pox and Measles:

461 Dr. C. has known y disease at first mistake for Scarlatina. Generally y severe & distinct pain in y loins will enable to distinguish small pox from other Exanthemata

462 When y disease occurs from inoculation y prognosis may be almost always considered favorable

As to y terminations of y casual disease in maybe affections of y lungs terminating in phthisis glandular swellings & marasmus
very troublesome affections of y eyes sometimes terminating in complete blindness

In strong & full habits blood letting which m
be had recourse to with much greater caution
than in other inflammatory diseases
Purging will be essentially necessary in ye
beginning of this complaint Emetics are very
useful remedies in ye beginning of this complai
ye Tartar Emetic in solution may be given.
Cold Air useful & essential in ye treatment
Cold Affusion in very strong plethoric hab
where there is much febrile irritation

B Purgatives small quantities of Calomel
either combined with Pulv. Rhei or with Ext.
Colocynth. Infus. Serpentaria with
Ether Ammonia or Camphor small portion
of wine may be allowed

Blisters essentially useful
Brisk fermented liquors in ye typhoid form
of ye disease will be useful

consequences of this.—Marks whereby to distinguish Small Pox from Chicken Pox (467-8).

462. PROGNOSIS.—The disease generally most severe in adults,—in plethoric, irritable persons,—and in scrophulous habits: — probable causes of this.—The danger usually in proportion to—the quantity of eruption,—its confluence,—and, to the degree and kind of pyrexia which attends (B. 454).—Symptoms that forebode a confluent eruption.—General bad signs;—fever continuing high after eruption complete, especially with delirium, coma, &c.—pustules ceasing to fill, or flattening; —their having a pale or livid disc;—intermediate erysipelas, or petechiæ:—sudden subsiding of the ptyalism and swelling of the face, without consequent tumefaction of the hands and feet;—hæmorrhage from the nose, intestines, &c.—Danger from subsequent complaints.

463. THE TREATMENT OF SMALL POX necessarily very different, not only from the general *tonic* or *atonic* form it assumes,—but from the changes that take place in the successive stages of—primary fever,—eruption,—maturation,—and secondary fever;—and the urgency of particular symptoms in individual cases.—The general indications, however, are—A. In the *tonic* form, to moderate the violence of inflammatory state by —Venæsection;—purging;—vomiting:—antimonials;—application of cold air,—cold affusion;—vegetable diet —cooling subacid drink;—Nitre? &c.—B. In the *atonic* form, to remove irritation from the primæ viæ by gently emptying the stomach and intestines:—and afterwards to support the *power* of the system, and prevent or correct the septic tendency,—by the use of Cinchona, Cusparia, &c.—vegetable and mineral acids:—Wine;—Cam-

phor;—Opiates;—warm diaphoretics;—fomentations;—blisters;—brisk fermenting liquors;—Carbonic Acid glysters; &c. &c.

464. Management necessary under urgent symptoms—e. gr. when convulsions occur;—when the eruption does not appear;—when the pustules flatten;—when the affection of the throat, and the difficulty of swallowing and breathing are very great;—when the patient is sleepless, or troubled with cough;—when the secondary fever takes place.

465. Of the means recommended for preserving the eyes from injury, and lessening or preventing the deformity of pits, seams, &c.

466. Diet and regimen proper after violent Small Pox, to guard against the consequences that often follow.

Of the Chicken Pox.

467. Synonyma.—*Varicella*, Cull.—*Variolæ Pusillæ*, Heberden:—bastard, Chicken, or Swine Pox.

468. Character;—A specifically contagious eruptive disease, occurring but once during life, and communicable by inoculation:—febricula of the synocha kind, followed by few and scattered pustules like Small Pox, which vesicate at top, then dry into crusts without suppurating, and rarely leave any marks behind.

469. This disease so slight in general, as not to require medical treatment; and only demanding particular attention from its resemblance to Small Pox, whereby it has often misled into a false security, from the belief of a person having had that disorder in a mild form, either casually, or by inoculation.

468 Dr. Arbroden states 7 pustules in this disease seldom if ever exceed 200
Dr. Thompson states varicella to be a modification of variola. It is a disease however which originates from a very distinct & specific poison. Dr. T. does not appear to be confirmed in his statement by practitioners

469 It is a disease generally very distinct in its character from small pox
Dr. C. believes that those cases of chicken pox said to have followed cow pox have been cases of modified small pox

Dr. C. alleges [illegible] a disease which [illegible]
in ye animal itself

473 This disease not so likely to stir up latent
diseases in ye system In ye greater number
of children Dr. C. has seen with cutaneous
diseases 19 out of 20 had had small pox
upon enquiry It is a disease which in
scarcely any instances has been attended with
any eruption
Ye spurious vesicle generally assumes ye
form of a cone being neither so circumscribed
nor of so broad a base Its contents will be
generally found opaque instead of a colourless
fluid Dr. Willan describes three sorts
Small Pox has not occurred in ye Island of [illegible]
since vaccination was introduced

474 Matter ought to be taken from about ye seven
to ye tenth day Ye part where ye vesicle forms
should not be rubbed Dr. Willan asserts [illegible]
has seen ye disease fail from a draining of ye
vesicle Vaccinous virus if carried in ye
pocket be long ye heat of ye body will [illegible]

Of the Vacciola, or Cow-pock.

470. Syn. *Cow-pock*, Gloucestershire;—*Pap-pock*, Norfolk;—*Shinagh*, Ireland:—*Kine-pock*, America;—Vaccine disease:—*Vacciola*.

471. Character;—A specific, febrile (?) disease,—occurring but once during life,—communicable with certainty only by inoculation with the peculiar *lymph*, which produces a single, flattish, circular, spongy pustule, of a pale, bluish white colour,—gradually spreading for some days, and becoming surrounded with a red areola;—the centre first, and progressively the whole pustule, changing to a dark coloured hard eschar; that dries into a *concave* shining scab, and on falling off leaves a slight mark upon the skin.

472. Historical account of the disease;—and Dr. Jenner's claim to the invaluable discovery of its being *A certain, easy, and universally practicable preventative of Small Pox*, vindicated.—Question respecting the original source of Vacciola.

473. Comparison of Small Pox with Vacciola, in the severity of the two diseases,—and the consequences resulting from them, as introducing new or bringing forth latent disorders.—Comparative rapidity of progress in the action of variolous and vacciolous virus; and practical deduction from thence.—Possibility of accidental commixture in the infection, or casual concurrence of the two diseases, illustrated by cases; and explaining the discordant opinions at first entertained respecting the phenomena proper to Vacciola.—Remarks on the *Spurious Pustule*,—its character,—the mode in which it is produced,—and the mischief which may eventually

ensue from it.—Source of the doubts as to the future security against Small Pox by vaccination; and circumstances which, if duly adverted to, will tend to resolve this difficulty.—Proposed test of constitutional affection.

474. Cautions necessary to ensure the success of inoculation, with respect to—the date and condition of the pustule from which the matter is taken,—the mode of preserving the infection,—the state of the patient's health,—the method of inserting the matter, &c.

475. Account of the appearances which the inoculated part occasionally assumes,—alarm which these at first created, and the active steps taken in consequence;—together with the simple treatment alone required for their removal.

Of Erysipelas.

476. Syn. Ερυθημα, Hipp.—*Ignis sacer*;—*St. Anthony's Fire*;—*the Rose*;—*Shingles.*

477. Character:—A shining redness of the skin, of a florid yellowish, or crimson hue,—becoming white on pressure, but returning immediately after;—attended with burning pain;—extended or changing place irregularly, and often occupying a large surface;—commonly going into numerous watery pimples or vesicles, which oftenest terminate in resolution and mealy desquamation, occasionally in suppuration, and not unfrequently in gangrene. The attack is usually preceded, accompanied, or followed, by Synochus pyrexia, and this commonly attended with drowsiness, and frequently with stupor, and low delirium. *(Typhomania.)*

478. Erysipelas differently denominated by authors, as affecting particular parts, e. gr. the face and head,

inserting of matter we must be very cautious
t to produce any discharge of blood which might
ish away of matter

475 If considerable inflammation should occur
of gentlemen wash may be applied or cold water giving of chil
a purgative where of scab does not separate
we may apply of Ung. Hyd. Nitrat.
Inflammation generally very speedily subsid

477 It is not a disease which has any particu
period It will commonly run a course
of about eight or ten days If eruption does
not appear to produce any relief to of
symptoms

478 Dr. Cullen considers delirium to be an extension of ye disease. Affection of ye brain a very usual & common symptom. Dr. C. has seen but one case where ye fauces were affected which terminated fatally

so occurring in them generally during ye first
month termination in destruction of ye part
where ye affection took place About one
three died Dr. Underwood states he generally
found it connected with peritoneal inflame
when it prevailed Epidemically Bark
strong spirituous embrocations ye most sucapp
treatment It generally occurred in ye child
of poor persons.

482 Dr Curry's opinion appears as hypothetical as any of ye opinions of ye ancients

483 Sanguineous & choleric temperament
Persons who have had ye disease more liable to be attached with it a second time ye disease most prevalent at that time of ye year when ye hepatic secretion is deranged

Sideratio,—the trunk of the body, Ζωστηρ, *Zona, Shingles*;—the extremities, *Rosa*, (SENNERT).—It occasionally extends to, or attacks, the brain, fauces, œsophagus, or intestines,—producing symptoms of phrenitis, coma, &c.—or of angina (*A. erysipelacea*),—of gastritis (*G. erythematica*—) or of Enteritis (*E. erythematica*—).

479. Distinguished also as being—A. acute, or—B. chronic;—C. superficial and spreading (*Erys. phlyctenodes*, Cul.), or—D. more deep seated and fixed (*E. phlegmonodes*, Cul.—*Anthrax?*);—as—E. primary, or —F. symptomatic;—as G. merely topical, or—H. attended with its peculiar fever, (*Febris erysipelatosa*,—Sydenh.) or—I. supervening upon fever of any other kind.

480. Account of an Epidemic Erysipelas attacking the abdomen of new-born children.

481. ESSENTIAL CHARACTER OF ERYSIPELATOUS INFLAMMATION, contrasted with that of the simply Phlegmonous, in—its appearance,—the parts it attacks,—its migratory progress,—metastatic tendency, —and most frequent terminations.—Occasional mixture of the two (C.—D. 479);—and important distinction of Erysipelas, as partaking *more* or *less* of the *atonic* form, and as being attended by, or free from, a corresponding pyrexia.

482. Remarks on the humoral pathology of the disease.*

483. PREDISPOSING CAUSES;—Peculiarity of constitution or habit,—depending chiefly, perhaps, on

* DR. CURRY *entertained the opinion that the inflammation might arise from a combination of certain principles, analogous to the process of combustion.*

certain original structure or acquired condition of skin;—but often evidently associated with irritability both of body and mind,—with gross habit,—indolence—and full living,—advanced age,—and habitual excess in spirituous liquors; with particular state of the hepatic function:—Autumnal and Summer season.—Hydropic diathesis.—Preceding attacks of the same disease.

484. EXCITING CAUSES.—Insolation, or exposure to the scorching rays of the sun, especially under violent exercise;—occasional excess in spirituous or acescent fermented liquors;—certain articles of food and drink particularly affecting individuals:—Mercurial irritation;—various acrid applications, e. gr. Cantharides, Mustard, Ammonia, Euphorbium, &c.—stings or bites of venomous insects;—puncture of leech in some persons;—burns, and scalds;—contused or lacerated wounds, especially in tendinous, ligamentous, and membranous parts;—fits of anger?—sudden refrigeration when overheated;—stopping customary discharges from issues, &c. or repressing chronic eruptions:—Epidemic influence of atmosphere:—peculiar contagion?—Remarks on these.

485. DIAGNOSIS.—Circumstances distinguishing Erysipelas from other cutaneous inflammations.

486. PROGNOSIS.—To be drawn from a collective view of the patient's age, previous health, and mode of living, &c.—the nature and degree of the exciting cause;—the part affected;—the disease being merely topical, or—accompanied with inflammatory or typhoid fever, delirium, coma, &c.—its tendency to metastasis,—and its common disposition to gangrene.

487. TREATMENT necessarily varies in several respects according to the circumstances of the case; but chiefly turns upon the *more* or *less* atonic type of the

84 Such for instance as labourers [illegible] [illegible] [illegible]
[illegible] harvest.

Found more particularly to prevail when ye
weather is cold & moist
It will prevail in a particular ward or wards
& is not seen in other wards

Dr. Wilson however states that in twenty three
years practice he met with but one case which seemed
to have been strictly conveyed by contagion But we have
more evidence in favour of its being conveyed
by contagion

485 In its true form generally beginning in one
particular spot & spreading to ye neighbouring
parts attended with hyperexia inflammatio
gradually spreading.

486 Occurring at a late period of life or in
those of weakly constitutions or in those of
debilitated habits it generally terminates in ye
gangrenous form
When accompanied very early with very urgent
typhoid symptoms it is a disease generally
indicating very great danger When there is
a disposition to metastasis it is a disease of
great danger

487 A In ye young plethoric subject we must be
very cautious in blood letting
Leeches more particularly if ye disease is ye
consequence of an injury

Emetics very effectual & useful in ye beginning
Dr. C is scarcely called to any case in which he
does not give an emetic in ye first instance
Blisters to ye back of ye neck but not to be
applied to ye inflamed surface
Cathartics consisting principally of Hyd. Sub
in small doses ye best purgative or combining
them with Opium or Chalk In strong pale habits
ye saline Purgatives also Nitre as ye common
drink Blisters over ye region of ye stomach

ve there is irritability of this organ

B Back in some forms of ye disease ought to be exhibited as early as ye stomach will bear it under such circumstances where ye patient can bear ye Cinchona ye lighter tonic bitters as Cascarilla at ye same time supporting ye strength by small quantities of wine Spt. Camphor. Comp. a very useful application especially in elderly persons where ye disease shews a disposition to gangrene

Confect. Opii sometimes may be combined with small doses of ye Hyd. cu. Cret. Hyd. Sulmur or ye Blue Pill Opium ought not to be ventured upon till ye bowels are well emptied

ye Liquor. Plumb. Acet. Dilut an application which ought to be used with great caution

ye Lotions generally found most useful are those containing a small quantity of Spt. Vin or ye Liquor Ammon. Acet.

Simple dry ~~[illegible]~~ in ye bleachier form a very comfortable & soothing application

488 ye exclusively form very commonly
occurs in ye country ye opposite form in Lond
large manufacturing towns &c
As occurring sporadically or at different
periods of ye year it is assuming different
types

489 Dr. C. doubts ye circumstance of Pemphig
being a contagious disease according to Cullen
ye general treatment is that of supporting ye
system &c.

disease, both locally and generally. The principal indications then are

A. *To lessen Inflammatory Action*, whether local or universal, by the antiphlogistic plan, carried as far as the violence of the symptoms, and the strength of the patient may require, and as the acknowledged atonic character of the disease in general will safely admit;—by Venæsection?—leeches;—purging;—what cathartics most proper;—by Nitre?—cooling diluents;—mild diaphoretics.

B. *To support Power*, and thereby to prevent any rapid sinking or sudden metastasis from taking place, and to obviate their effects when they have occurred;—by Cinchona or other tonic bitters, either alone or joined with acids or alkalies;—by wine;—by the occasional use of certain purgatives;—by blisters,—stimulant fomentations,—warm diaphoretics, e. gr. Ammonia, Serpentaria, Confect. Opii, &c.—Cautions respecting Opiates under certain circumstances.

C. To *diminish local Irritation* by applications to the inflamed part.—Remarks on the different and dissimilar articles recommended for this purpose; and on the circumstances to which they may be respectively adapted:—Liq. Plumbi Acetatis dilut.—Spt. Vini;—simple water;—Aq. Mephitica alcalina;—Liniment. Calcis;—Why oily or greasy applications in general aggravate the inflammation:—Simple dry warmth:—Pipe clay:—Starch, &c.

488. Remarks on the different treatment necessary according to the age,—constitution,—and habit of the patient;—as occurring in country places, or in large manufacturing towns;—in different seasons;—and as being sporadic,—or epidemic.

489. Is PEMPHIGUS allied to Erysipelas?—Circumstances in which they agree;—others in which they differ.—General conclusion.

SCARLATINA ANGINOSA.

OR SCARLET FEVER, WITH SORE THROAT.

490. GENERAL CHARACTER.—A specifically contagious, and generally epidemic disease, occurring but once during life;—commonly attacking between ablactation and puberty;—beginning with sudden prostration of strength, lassitude and frequent chills, followed by continued, intense, and pungent heat of skin,—very quick small pulse,—sometimes vomiting,—generally head-ach,—great restlessness, anxiety, and tendency to, or actual delirium;—the eyes are humid and red,—the countenance flushed, and face swelled, especially about the nostrils, lips, and lower jaw,—with painful stiffness and fulness extending round the throat and neck:—the breath is unusually hot;—the respiration frequent, often difficult;—the voice guttural, and deglutition painful:—the internal fauces on examination appear very red, tumefied, and covered with whitish or ash-coloured sloughs, which occasionally degenerate into deep gangrenous ulcers, with discharge of fetid and corrosive ichor or sanies from the nose and mouth, accompanied with enlargement and frequent suppuration of the parotid and submaxillary glands,—otorrhœa, and temporary, or permanent deafness. Between the second and fourth day inclusively, the skin becomes more or less uniformly covered with a bright scarlet efflorescence, scarcely eminent,—changing after a few days to a dusky

90 This disease sold on attacks after fuber
children under ten years of age being mu
more liable to it than they are afterwards
Dr Currie considers this disease to use his own
words of "hottest disease to which of human
frame is subject"

491
The disease does not appear to be influenced by the quantity of efflorescence that takes place on the skin

492 To Dr. Willan's work mean referred to for the history of Scarlatina as being very excellent

493 It does not appear when this disease attacks in the very mildest form is a sufficient security against a second attack
It does not seem that those who have the Scarlatina Anginosa are ever again the subject of the disease
There is great necessity indeed for children being kept from the influence of contagion who may have had the disease before

94 Children of ye scrophulous diathesis and who are of irritable habits
This disease generally prevails most severely during ye autumn & winter months

This disease is supposed to act especially upon ye ~~mouth~~ throat & fauces & frequently begins by a particularly unpleasant taste in ye mouth. Ye means that have been attempted for preventing ye system being contaminated have hitherto failed

495 Ye eruption in scarlatina generally appears earlier than in measles in scarlatina we seldom find ye papillae appear in clusters When cough attends in scarlatina it is generally dry unaccompanied by expectoration

Efflorescence in purpura generally consists ~~generally~~ of a number of distinct purple specks or patches

In Erysipelas ye appearance of ye skin is generally smooth & shining

In Urticaria we find ye elevations of ye skin are of a round & oval appearance ye appearance in ye middle being similar to that from ye stinging of a nettle

In ye small pox there is always roughness of ye skin inspecting ye throat it will pa on very different appearances

496 In proportion to ye affection of ye throat so will be ye danger of ye disease ye febrile symptoms in this state being generally of ye typhoid & atonic form

This disease when prevailing epidemically has occasionally attacked women in ye puerperal state & here has generally proved fatal

brown colour, with subsequent desquamation of the cuticle.—The patient, when convalescent, often suddenly attacked with dropsical swellings.

491. Variations in the state of the skin, tongue, urine, and bowels, in the different stages or forms of the disease.—Particular symptoms occasionally taking place in individuals, from idiosyncrasy, or accidental co-operation of other morbid causes;—and unnecessary multiplication of species thence made by authors.

492. Historical sketch of the disease as given by writers, tending to reconcile the dissimilar accounts of it, and determine the identity of *Scarlatina simplex*, *Scarlatina anginosa*, and *Angina maligna*.

493. Question of its specifically contagious nature, and its occurrence but once during life discussed;—with the sentiments of Drs. Withering, Currie, &c. upon these points; and importance of this question in respect to the hazard of individual exposure, and the measures required for general security.

494. CAUSES.—*Predisposing;* a susceptibility to the peculiar contagion, which perhaps most adults possess in greater or less degree, but diminishing rapidly after puberty, and becoming nearly extinct in middle age.—Marks of constitution and habit which seem to dispose to aggravated degrees or particular forms of the disease. —Seasons, epidemic influences, and other extrinsic causes, giving similar tendency.—*Exciting cause;*—the Specific Contagion generated during the febrile state of the disease. Mode in which this has been supposed to act; and efficacy of certain means of cure deduced from thence.

495. DIAGNOSIS. Symptoms distinguishing the va-

rieties of Scarlatina from Measles,—from the Purpura, —Erysipelas,—Urticaria,—Aphthose Angina, &c.

496. PROGNOSIS.—To be drawn, on the one hand, from the *violence of the febrile commotion,*—on the other, from *the degree of the Anginous affection,*—and on both, from the general *tonic* or *atonic* form which the disease puts on;—but this greatly assisted by a consideration of the patient's age, constitution, and habit of body;—together with the general event of the reigning epidemic,—the period of the disorder,—and the effect of the treatment already employed:—and lastly, the chance of other diseases to which it frequently gives rise.

497. TREATMENT. Account of the opposite extremes inculcated from preconceived theory, and obstinately pursued by their respective abettors; and comparison of their usual results, with that of the varied plan adapted to the nature, duration, and general tendency of the disease, and the predominant type it assumes in the individual case; illustrated by proofs, shewing the mischief of confidence in reputed specifics.

498. The leading indications are, A. To moderate the general febrile commotion with as little loss of *power* as may be, by—(*a.*) removing irritation from any morbid colluvies in the tract of the alimentary canal;—by Emetics,—Purgatives: remarks on the *kinds* of each most proper,—their common and individual *modus operandi,*—and the circumstances limiting or precluding their use:—(*b.*) abstracting any excess of heat, whether arising from pyrexia, or external temperature:—Cold affusion,—cold ablution,—particular articles that may be employed in the latter mode: regulation of bed-

497 In this disease we must adapt our treatment to ye nature of ye disease symptoms constitution &c having no antidote

498 When this disease occurs in very strong plethoric habits having nothing of ye malignant form we have recourse to blood letting from ye arm having recourse to local blood letting in ye congestion of any organ

In ye general an emetic may be a very useful & efficacious remedy & if given in ye beginning will often cut ye disease short if not it will always mitigate ye symptoms Purgatives after ye exhibition of an emetic a few grains of ye Submur. Hydrarg. may be given in ye inflammatory habit ye saline purgatives may be given

Cold affusion very useful to be perseverd in cold ablution very inferior to ye former It has been recommended to join other articles with ye water when necessary vinegar will be ye best addition
Temperature of ye room must be kept moderate

Mild diaphoretics of ye antimonial form Tepid diluents with ye vegetable acids as beverage Digitalis in ye beginning will produce but very little effect Opiates must be had recourse to cautiously they may be combined with other remedies

499 Purgative a small quantity of Hyd. Salmac. repeated every two or three hours donec alv. respond. with a small quantity of Rhabarb. or Ext. Colocynth In this way we must remove constipation of ye bowels

Ye mineral acids are now always rely on instead of Bark

Other a very useful addition ye other remed. Tonics

Ammonia a very useful stimulant remedy I should rather rely on ye mineral acids particularly ye Muriatic combined with Bark or Contrayerva &c

501 If disease most likely to follow
Scarlatina is dropsy it appears to be
much less frequent than formerly owing
to blood letting being much less had
recourse as well as gangrene
In this disease we must prevent inflam-
mation extending to ye ear
It has been observed that
child ren are sometimes troubled with urine
containing a considerable quantity of
coagulable matter this was observed by
Dr Wells & he had recourse to bleeding in
small quantities purging &c which were
effectual

502 Necessary to guard particularly against
ye infection of this disease the much caution
cannot be had recourse to

clothes, and of atmospheric temperature:—(*c.*) restoring the cuticular transpiration by remedies acting on the stomach,—by mild diaphoretics,—tepid diluents:—(*d.*) diminishing the morbid irritability of the heart and arteries to the stimulus of the blood,—by Digitalis,—Opiates?—or (*e.*) if necessary, lessening the stimulus of this fluid from its quantity, and perhaps quality,—by Venæsection,—Leeches, &c.

499. B. In the more atonic and advanced stages of the disease, to support the *power* of the system, and to obviate the general septic tendency, or to correct the actually septic state of parts, by—(*a.*) light vegetable food,—diluted Vinous liquors:—(*b.*) the more simply tonic remedies;—Calumba,—Cusparia,—Cinchona? &c.—(*c.*) articles which operate chiefly by their general or local stimulus, and prevent the *action* from falling below the degree necessary to the maintenance of *power*;—Contrayerva,—Serpentaria,—Seneka,—Æther,—Capsicum,—Ammonia, &c.—(*d.*) articles that are chemically antiseptic;—Carbonic Acid Gas,—Infus. Rosæ,—Oxygenated Muriatic Acid,—Astringent Gargles.

500. C. Throughout the disease, to watch and relieve particular urgent symptoms,—as vomiting,—difficult respiration and deglutition,—delirium,—diarrhœa, &c.—by Tepid Bath or Fomentations,—Blisters,—Leeches,—Opiates, &c.

501. D. To guard against the diseases which are frequent sequels of Scarlatina.—Account of these diseases,—their respective frequency,—the circumstances under which they more especially take place,—and the means suited to their prevention.

502. Remarks on the measures proposed for limiting

or destroying the Contagion, and their ascertained effects.

Of Cholera.

503. Origin and meaning of the term χολερα.—Syn. *Cholorrhagia?* or *Gall-flux?*—*Mordechin.* E. Ind.

504. Character.—Sudden and spontaneous attack of vomiting and purging of bilious fluid,—with severe pains in the stomach and bowels,—great anxiety,—prostration of strength,—and violent cramps in the muscles of the belly, and in the calves of the legs.

505. Detail of symptoms in the order in which they usually occur;—and occasional variations in the degree and form of the disease, and in its result, from the cooperation of assignable causes: Varieties—*Ch. Spontanea,*—*Ch. ab ingestis.*—Remarks on the ancient distinction into *Ch. humida,* et *sicca.*—Cholera frequently precedes Dysentery in hot climates,—or accompanies the first paroxysms of intermitting and remitting fevers. — *Ch. Febrilis,* — *Ch. Intermittens.* — Sometimes changes to Bilious fever (Hepatitis) or Enteritis; especially under certain management.

506. Circumstances which serve to distinguish idiopathic Cholera, from the porraceous vomiting and purging caused by certain poisonous ingesta.

507. Predisposing Causes; peculiarity of constitution, generally termed *bilious,* and often marked by irritability of stomach and intestines, and irregular excretion from the liver.—Long continued hot weather;—autumnal season;—*phytoseptic* mia ma:—certain epidemic influence of atmosphere.

508. Occasional or Exciting Causes. Sudden refrigeration after excessive heat;—drinking largely of

504 Cholera in this country is a mild disease compared with that which occurs in ~~milder~~ warmer climates

505 This disease is seldom ushered in with pyrexia but on ye contrary

Sometimes Entiritis may be owing to ye heating treatment which has been recommended in ye first instance

506 In persons who have taken poison there is generally great fullness of ye face

acid, or fermenting liquors;—eating cold, sour, or unripe fruits,—raw vegetables,—or any food difficult of digestion.—Drastic emetics or purgatives.—Passions of the mind.—Retrocession of Eruptions, Gout, &c.

509. Proximate Cause. Sudden and excessive secretion and excretion of acrid bile, exciting violent spasms in the stomach and intestines, and profuse serous discharge from their surface.

510. The Prognosis must be drawn from the previous state of health and vigour of the patient,—the degree and kind of the symptoms present,—the duration of the disease,—the nature of the remedies (if any) already used, and their effects.—Symptoms which portend danger;—those which augur a favourable event.—In hot climates, occasionally terminates in chronic diarrhœa, or dysenteric state.

511. Treatment. The indications are—1st, to evacuate the offending matter; and 2dly, to prevent the strength being exhausted by the violence of the pain, or the profuseness of the discharge.—Circumstances under which the first may be attempted directly; others in which the second becomes necessary to obtaining the first with safety and effect.

512. Means suited to the first indication;—plentiful dilution with bland mucilaginous fluids: kinds of these usually employed, and choice of them under certain circumstances.—Sometimes mild laxatives: cautions respecting these.

513. Means adapted to the second indication:—Opiates in quantity and frequency proportioned to the urgency of the case;—rules for their choice and mode of administration:—warm bath;—fomentations;—pediluvium.—Stimulant and anodyne liniments and embro-

cations.—Simple bitters and aromatics.—*Infus. panis tosti*:—ancient polenta.—Aq. meph. alcalina:—other alkaline remedies.—Haust. effervescens,—&c.—Nutritive food in small quantities.

514. Management necessary when the violence of the disease is allayed, to avoid its renewal, and prevent fever or inflammation from supervening: symptoms denoting the approach of these respectively.

515. Treatment proper during convalescence,—to prevent insidious disease from establishing itself in other shapes (510)—Probable means of avoiding future attacks of Cholera.

516. Description of the violent and destructive *Tetanic* form which this disease assumes in the East Indies.

Of Diarrhœa.

517. Origin and meaning of the term.—Synonyma. *Alvi-fluxus*;—*Lienteria*;—*Cœliaca*;—*Enterrhœa*?—*Purging, Looseness.*

518. Ch. of Idiopathic Diarrhœa;—Unusually frequent, liquid and rather copious stools, generally more or less fœculent;—without vomiting, violent pain, or primary fever;—and not depending on weakness of the sphincter ani.

519. Strictures on the nosological place assigned to it by Dr. Cullen.

520. Diarrhœa not only varies considerably as an idiopathic disease, but is a common or accidental attendant upon many disorders both acute and chronic, general and local. Hence the necessity of minutely investigating its rise, progress, duration or recurrence,—preceding and accompanying symptoms,—and assigned

or probable causes,—in order to determine its nature, or direct its treatment.—Circumstances distinguishing Diarrhœa from Dysentery, and from Cholera:—alliance between these, and mutual conversion of them, shewn.

521. Variety in the colour, &c. of the matters evacuated, giving not only particular denominations to certain forms of the disease, but also affording important instruction as to their especial seat and cause:—viz. their being stercoraceous (*D. crapulosa*);—containing undigested food (*Lienteria*);—being chalky;—yeasty:—inky (*Melæna*);—yellow (*D. biliosa*);—green, curdly (*D. infantum*)—glairy (*D. mucosa*);—milky (*Cœliaca*);—serous (*D. colliquativa*);—bloody (*D. sanguinolenta,—Hepatirrhœa?*);—puriform (*D. purulenta*):—or, their being fetid,—acid—or nearly inodorous, &c.—being copious or scanty;—occurring chiefly in the day, or in the night;—soon after taking food,—or at any regular or more distant interval.

522. Predisposing Cause. Original or acquired irritability of, or tendency to increased secretion from, the surface of the intestines.

523. Exciting Causes. Cold applied, especially to the lower extremities.—Fear,—Anger,—and some other mental affections.—Diminished or suppressed perspiration.—Crude or sour fruits,—vegetable acids,—or fermenting acescent liquors.—Particular articles of food in individuals, though inoffensive to others.—Sudden change from animal to vegetable food,—and the reverse.—Change in the water, &c. used.—Hypercatharsis from drastic purgatives, or from acrid matters swallowed.—Certain contagions.—Spontaneous Recession, or artificial Suppression of cutaneous Eruptions, or stopping profuse or habitual discharges from sores,

&c.—Metastasis of external inflammation.—Irregular, but oftenest defective state of the Hepatic functions (527).

524. Enumeration of diseases in which diarrhœa is a common and prominent symptom,—and in which it sometimes proves critical and salutary,—but often so much the contrary as to demand special attention, e. gr. Fevers,—Dentition,—Worms,—Phthisis, &c.

525. PROGNOSIS,—to be drawn from a consideration of the patient's age,—constitution,—and previous state of health;—the assignable causes of the disease;—its duration,—attending symptoms,—and effects,—with the remedies already employed, and their operation.

526. TREATMENT. This necessarily very different, from the various nature of the disease; and often can be only palliative; but if the discharge be not salutary, and therefore demanding encouragement or regulation, —the leading indications will be—

A. To allay morbid irritability of the intestines; —by Opiates.—Tonic bitters, as Calumba,—Simarouba,—Lichen Islandicus, &c.—Astringents, as Hæmatoxylon,—Catechu,—Kino,—Resina Acoroidis,—Infus. Glandis Quercus torrefactæ, &c.—Calamine,—Sulphas Zinci.—Alumen, Acetas Plumbi? &c.—Cautions respecting astringents.—Choice of these several articles, as respectively adapted to particular cases; and modes of administering them.

B. To expel or correct any preternatural stimulus applied to them;—by Emetics,—Purgatives,—Glysters;—Mucilaginous diluents;—Alkalies,—Antiseptics.

C. Where, as generally happens, the causes A and B are combined, so must the remedies be either

525 The prognosis in diarrhoea may be generally considered favorable

In young persons it may be considered a disease very readily yielding to treatment

526 Opiates when there is very great irritability of the intestines may be generally given in an uncombined state The Best mode of giving them under other circumstances will be in combination with sudorifics or mercurials

Cusparia a very excellent tonic much better than Simaruba

Lichen Islandicus when diarrhoea is existing will often increase it

Haematoxylon in the form of decoction or extract a very powerful astringent remedy

Kino when the vegetable astringents are indicated will perhaps be found more useful than others

Oak Bark is another powerful astringent remedy Sulphate of Zinc a useful tonic as well astringent remedy

it may be often be beneficially employed in Phthisis

Doubtful whether ye Acetas Plumbi is a remedy we can much rely on

Alumen given in ye Infus Ros. with a few drops of ye bin. Opii often very useful

B Emetics especially useful in that diarrhœa brought on by infectious air as ye dissecting room if it does not cut it short it will generally materially relieve them when there is offending matter retained in ye bowels purgatives must be given as Submur. Hydrarg. combined with Jalap. Rhubarb. Ext. Colocynth as circumstances indicate

According to ye nature of ye evacuations alkalies & antiseptics as in ye acid stools of children alkalies will be highly beneficial

Authors have differed as to pyrexial symptoms being necessary to ye disease when ye disease occurs as an epidemic ye fever generally partakes much more of ye typhoid form

531 Dr. Akenside considers dysentery is intermitted rheumatism Dr. Rush considers dysentery as ye intestinal form of rheumatism as well as others

How far dysentery is contagious is a matter of doubt Dr. C. has seen but one case where dysentery could have been conveyed by contagion but that he considers rather as a casual occurrence otherwise ye case would have been much more frequent

jointly or alternately employed; whilst due attention is paid to any derangement in those organs which directly or sympathetically affect the intestines,—as the Stomach, Skin, and Liver.—Aq. Calcis cum Lacte.—Prep. of Chalk, Testaceous Powders,—Boles.—Haust. Oleosus cum Tinct. Rhei.—Pulv. Rhei cum Soda.—Dec. Ulmi.—Determining to the skin by Diaphoretics,—tepid bath,—warm clothing,—friction,—gestation.—Restoring suppressed discharges, or establishing equivalent ones:—reversing inflammatory metastasis.—Suitable diet.

527. Necessity of a due performance of the Hepatic function, to the healthy state of the intestines, illustrated by cases;—and successful treatment of apparently idiopathic diarrhœa, both recent and chronic, upon that principle.

Of Dysentery.

528. Origin and meaning of the name.

529. Character. Violent griping, tenesmus, and straining at stool, attended with frequent, scanty, and mucous or bloody discharges from the intestines, while the proper fœculent matter is for the most part retained:—generally accompanied by pyrexia, either primary or secondary, and frequently contagious.

530. Detail of symptoms attending the rise and progress of the disease; and variety in the state of the pulse, skin, tongue, &c. accordingly as it is—sporadic or epidemic,—as without or with pyrexia,—as simple, or as preceded by Cholera,—or combined with Intermitting, Remitting, or Typhoid fever,—with Hepatitis,—Enteritis, &c.

531. Examination of its alleged identity with Rheu-

matism (*Rheuma intestinorum.* Cœl. Aur.) and its contagion being that of Typhus accidentally conjoined. Refutation of this idea, and proof that its contagion is specific. — Striking examples of Dysenteric contagion being generated *de novo.*—Account of the animalcular hypothesis of Linnæus.—Analogy between the different forms of Catarrh and of Dysentery respectively.

532. Variety in the morbid appearances of the intestines and neighbouring organs after death; and explanation of several phenomena of the disease, deduced from thence; as well as collateral support thereby given to a particular mode of treatment.

533. PREDISPOSING CAUSES. A particular, and perhaps original morbid tendency of the intestinal canal, probably analogous to that in diarrhœa (522), but modified by the exciting causes, whether Contagion, or common agents.—A morbid state of the hepatic system, however induced; often *merely functional,* but sometimes *organic* also.—Poor farinaceous,—or salted animal food.—Scorbutic diathesis.—Epidemic constitution of air.—Autumnal season.

534. EXCITING CAUSES. The peculiar Contagion, sometimes generated *de novo,* but oftener propagated from one to another by those labouring under the disease:—different modes in which this has been supposed to act.—Sudden alternation of heat and cold, especially if accompanied by dampness.—Accumulation of human effluvia under certain concurring circumstances.—Sulphurated Hydrogen Gas.—Sulphureous Acid Gas?—Crude austere fruits, &c.—Worms.—Drying up of extensive ulcers;—Suppression of chronic erysipelatous, herpetic, or other eruptions.

535. PROXIMATE CAUSE. Inflammatory state of

532 If ravages which ye disease makes are
found to be principally confined to ye large
intestines this is found to be generally ye case
in ye cold climates in ye warm climates ye
small intestines are also found considerably
affected occasionally

534

whether ye Sulphuretted Hydrogen Gas will
produce ye disease may be doubtful

when ulcers or erysipelas has occurred
this disease has disappeared

536 May be distinguished from diarrhoea
by ye great pain & urgency to go to stool ye
evacuations also having a different charact

In colic ye pain moves about ye person
complaining of no pain on pressure

In cholera there is excessive secretion & excret
of bile Cholera sicca resembles colic

In haemorrhoids ye irritation & pain is local
not having ye griping & severe pain about ye
bowels

88 A Bleeding to be had recourse to
with very great caution We must look to ye
causes of this complaint When ye disease
occurs as an Epidemic ye fever will gener
be found of ye typhoid type
Topical blood letting a doubtful remedy
as also Blisters

B An important head Emetics Dr C has
found very useful as small doses of Ipeca
cuana to produce vomiting & to keep up a
state of nausea Purgatives necessary
but at ye very beginning of ye disease they
should generally be of ye milder class
ye disease attacking in ye acute form ye saline
purgatives will be useful but occurring under
other circumstances ye ol. ricini will be
ye best purgative Dr C. has never seen in ye acute
form mercury produce any good effect
One part of ye treatment much relied on has
been that of having recourse to opiates which
at ye beginning will generally be found
useful but they should be given combined
with mercurial or other purgatives as
Calmar. Hydrarg. Ipecacuanha or some
antimonial
In this disease there is generally functional
derangement as of ye hepatic system

In this disease ye functions of ye skin are generally found deranged

Antimonial sudorifics will generally be found preferable to Ipecac. as Antim. Tart. ye most successful sudorifics have been a small quantity of mercury & Ipecacuanha or Antim. Tart. when a slight affection of ye mouth is produced ye patient will generally be found safe

Bitters at ye beginning of ye disease not to be depended but as ye disease advances they will be found very useful as Infus. Calumb. antacids will sometimes be very usefully combined with them

539 Where dysentery is combined with ague we may very usefully break thro ye paroxysm

540 Where ye disease is not ushered in with ~~[illegible]~~ severe pyrexial symptoms Ipecacuanha will often be found sufficient

Tormentilla not a remedy adapted to ye removal of ye disease in ye earlier stages

the mucous membrane lining the great intestines, with constriction of their muscular fibres.

536. DIAGNOSIS. Marks distinguishing Dysentery from Diarrhœa,—from erythematic Enteritis,—from Colic,—from Cholera,—and from Hæmorrhoids.

537. PROGNOSIS, to be founded on—the age,—constitution, and previous health of the patient;—the number and degree of the symptoms,—their duration and consequences;—the general tendency of the epidemic:—the remedies already employed, and their effects.—*Favourable symptoms*; diminution of pain and of calls to stool;—reduced frequency and hardness of pulse;—equable moderate warmth, and gentle diaphoresis;—scabby eruptions about the mouth:—miliary or other eruptions;—increased consistency, and fœculent appearance of the alvine discharge.—*Bad symptoms;* violent fever with delirium,—or cold viscid sweats, with great prostration;—tension and tenderness of the abdomen;—worms coming away spontaneously;—aphthæ of the fauces;—singultus, &c.

538. THE TREATMENT will require to be varied considerably, according to the circumstances mentioned in par. 530;—but chiefly as the disease is *acute* or *chronic*.

In the early stage and more *acute form*, the principal indications are,

A. To lessen inflammatory action, whether general or topical;—by venæsection?—leeches;—cupping;—blisters.—Consideration of the circumstances under which these are respectively proper.

B. To remove the irritation given to the primæ viæ from the remains of alimentary matters lodged there, or from their own diseased secretions;—by—(*a.*) Eme-

tics,—(*b.*) Purgatives,—(*c.*) bland mucilaginous diluents. —Choice of individual articles best suited to each of these purposes in certain cases.

C. To take off the excessive sensibility of the intestines,—and thereby allay pain, and relax spasmodic constriction;—by Opiates, assisted by the warm bath, fomentations, and embrocations. — Common objection against the early use of Opiates, examined,—and shewn to depend upon trusting to them alone.—Rules for their employment, in alternation or conjunction with other remedies.

D. To restore a due balance between the functions in general;—by augmenting those that have been diminished, and correcting those that have been vitiated.—Application of this more especially to the cuticular and hepatic functions (533-4); and explanation thence of the benefit arising from the employment of Sudorifics, and also of simple bitters,—Antacids,—and Mercury,—illustrated by cases and authorities:—with directions for their choice and management.

539. Occasional variation necessary in the order and extent of these indications.—Particular treatment required where the dysentery is joined with other disease; and mischievous effects arising from the indiscriminate use of Astringents and Stimulants.

540. Remarks on particular remedies alleged to have a specific power;—Ipecacuanha;—Vitrum Antimonii ceratum;—Mist. Sodæ Muriatis cum Succo Limonis, &c. &c.

541. Period at which Dysentery may be deemed CHRONIC.—Difference of pain in acute and chronic stage—Variety in the appearance of the stools, indicating the probable *degree* and *mode* in which the intes-

41 When ye stools have a rayged appearance
Dr. C. has found ye rectum that part generally
diseased being in a state of ulceration

Here generally in this disease ye liver is ye
plan deranged
Very frequently find considerable derange-
ment of ye stomach
Not unfrequently dysenteric affections are
connected with a diseased state of ye spleen
much oftener than is generally supposed

542 Topical blood lettings will be a remedy
very frequently found useful in ye chronic
form but ye general blood lettings ought never
to be had recourse to

543 Ol. Olive. cum Tinct. Rhei at bed time
an admirable remedy united with a small
quantity of Tinct. Opii with ye same
view ye Ol. Ricini may be given

When there are dyspeptic symptoms ye
Pulv. Rhei. cum Soda may be given

Demulcent glysters with a small quantity
of opium may be given to remove local
irritation

544 Ext. Hyoscyam. very inferior to Opi
in its effects Tobacco Dr. G. has not so
employed not wile he try it whilst ye other
remedies
will succeed

If mercury is pushed to any considerable
extent it generally relieves the complaint

itself preparations are often of great service

In the warmer climates the mineral & the vegetable
acids are generally found highly useful

546 Weakly acidulated broths whey farina-
ceous food warm clothing
Yet Bowels to be especially attended to
mineral saline waters often exceeding
useful

tines are disordered ;—e. gr. simply mucous (*Dys. alba vel mucosa)*, streaked or tinged with blood *(Dys. cruenta)*—ragged,—scybalous, &c.—Symptoms indicating disease in other of the abdominal viscera, functionally connected with the intestines, and requiring particular attention in the treatment of the ostensible complaint ;—as the liver, stomach, &c.

542. In the Chronic Dysentery, with the exception of bloodletting, the *general* indications are the same as stated in the *acute* form, (A to D);—but differing in the less activity of the individual means employed, proportioned to the slower progress and more organic nature of the disease.

543. Remarks on certain articles suited to Indication B.—Ol. Ricini ;—Ol. Olivæ cum Tinct. Rhei.—Pulv. Rhei cum Soda.—Lac cum farina tritici et sevo ovillo ;—Cera cum Sapone.—Demulcent glysters.

544. Articles adapted to indication C.—Opiate frictions and injections.—Extr. Hyoscyami, &c.

545. Explanation of the principles upon which the Mercurial treatment is to be conducted, grounded on long experience.—Observation on certain articles cooperating with Mercury, or proving occasional substitutes for it; and an account of the effects of ripe saccharine or subacid fruits in obstinate dysenteries.

546. Diet and regimen proper during the convalescent state, to prevent relapse, and guard against future attacks.

OF HÆMORRHAGE IN GENERAL.

547. Origin of the term.—Improper restriction of it by Sauvages and Vogel, to signify one particular dis-

charge of blood.—Syn. *Sanguifluxus,* Sauv. *et* Sagar.—Anglicè *Bleeding.*

548. Definition. An excessive, and generally preternatural flow of blood from any part of the body.

549. Division of spontaneous hæmorrhage into two principal *forms,* viz. the *Active,* or that accompanied by, and chiefly dependant upon, a general increase of force as well as frequency of arterial action;—and the *Passive,* or that which happens without such general action, but merely from congestion, or from extreme weakness of vessels, with or without a dyscrasy in the blood. Remarks on the remote places assigned to these by Dr. Cullen in his Nosology; and on the definitions and very dissimilar names he gives them.—Terms, *Hæmorrhagia,* and *Hæmorrhœa* proposed to designate them respectively.

550. Comparative frequency of one or other form (549).—Distinction of hæmorrhages as being *critical* and *salutary,* or the *contrary;*—and the diseases in which the former more especially happen, as well as the parts from which they chiefly take place.—Division into *casual* and *periodical;* with the periods that are most common, and the probable causes.

551. The genus usually denominated from the *source;* e. gr. from the nose, *Epistaxis;*—from the lungs, *Hæmoptoe;*—from the stomach, *Hæmatemesis;*—from the rectum, *Hæmorrhois;*—from the kidneys or bladder, *Hæmaturia;*—from the uterus, *Menorrhagia;*—&c. &c.*

552. Approach of *Active* hæmorrhage marked by

* *Enumeration of compound names that would express both the source, and the form* (549) *of the disease, viz.—from the nose,—active form,* Rhinæmorrhagia,—*passive,* Rhinæmorrhœa; *from the Lungs,—active,* Hæmoptorrhagia—*passive,* Hæmoptorrhœa;

555 but unfrequently we meet with haemorrhage in opposite constitutions to those here mentioned Hereditary Disposition Amongst ye predisposing causes indolence is one of ye most common

Every attacks renders them still more liable to a future recurrence of ye disease

556 At ye period of puberty we generally find ye balance becomes established between ye pulmonic & aortic system

sense of general heat and fulness, or by sudden flushings, sometimes alternating with chilliness;—but always accompanied by unusually frequent, generally throbbing, and sometimes hard pulse;—together with certain uneasy feeling, referred especially to the part from whence the blood is about to flow.—Where the vascular action arises from general hæmorrhagic commotion or effort, it subsides more or less as the bleeding proceeds;—if not, some other cause of pyrexial irritation may be suspected.

553. Account of Solano's observations on certain states of the pulse as indicating the period and degree of approaching hæmorrhage:—have been countenanced by a few persons of authority.

554. Difference between the texture of the blood in active hæmorrhage and in inflammation; and explanation why inflammatory complaints seldom attended with discharge of blood.—Question whether the Solids or the Fluids primarily in fault, discussed.—Difference of colour of the blood in *active* and in *passive* hæmorrhage (549); and the conclusion usually drawn from thence, with respect to the immediate source of each, shewn to be liable to considerable doubt.

555. PREDISPOSING CAUSES. Original constitution which may be denominated *Hæmorrhagic;*—often connected with Sanguineous Temperament, but sometimes with different exterior character, and then seemingly owing to particularly weak vascular structure of certain parts:—both often hereditary.—Plethora,—whether arising from full living, from indolence, or from the stopping of natural or customary discharges.—Ori-

from the Uterus,—active, MENORRHAGIA—*passive,* MENORRHŒA; *from the intestines,—active,* HÆMENTERRHAGIA—*passive,* HÆMENTERRHŒA, &c.

ginal malformation of certain organs,—often connected with, and supposed to depend upon, defective shape and size of external parts.—A tendency to recurrence—begotten by repetition.

556. Account of the successive development of certain parts of the body in the progress of growth; and explanation why the tendency to Epistaxis and to Hæmoptoe, most remarkable at particular ages respectively.—Change in the relative capacity and condition of the Arterial and Venous systems after middle life, described; and corresponding change in the *nature* and most frequent *sources* of hæmorrhage at that period, pointed out.

557. Occasional or Exciting Causes,—whatever can increase the violence of the general circulation, or augment the impulse of the blood in vessels that are weak or slightly supported.—e. gr. External heat; notion that it acts by expanding the blood, disproved:—its true mode of operating shewn.—Diminished pressure of atmosphere,—as on ascending high mountains.—Violent muscular efforts,—as running,—lifting great weights,—long and loud speaking,—blowing wind instruments.—Posture;—as depending position of the head in Epistaxis,—erect sedentary one in Hæmorrhoids.—Tight ligatures round the neck or limbs.—Fits of anger;—other mental emotions?—Excess in spirituous liquors.—Use of Opium in apoplectic diathesis.—Doubts respecting the alleged effect of cold as a cause of hæmorrhage.—Blows, falls, &c.—Destruction of blood-vessels by cancerous, syphilitic, or other ulcers.

558. Prognosis; To be drawn from the age, original constitution, and previous health of the patient;—the form (549), source, and causes of the hæmorrhage;

558 Haemorrhage in young persons may be considered as a disease very seldom likely to prove fatal.
At a later period of life they form a disease of considerable importance

A young woman lost half a pound of blood for nearly two years & ultimately did well
Case mentioned in ye Edin. Journ.
Heldmans mentions a case of a person who lost 27 lb of blood in a few days Other cases related to

559 Our duty as far as we can to prevent any mischief taking place

11 One of ye most powerful remedies is
that of diminishing ye temperature of ye body
generally

Nitre a remedy most certain Digitalis Acc
very important Dr C. doubts whether
mineral acids should ever be given in this
complaint

B In ye active form we must depend upon
taking away blood from a vein or an artery
so as to produce syncope being governed by
various circumstances

Topical blood letting a remedy of great
consequence in ye form of cupping glass or
leeches

In ye active form of hæmorrhage Dr C.
would principally rely upon ye Digitalis
as a sedative Acetas Plumbi a remedy
better suited to ye passive form from its
astringent properties

C Emetics will be found at some period of hæmorrhage very useful but not at ye beginning when ye hæmorrhagic effort has been in some measure diminished

Purgatives are remedies that ought always to be had recourse to as saline purgatives being preceded by a few grains of Sulmur Hydrarg.

D Opiates at ye beginning of hæmorrhages ought to be exhibited cautiously when given they may generally be usefully combined with diaphoretics as Dovers Powder Ext. Hyosc. may be usefully administered as an anodyne

In persons liable to hæmorrhage sailing & swinging may be usefully had recourse to

562 Farinaceous diet to prevent a recurrence Spare diet with exercise of ye mildest sort

—its habit of recurrence;—its degree, and the effect it has had upon the constitution. Account of prodigious quantities of blood lost, where the persons notwithstanding recovered.

559. Examination of the doctrine of Stahl and his followers,—that spontaneous hæmorrhage was an effort of the constitution to get rid of something hurtful; and therefore seldom to be put a stop to.

560. THE TREATMENT in detail; as applying to HÆMORRHAGE IN GENERAL, extremely various; but in a great measure directed by the *form* (549) of the disease.—In

ACTIVE HÆMORRHAGE.

561. The indications are,—A. To avoid or remove such occasional causes (557) as may still continue to act,—by regulation of atmospheric temperature, clothing, &c.—Abstracting heat from the body by—cold applied to the surface—to the stomach,—to the intestines:—different means of effecting this.—The use of potential refrigerants, as Nitre, Acids, &c.; remarks on the circumstances in which they are useful or proper.

B. To lessen the distension and impetus of the blood, by—*(a.)* diminishing its quantity;—by general and topical bloodletting:—different modes of them and their management.—*(b.)* allaying excessive irritability of the heart and arteries,—by Direct Sedatives, as Digitalis, Acetas Plumbi, &c.—*(c.)* correcting certain morbid quality of the circulating mass?—Remarks on the successful treatment of hæmorrhage, by remedies directed to remove certain morbid states of the Hepatic function.

C. Taking off any accidental irritation arising from the state of the stomach and intestines.—By

Emetics,—Purgatives; choice of them in particular cases.

D. Allaying pain,—procuring an equable distribution of blood throughout the vascular system,—and thereby taking off too great determination of blood to particular parts;—by Opiates, Extr. Hyoscyami,—Relaxing diaphoretics:—nauseating doses of Emetic remedies.—Sailing.—Swinging, &c.

562. Diet and regimen proper during the continuance of active hæmorrhage, and calculated to prevent a return.

563. Particular application of the principles above delivered, (549-61) to the treatment of *Epistaxis*, *Hæmoptoe*, and other hæmorrhages which most frequently assume the *active* form.

PASSIVE HÆMORRHAGE.

564. Gradations of *Active* and *Passive* hæmorrhage mutually approximating towards each other;—and change of the *former* into the *latter* by continuance or repetition.

565. Remarks on the general condition of the system which attends the *passive* form of the disease,—as leading to certain indications of cure opposite to those proper in the *active* form;—and reasons for believing, that a morbid state of the hepatic *function* is not infrequent in both.

566. In the TREATMENT of PASSIVE HÆMORRHAGE, the general indications are—

A. To allay pain or other local irritation,—by Opiates—cold applications;—purgatives:—choice of these, and the modes of employing them.

? In hæmorrhages of ye bowels we must
[illegible] cautious of purgatives ℞ Infus. Res. may
be given with some anodyne when there
is offensive matter locked up we may
give ye Infus Res. with a small quantity
of some saline purgative as Magnes.
Sulph.

564. Hæmorrhages which are frequently
repeated invariably assume more or less of
ye passive character

567 It is very doubtful how far these remedies are possessed of ye powers spoken

Ol Terebinth in passive hæmorrhages from ye bowells very often useful

Tinct. Ferr. Muriat given in doses so as to produce slight nausea may also be very useful as in hæmorrhage from ye stomach

568 In hæmoptoeschæa ye sulphate of Zinc one of ye best astringent remedies

In hæmaturia one astringent remedy supposed to be superior to ye others is ye Uva Ursi

B. To induce contraction and coagulation in the mouths of the bleeding vessels: — by Astringent remedies internally. — Alum,— Kino,—Dec. Salicis, — Infus. Rosæ, — Sulphas Zinci. — Sulphas Cupri.— Acetas Plumbi, &c. Account of the process of nature in stopping the discharge of blood from vessels mechanically divided; and application of this to the treatment of *passive* hæmorrhage. Observations on Syncope,—on nauseating remedies,—and on the general and topical use of stimulant articles, ex. gr. Ammonia —Argenti Nitras—Ol. Terebinth.—blisters, &c.

C. To restore any diminished or suppressed excretion;—and thereby lessen the determination of blood towards the seat of the hæmorrhage,—by Diaphoretics;—Setons;—Issues;—Emmenagogues, &c.

D. Lastly, to increase the tone and vigour of the system at large, and correct any dyscrasy of the circulating mass,—by Cinchona,— Myrrh, — Chalybeates, — suitable nutritive food; — friction; — exercise;— cold bathing.

567. Remarks on certain articles alleged to possess peculiar powers in particular kinds of hæmorrhage;— Murias Sodæ;—Ol. Olivæ cum tinct. Rhei. &c.

568. Special application of the principles laid down (564-6), to the treatment of *Rhinæmorrhœa,—Hæmoptorrhœa,— Menorrhœa,—Hæmenterrhœa,*— (Sp. Melæna, Hepatirrhœa)— *Hæmorrhœa petechialis;* — and *Hæmaturia.*

Of Amenorrhœa.

569. Division into three species: — 1st. *Emansio Mensium;*—2nd. *Suppressio Mensium;* 3rd. *Dysmenorrhœa.*

570. The period at which menstruation takes place in women,—varies in different climates,—generally begins, in this country, about the fourteenth year, and ceases about the forty-fifth.

571. SYMPTOMS. Indolence—A sense of weariness and general debility—Shortness of breathing upon quick, sudden, or laborious motion—Paleness of the lips and face — Yellowness of countenance — Eyes sunk and pearly, with livid circle round them—Veins less full—Whole body pallid, exanguious, and flaccid—Legs œdematous—Palpitation—Syncope—Head-ach — Dyspepsia—Pains of back, loins, and thighs, sometimes attended with very scanty appearance of Catamenia—Appetite defective, capricious, or inordinate—A desire for articles not esculent (*Pica*)—Cachexia—General Anasarca, &c.

572. *Chlorosis* generally treated of by authors as a separate disease—Reasons for considering it as an aggravated and obstinate form of Amenorrhœa.

573. PROXIMATE CAUSE not clearly understood, but probably a peculiar condition of the ovaria and uterine vessels.

574. PREDISPOSING and EXCITING CAUSES—Whatever tends to debilitate the constitution—Exposure to cold, particularly at menstrual period—Certain affections of the mind, as love, grief, terror, &c.—Any disturbance in the due balance of circulation, whether by occasioning excess or defect of blood in the uterine system—Worms?—Profuse discharges — Cachectic habit —Imperforate hymen, &c.

575. In persons labouring under Amenorrhœa, vicarious discharges of blood from the nose, lungs, stomach, bowels, nipples, and ulcerated surfaces often take place

574 In some cases it is connected with a plethoric state of ye system.

The Amenorrhoea may occur in persons of
opposite states of system
This is in the full & plethoric habit general
blood letting sometimes also local
Diaphoretics Semicubium

Where the general health fails then remedies
to give strength & tone to the system as
Mistur Ferr. Comp.

One of the most powerful Emmenagogues is the
mine a powerful & violent stimulus
It cannot be considered as a very supplementary

Dr. C. does not consider ye Saffron as
possessing much power
Rubia Tinct. does not appear to possess
any peculiar Emmenagogue properties

Mercury sometimes very useful
also combined with Hyoscyamus or Opium

Hyoscyamus Dr. C. brings forward Evid.
in favour of it being given in sufficient
doses. prefers 6 to Opium as from 9 to
to 9 ℥. may be given at a dose
Warm Bath sometimes a very useful gen.
remedy
Electricity sometimes very successful

Compression of ye femoral artery
Dr. Home found it to succeed in two or three
plethoric habits but never in ye spare ha
Dr. C. has not tried it This appears cont.
to our ideas on ye subject.
Moderate Exercise useful

Cold Bathing a good general tonic as
ye plethoric habit
Change of Climate will alone succeed in so
cases

at the accustomed monthly periods—Importance of attending to this.

576. TREATMENT will require to be varied as this disease is connected with, or dependant upon, general debility, a plethoric or opposite condition of the uterine system, cachexia, or mental affection.

577. REMEDIES adapted to fulfil these indications are general or local depletion, or both—Diaphoretics,—cooling laxatives,—tonic bitters, as Myrrh, Gentian, Cascarilla,—Chalybeates,—Stimulant Cathartics, particularly Aloes,—Turpentines and Balsams,—Savine,—Black Hellebore,—Saffron,—Rubia Tinctorum,—Mercury,—Opiates,—warm bath,—electricity,—compression of femoral arteries,—exercise,—cold bathing,—change of climate,—matrimony, &c.—Observations upon these.

OF HÆMORRHOIS.

578. Derivation of the name.—SYN. *Hæmorrhoids*,—*Angl.* Piles.

579. CHARACTER.—Discharge of blood, or bloody fluid, immediately before or after the fæces,—generally issuing from soft, livid and painful tumours, which take place around or within the verge of the *rectum*.

580. Division of Hæmorrhois into *Active* and *Passive*—into *constitutional* and *local*;—with an account of the circumstances under which the one or the other form more especially occurs,—and the symptoms which accompany and distinguish it.

581. PREDISPOSING CAUSES. Original laxity of the hæmorrhoidal vessels.—Plethora:—suppression of menstrual or other customary sanguineous discharge.—

Inactive and sedentary life.—Melancholic temperament: —hypochondriacal and gouty disposition.—Advanced age (556)—The hæmorrhagic habit formed by repetition, disposes to future returns.

582. Exciting Causes. Whatever opposes the free return of the blood from the hæmorrhoidal vessels, whether hardened fæces,—distended Uterus from pregnancy, &c.—preternatural tumours within the abdomen; —or obstruction of the Vena Portæ, from congestion, torpor, or induration of the Liver.—Frequent use of purgatives, especially Aloes.—Erect sitting posture.—Modes in which these causes appear respectively to operate.

583. Difference in the state of the tumours accordingly as they consist of varicose veins,—or of blood effused into the cellular membrane;—as they are painful or indolent;—bleeding or *blind*;—compressible and fugitive, or indurated and permanent.

584. Diagnosis. Symptoms distinguishing Hæmorrhois from Dysentery,—and from Melæna.

585. Enquiry into the opinion advanced by some eminent physicians,—that the hæmorrhoidal discharge should often be permitted or encouraged rather than suppressed, —as giving great relief to complaints of other parts, particularly the head. The reason of its proving salutary or critical in such cases, explained;—and proofs given of its being even then the index of another morbid state, which may and ought to be removed by other means.

586. Prognosis. Generally favourable where the patient is young, and the disease of the *Active* form: but the contrary in advanced life if the bleeding be profuse, the general strength impaired, or any of the important viscera be unsound.

[illegible] are very frequently con-
ted with [illegible] disease

Mortic purgatives generally acting upon
larger bowells more especially ye rectum

584 In dysentery ye severe pain at ye
neck of ye colon tenesmus &c inform us
of ye nature of ye disease

In malaena ye quantity of blood passed is
generally mixed regularly with ye [illegible]
matter

587 When this disease is connected with mechanical causes these must be removed

588 A

When there is hæmorrhagic disposition ye saline purgatives

In visceral disease or torpor of ye syst mercurial preparations given at night being followed in ye morning by a saline purgative

B

Opium as a suppository made up with ye Pulv. Tragacanth. C. very useful

Ext. Hyoscyam more useful internally than opium.

C

An excellent ointment Pulv. Galle ℥ij
Liquor. ~~[illegible]~~ Plumbi Subacetat. Extract. Opiaca ℥j.
Adeps. Suill. ℥j. Ins. Ung. This is com-
much used in this Hospital.

589 Extirpation sometimes essentially necessary

587. THE TREATMENT,—(as in hæmorrhage in general) considerably regulated by the *form* of the complaint (549); but in a great degree also, by circumstances peculiar to its situation, as well by the predisposing and exciting causes, (581-2), and the particular state of the tumours (583).—As far as it is either an *active* or a *passive* hæmorrhage, and *dependent upon a corresponding condition of the vascular system at large*, the several indications already given (561, 566), will apply; but in its *passive* form, it is much more influenced by local circumstances than most other hæmorrhages, and accordingly demands some means especially suited to itself.

588. The special indications then, are—

A. To lessen or remove as far as may be, such exciting causes (582) as continue to act,—by cooling or mild purgatives;—laxative articles of food, especially of the vegetable kind;—regular habit of going to stool;—Mercurial preparations, either cathartic or deobstruent as the case requires.

B. To diminish the bulk, and allay the pain of the tumours,— by Leeches,—puncturing:—Liq. Plumb. Acet. Comp.—Fomentations;—— Opiates internally and externally; Extr. Hyoscyami;—Cataplasma Fol. Belladonnæ.

C. To restore tone and vigour to the vessels which had been over distended, or ruptured,—by local cold bath,—astringent lotions, &c. of Alum, Sulphate of Zinc, Galls, Oak-bark, &c.

589. Remarks upon certain articles of the stimulant kind which prove particularly beneficial in chronic hæmorrhoids;—Bals. Copaibæ,—Ward's Paste, &c. —Management necessary when the rectum is prolapsed;

—and circumstances under which extirpation of the tumours becomes adviseable, fully treated of in Chirurgical lectures.

Of Scurvy.

590.—Origin and meaning of the name.—Scharbock, Teut.—Vague and dissimilar ideas attached to the term *Scurvy* as often used in common, and not infrequently in medical language: its strict and proper meaning.

591. General Character. Debility, lassitude, and dyspnœa,—with fœtor of breath, spongy swelling and bleeding of the gums,—livid blotches on the skin,—swelling and hardness of the legs, contraction of the hams,—dejection of mind,—and faintness, or even syncope upon exertion;—without fever.

592. Detail of symptoms marking the several stages and most aggravated degrees of the complaint;—and description of the morbid appearances exhibited on dissection, accounting for the variety of circumstances observable in individual cases.

593. Predisposing Causes. Original constitution, often marked by tendency to corpulence,—very generally by sluggish disposition of body, and inactive desponding turn of mind.—General debility from preceding illness of any kind.—Disease of the chylopoietic organs especially.

594. Exciting Causes. Diet affording unsuitable kind, or inadequate quantity of nourishment; but particularly salted or corrupted animal food, with defect of fresh esculent vegetable matter:—scanty supply, or bad quality of water.—Coldness of climate, season, or situation,—especially when combined with moisture, and foggy atmosphere.—Excessive fatigue,—or idleness and

Morbid appearances
In some instances where ye persons have
died of syncope ye cavities of ye heart have
been found enlarged Sir G Blanes Observ.

Ye liver sometimes found remarkably soft
as well ye spleen

Effusion taking place in ye different cavities
of ye body as well as in ye interstices of ye
muscles
Ye Brain generally found unaffected

As there has been more or less disorganisation
so will be ye nature of ye symptoms

13 approaching to ye lower phlegmatic temperament

594

This disease commonly attacks ye East Indian Ships just on coming round ye Cape of Good H[illegible] where there is much moist & bad weather Sailors who are most indolent & inactive seem to fall in first to ye complaint. Sea

595 This disease it appears has scarcely known till ye 16th Century
More frequent in those Climates where ye atmosphere is cold & moist

If lower orders of people living much more upon vegetable diet than formerly accounts for its being less frequent

596 This disease depending upon a laxity of ye solids is that generally prevailing but blood taken from a person in this state does not putrify sooner than that taken from a person in health Dr Cullens theory not so correct as that of Dr Lind
Dr Beddoes's Theory not supported by fac

inaction.—Depressing passions.—Foul air, especially from stagnant water, marshes, &c.

595. Why this disease little known to the Greeks and Romans;—why particularly frequent in extra-tropical climates, and during long voyages and cruises;—and why much less so now than formerly.

596. Account of the different theories which have been offered to explain the phenomena of the disease, and determine its nature; particularly with respect to its being primarily a disease of the *fluids*, or of the *solids*. —Oldest theory,—putrid ferment:—Dr. Lind's,—laxity of solids, and putrid *tendency* of blood:—Dr. Macbride's,—deficiency of *fixed air*:—Dr. Cullen's,—imperfect state of the *animal mixt*:—Dr. Milman's,—gradual diminution of vital power in the muscular fibre: —Dr. Beddoes's,—deficiency of oxygen in the system.

597. Examination of these,—the objections to which they are respectively liable in particular cases;—and view of the disease as arising under very different circumstances with respect to food, &c.—with general principles which embrace the several varieties of the complaint, and lead to their appropriate and effective means of cure.—Illustration of these principles by a comparison of Scurvy with Hæmorrhæa petechialis, and the particular mode in which the latter has been successfully treated.

598. The general indications are,—A. To avoid or diminish as much as possible such of the predisposing and exciting causes as are known to exist in the particular case.—The vast importance of this both in the prevention and cure of Scurvy, shewn, in the striking difference between the state of Lord Anson's and Captain Cook's ships' companies, during their respective

voyages round the world; with a detail of the several means employed by the latter, under the heads of—food, —drink, — clothing, — labour,—exercise,—amusement, —cleanliness,—subordination, &c.

B. To attend to, and correct, the morbid condition of particular functions and parts which takes place more remarkably in some individuals than in others.

599. Observations on the functions of the Skin, Intestines, and Kidneys, in Scurvy; and on certain remedies which have been occasionally employed in aid of the general antiscorbutic plan (598,) for relieving urgent symptoms, and expediting recovery;—under the heads of diaphoretics, — laxatives, — and diuretics.—Of the earth bath, and its operation.

600. Remarks on particular articles which have been proposed as adequate to the cure of Scurvy under a defect of fresh *acescent* vegetable matter:—e. gr. Mineral acids; — Nitre?—Vinegar; — sour Krout; — crystallized Citric acid; — Wort; — Spruce Beer; —sour flummery or *Sooins.—Quass.—Dried* vegetables? &c. —malted Barley, Gramm, &c. with the testimonies for and against them.

601. Remarks on the external treatment of Ulcers when occurring in actual Scurvy, or in a scorbutic diathesis.

OF DROPSY IN GENERAL.

602. Definition. A preternatural accumulation of serous or gelatinous fluid, in the cellular membrane, or in other cavities of the body.

603. Division of dropsy into *Genera* according to its

This disease has appeared in persons who
have been able to obtain every article of luxury
There are scarcely any circumstances in one
way or other under which this disease has
not made its appearance

These remedies adapted to hæmorrhœa
petechialis are those adapted to sea scurvy
This disease sometimes connected with disease
of ye Hepatic system Hæm. Petech.

598 A In ye voyage of Lord Anson
nearly four fifths died
Captain Cook lost but one man who died
of disease of ye lungs which he had before
he embarked In Cook's Articles allowed
Sugar Crout Sweet Wort ye sailors
were kept as dry as possible not comfortable
by long watching Regular exercise

599 Very symptoms of scurvy are a dry skin & intestines are very variable in this complaint generally speaking & bowels are costive & urine scanty

& best laxatives generally will be vegetable & subacid fruits where they cannot be procured & milder laxatives may be had recourse to

Diuretics Squill with a small portion of Sp. Hy. Crystals of Tartar will aid & effects

66 Mineral Acids combined with Bas
may be found useful
Nitre is a very doubtful remedy
Sour Kraut made of cabbage sliced & packed up
with salt & vinegar
Acid Limon. Conc not equal to ye fresh
vegetable acid

Wort very useful
Spruce Beer a very valuable remedy

Quass a species of drugs similar to Sour

Grammar a species of beer

When ye disease has appeared there is nothing
equal to ye lime juice lemon juice fresh
vegetables &c

601 Livid edges bloody ever covering
ye sore a very useful application
has been ye Mel. Res. with a small
quantity of Sulphuric Acid also a very
useful application Mung^t Resin. Flav.
Decoct. Cort. Quere &c

which families have been known to die
of hydrothorax This is a disease in y
present imperial family of Germany

source, with their allusive names and derivations; *e. gr.* —(1) in the cellular membrane, ANASARCA; Syn. *Sub-cutaneous,* — *interstitial,* — or *diffused dropsy*:— (2) in the cavity of the abdomen, ASCITES, or peritoneal dropsy:—(3) in one or more preternatural sacs, ENCYSTED DROPSY,—and this often *Ovarial dropsy*: —(4) in the chest—HYDROTHORAX; Sp. *Hydrops Pleuræ,*—*Hydrocardia,*—*Hydrops pulmonum*:—(5) in the head,—HYDROCEPHALUS, Sp. *H. externus,*—*H. internus,*—or, *Hydrops Meningum,* and *Hydrops Cerebri*:—(6) in the cavity of the scrotum—HYDROCELE:—(7) in a joint,—HYDARTHRUS:—(8) in the eye,—HYDROPHTHALMIA:—(9) in the spinal theca,—HYDRORACHITIS, Syn. *Spina bifida.*

604. Account of the antagonist, yet allied functions of the EXHALANTS and ABSORBENTS; proving, that every dropsical complaint depends immediately upon — A LOSS OF BALANCE BETWEEN THESE TWO SETS OF VESSELS.—Enquiry how far the one, or the other or both, be *generally* in fault; and reasons for concluding, that the morbid condition exists generally and chiefly in the EXHALANTS.

605. PREDISPOSING CAUSES. Original constitution, — sometimes general, sometimes local; — occasionally hereditary;—often marked by a lax and sluggish state of the nervous and muscular systems, with a pale, doughy complexion, and tendency to corpulence,—answering to the leucophlegmatic habit of the ancients, and by them referred primarily to a morbid condition of the FLUIDS:—arguments for and against the humoral pathology of dropsy.—Bad air.—*Damp* atmosphere?

606. EXCITING CAUSES. Scanty, poor, or indigestible food.—Excess in the use of thin, and watery

liquids: Sudden refrigeration, especially when previously overheated and fatigued:—Excessive loss of blood;—Profuse discharges of other kinds.—The operations of these several causes illustrated by striking examples, and by the experiments of Dr. Hales, and Professor Schultz—and reasons why loss of blood more particularly induces dropsy.—Preceding diseases, especially Fevers, and Inflammations:—marked *locality* of their operation in many instances:—why Intermittents in particular, often bring on dropsy, and especially Ascites.—Mechanical injuries, as blows, sprains, &c. often cause *local* hydropic effusion.

607. Suppression of natural or customary evacuations; as of Perspiration,—Urine,—Menses,—Hæmorrhoids, &c. The *mechanical* and *humoral* operation of these objected to, and their influence explained in a different way:—with reasons for believing, that they are oftener *consequences*, than *causes*, of the morbid derangement which is succeeded by dropsy.—Depressing passions; the mode in which they bring forth the particular morbid tendency, pointed out.—Abuse of fermented and spirituous liquors: their *modus operandi*.

608. Obstruction to the free passage of the blood—alone sufficient to produce dropsy, beautifully illustrated by the expt. of Lower:—why compression of both Arteries and Veins, and even of the Arteries alone, should have the same effect,—explained in various examples, both of local and general dropsy.

609. Of the *kind* and *degree* of inflammatory action which especially terminates in hydropic effusion,—and the parts where it oftenest takes place; elucidated by cases and dissections.

In drawing away blood from ye dog and throwing in water ye dog became hydrop

Ye dropsy that ensues from flooding after delivery is commonly ascites

Scarlet fever will general terminate in anasarca

610. General Prognosis,—requires an extended consideration of the age and constitution of the patient, —the variety and degree of the causes,—the symptoms and duration of the complaint,—its being simple, or complicated with other disorders.—Universally, however, the less the tone of the system is impaired, and the blood impoverished, the sooner and more completely will the disease yield to proper remedies: whilst the disease that occurs in advanced life,—in a leucophlegmatic habit,—and is brought on by intemperance, —or connected with organic disease of the heart, lungs, liver, ovarium, &c. medicine may relieve, but will seldom cure.—Women said to be oftener cured than men; considerable exception to this:—and short persons oftener than those of large stature.—*Unfavourable signs*,—progressive wasting,—purple or livid blotches, or erysipelatous eruptions on the skin;—fœtor of the breath;—hæmorrhage from the nose, mouth, lungs, stomach, or intestines;—drowsiness;—constant feverish heat and great thirst, unless these proceed from heating medicines, and abstinence from drink:—spontaneous diarrhœa without relief:—the swelling, when reduced by medicine, returning quicker than before.—*Favourable signs*—absence of those just mentioned:—the pulse being steady, not quick, and of good strength;—the deficient excretions, especially the Urine and Perspiration, being sensibly increased by remedies not very powerful in their kind.

Conclusion to be drawn from the consistence, colour, &c. of the effused fluid.

Of Anasarca, or Interstitial Dropsy.

611. Character. Diffused swelling of a part, or of nearly the whole body, having usually the ordinary colour of the skin,—easily receiving the impression of the finger, and retaining it for some time;—shifting its situation more or less according to posture, and generally occupying the most dependent parts.

612. Division of Anasarca by Nosologists, into different Species or Varieties, according to its alleged Cause.

613. Of the parts in which it generally appears first, —its progress,—attendant symptoms,—and the modes in which it proves fatal.—Frequent difference in the quantity, colour, &c. of the urine, between this and other dropsies, and conclusions that may be drawn from it.

614. Diagnosis. How distinguished from Leucophlegmatic Obesity, and from Emphysema.

615. Prognosis. Anasarca when consequent upon Ascites or Hydrothorax, follows the event of the *primary* disease; but if *idiopathic* itself, is commonly obstinate, unless where it succeeds to Scarlatina. Has occasionally been removed by fever supervening; and in a few instances by spontaneous oozing through the pores of the skin.

616. Some account of the Beriberi, an acute and destructive disease, almost peculiar to the East Indies,—attacking more especially the Sepoys and Lascars,—presenting a singular combination of spasmodic, hydropic, and paralytic symptoms,—and occasionally those of

Scurvy also: with conjectures respecting its cause, and suggestions for its treatment.

Of Abdominal Dropsy.

617. Division of this into *Ascites*, or *Peritoneal Dropsy*—and *Encysted Abdominal Dropsy*.

618. Character of Ascites, A uniform, tense, and nearly inelastic swelling of the belly, accompanied with fluctuation.

619. Symptoms generally ascertaining Encysted Abdominal Dropsy;—the swelling in the latter being at first local,—often attended with pain;—fluctuation being obscure or altogether imperceptible;—dragging uneasiness on turning in bed, &c.

620. Of the parts in which hydropic cysts most commonly occur;—their different structures in different instances;—Proofs of the animalcular nature of hydatids (*Tenia hydatigena*, Lin.): and difficulty of accounting for their presence in the living body.—Why encysted dropsy more frequent in women than in men:—why generally fatal at last; and why more slowly so than the other forms of dropsy.

621. Under what circumstances Ascites and Anasarca are simultaneous or successive.—Modes in which Ascites and Encysted dropsy respectively destroy life.

622. Of the delicacy and difficulty which occasionally attend the diagnosis between Abdominal Dropsy and Pregnancy: and of the marks which serve to distinguish them.—Fatal effects from mistaking enlarged Liver, Spleen, or Kidney, for Ascites, and performing the operation of paracentesis.

Of Hydrothorax.

623. Symptoms which usually attend it;—shortness of breath;—paleness or purple hue of the face;—difficulty of lying in a recumbent posture;—frequent, sudden, and spontaneous starting up from sleep, with sense of suffocation, and palpitation of the heart;—paucity of urine;—œdematous swelling of the lower extremities.

624. Diagnosis. Difficulty of determining the existence of Hydrothorax in general; and still more the particular part in which the fluid is collected: necessity for this purpose, of minutely investigating its rise and progress,—the preceding as well as accompanying symptoms,—and the collateral circumstances of constitution, age, habits of life, &c.

625. Method recommended by Hippocrates for detecting water in the chest;—deception to which it is liable, illustrated by a case:—and danger which may attend the trial.

626. The Prognosis in Hydrothorax generally unfavourable;—instances of partial or complete recovery.

Of Chronic Hydrocephalus.

627. Division of Hydrocephalus into two distinct and widely different forms of disease, viz. the *acute* and *chronic*. Acute treated of separately (651.)

628. Character. Obvious and uniform enlargement of the cranial vault in young children, with defective ossification of the bones, and consequent openness at the sutures.

629. The disease usually connate, perhaps congenerate. Examples of it in the early fœtal state.—Progress of the complaint, and the effects it produces.

630. Appearances on dissection;—and difference between the seat of this, and of a species of Hydrocephalus often terminating the life of insane adults.

631. THE PROGNOSIS. Why *universally* unfavourable.

* * *

Hydrocele, Hydrorachitis, and *Hydrophthalmia,* as falling almost exclusively under the Surgeon's management, referred to another place.

GENERAL CURE OF DROPSY.

632. The indications are—A. To remove the effused fluid;—B. To obviate the causes which gave rise to it;—C. To prevent a return of the disease.

633. The fluid may be removed either *indirectly,* through the natural excretories of the body, as the Stomach, Intestines, Kidneys, and Skin, by means of their corresponding evacuants, viz. Emetics,—Cathartics,—Diuretics, and—Diaphoretics;—or *directly,* through new outlets produced by Punctures, Blisters, &c.

634. VENÆSECTION; under what circumstances useful.

635. EMETICS; their great antiquity in the treatment of dropsy;—drastic ones much used by Sydenham;—uncertainty of them.—In what cases they are indicated;—in what dangerous.—Choice of the kinds adapted to the particular case.

636. CATHARTICS; are amongst the most powerful anti-hydropics:—their use *generally* proportioned to the

quantity of fluid discharged. Why more effectual in Ascites, and less so in Hydrothorax, than in other kinds of dropsy —Rules for their management.—Individual articles.—Pulv. Jalapæ Comp.—Pulv. Scam. cum Hydr. Submur.:—Cambogia.—Elaterium.—Pil. Nitratis Argenti?—Saline Cathartics,—Supertartras Potassæ.

637. DIURETICS, generally indicated, but often disappoint expectation, and of themselves rarely adequate to a cure.—Accurate comparison of their powers much wanted.—The kinds indicated under certain circumstances.—Particular articles;—Squills, and its combinations:—Colchicum; its uncertainty and frequent failure,—Lactuca Virosa,—testimony of Collin and Stoll in favour of it;—probable mode in which it operates.—Bacher's Pills.—Cuprum Ammoniatum, et Sulphas Cupri.—Nicotiana;—difficulty attending the rationale of its operation.—Digitalis; striking opposition of testimony respecting it;—management necessary to render it safe.—Opium? occasionally operates as a diuretic.—Diluted acids, and mild saline neutrals;—Nitre,—Acetas Potassæ, &c.—*Stimulant Diuretics*;—Tinct. Lyttæ,—doubts and cautions respecting its employment.—Infus. Sinapeos, Armoraciæ, Juniperi et Dauci Sylv.—Decoct. Petroselini, Genistæ, Cynaræ, &c.—Turpentines and Balsams,—Cerevisa Pini,—Aq. Picis;—Æthers, &c.

638. DILUENTS. Abstinence from liquids long strenuously inculcated;—discovery of its bad consequences, and great benefit of an opposite plan shewn both from principles and facts.—Kinds of diluents suited to particular cases.

639. DIAPHORETICS. The skin a copious outlet of watery fluid;—Its function very generally impaired, and

difficultly restored in dropsy. Why diaphoresis most useful when indirectly obtained.—In what cases especially indicated.—Cautions against forcing it, as the ancients attempted to do.—Means,—Baln. tepid.—Pulv. Ipec. Comp.—Vinum Antim. Opiatum,—Liq. Ammoniæ Acetatis, &c.—Methods of exciting local diaphoresis,—Vapour Bath,—Oiled Silk,—Cabbage Leaves, &c.

640. The quantity of discharge by EXPECTORANTS too small to encourage their use for the purpose of evacuating through the lungs.

641. FRICTION,—anciently much employed; why perhaps too much neglected now:—Testimonies in its favour.—Its operation explained:—adjuvants to it.

642. ELECTRICITY,—a powerful excitant of Nervous and of Vascular action. In what cases likely to prove serviceable;—in what useless or hurtful.—Modes of it suited to different cases.

643. MERCURY. The universal operation of this remedy shewn; and the variety of indications which it is capable of fulfilling, pointed out and explained.—The cases in which it is more especially beneficial, and the proper management of it.

644. DIRECT METHOD OF REMOVING THE EFFUSED FLUID (632);—Paracentesis in Ascites;—its early use often injurious; mischief on the other hand from postponing it too long:—under what circumstances it should be had recourse to. Management necessary during and after the operation. Question—how far it may be safe and useful in Hydrothorax:—Dangerous, and of no use in Hydrocephalus.—Hazardous proposal of injecting liquids into the thoracic or peritoneal cavities.—Puncturing in Anasarca;—necessary cautions respecing the part, the mode, and the circumstances of the case,

in which it is performed, so as to avoid inflammation or gangrene.

645. BLISTERS, or EPISPASTICS;—the discharge by them often very great without vesication, and always stopped when inflammation supervenes:—application of this to regulate the mode of using them.

646. To fulfil the second indication (B. 632), not only necessary to avoid or diminish such of the external exciting causes as may still continue to operate, but also accurately to investigate the internal cause or causes immediately causing the loss of balance between exhalation and absorption; *e. gr.*—*(a.)* general debility operating more especially upon the exhalant vessels;—*(b.)* weak inflammatory action (609); *(c.)* obstruction, from congestion of blood, from torpor, or from change of structure, in any considerable viscus, as Lungs, Liver, Spleen, &c.

647. Means adapted to *(a.)*—Tonics of various kinds, particularly the simple bitters, variously combined with alkalies, acids, stimulants, chalybeates, &c. accordingly as the circumstances of the case may require.

648. Means suited to *(b.)* and *(c.)*;—Local bleeding;—blisters;—Mercury, combined with Opiates, and Antimonials;—Cicuta,—Extr. Taraxaci? &c.

649. Remarks upon the general treatment of dropsy;—the diet and regimen suited to the circumstances of the case;—and the means likely to prevent a recurrence of the disease.

650. A due attention to the principles delivered above will readily point out the particular means especially adapted to the individual kind (603) or species of dropsy.

Of Acute Hydrocephalus.

651. Reasons for considering this disease separately and particularly.

652. Syn. *Hydrocephalus internus*, Whytt;—*Apoplexia Hydrocephalica*, Cull.—*Hydrocephalus acutus*, Quin.—*Phrenicula*, Rush.—*Hydrocephalitis?*

653. Character. Anorexia,—lassitude,—heaviness, and pain of the head, and intolerance of light.—accompanied with Febricula, costiveness, and vomiting,—and followed by unusual slowness of pulse,—dilatation of the pupils,—strabismus, and restless somnolency, or stupor: chiefly attacking persons under puberty, and more especially children.

654. Particular detail of the mode in which the disease usually commences and proceeds,—and occasional variety in the number,—order,—degree,—and duration of the symptoms,—according to the age, constitution, &c. of the patient;—reconciling the dissimilitude of individual narratives, and accounting for the opposite ideas of those authors who have framed a general character from a few cases, or adopted theories respecting its nature and proper mode of treatment in the *early* and perhaps *only curable* stage, from the manner in which the disorder fatally *terminates*.

655. Striking changes of symptoms in the progress of the complaint, dividing it into *three* distinct stages.—1st, of *irritation*,—2dly, of *oppression*,—and 3dly, of *ineffectual reaction*.

656. Account of the morbid appearances after death, explaining the circumstances of par. 655;—with stric-

tures on the propriety of the different names (652) that have been given to the disease.

657. PREDISPOSING CAUSES;—A peculiarity of constitution, evidently allied to scrophula,—often hereditary,—and usually marked by irritable and delicate frame of body, acuteness of intellect, and liveliness of disposition,—and sometimes by a peculiar form of the head:—Imperfect convalescence from Scarlatina, Measles, Small Pox, Whooping Cough, &c.

658. OCCASIONAL OR EXCITING CAUSES,—whatever can produce considerable pyrexia of the inflammatory kind, in children disposed to the disease, *e. gr.* sudden refrigeration;—the irritation of teething, and of worms, especially if attended with convulsions.—Bilious vomiting and purging suddenly checked.—Disease of the brain itself, from blows, falls, &c. or from scrophulous or other tumours formed within its substance.—Other causes alleged, but less obvious in their operation, *e. gr.* suppression, or spontaneous metastasis, of Tinea Capitis, and of other eruptions,—healing of old ulcers, issues, &c.

659. PROXIMATE CAUSE—still very imperfectly understood.*

660. DIAGNOSIS. Difficulty of distinguishing this disease in its early stage, from the febrile state occasioned by Dentition or by Worms,—owing to their having many symptoms in common:—circumstances in which they agree;—others in which they differ; and importance of a timely discrimination to the safety of the patient.

* DR. CURRY *considered that the affection of the brain was in general only* A CONSEQUENCE OF INFLAMMATORY IRRITATION, WITH DIMINISHED OR ALTERED FUNCTION OF THE LIVER.

rence of appetite or hunger differently accounted for;—is probably a compound sensation.—Processes which the food successively undergoes—of Mastication and Deglutition;—Solution and Conversion in the Stomach; extrusion thence in the form of Chyme;—junction with the Bile and Pancreatic Liquor;—formation of Chyle, and its absorption by the lacteals.—General remarks on the best established theory of digestion;—on the qualities of the Gastric Liquor,—the appropriate food of different classes of animals,—the omnivorous nature of MAN,—the influence of habit with respect to food,—and the remarkable cravings and antipathies of individuals.

667. GENERAL CHARACTER. Irregular, but commonly deficient appetite;—occasional craving, without relish in satisfying it;—apepsia, loathing;—nausea, and sometimes vomiting;—sense of load and distension after meals, followed by eructations of air, &c.—acid, nidorous, pungent, or insipid.—Mouth and fauces generally dry, and tongue white, or yellow.—Bowels generally irregular, oftenest costive, sometimes lax, or each by turns.

668. The above symptoms, accompanied with a host of others termed *Nervous*, infinitely varied in individuals, and often more distressing than the primary ones; *e. gr.* headache,—flying pains,—noise in the ears,—giddiness, temporary absence of mind,—impaired memory;—unrefreshing sleep,—terrific dreams,—unusual timidity,—despondency of mind;—in a word, with all the train of complaints marking Hysteria and Hypochondriasis, as they appear in their respective constitutions.

669. Remarks on several of the symptoms (667), and on the exterior marks of constitution or habit of

as riding after dinner

Strong tea especially of y finer kinds
as also coffee which has been used to promote
watchfulness with this view very strong
coffee has been given after a quantity of
liquor has been taken

Spirituous liquors one of y most frequent
causes of dyspepsia in these persons y
liver being almost invariably found
diseased

Acid liquors being taken this is very
common in young women
Taking large quantities of warm liquors
as tea

those persons, in whom particular ones more especially occur.

670. PREDISPOSING CAUSE;—original constitution;—sometimes apparent only in defective function of the Stomach itself, at others evidently connected with want of Tone and Vigour of the body at large.

671. EXCITING CAUSES;—these divisible into *two* kinds, viz.—A. such as operate directly on the Stomach,—and—B. such as affect it through the medium of the general system.——A. Want of due mastication, and commixture of food with the saliva;—proofs and illustration of this, and remarks on the antizymic property of the saliva.—Food either in itself difficult of digestion, or so with respect to the individual;—over-distension of stomach from excess in the quantity of food or drink;—compression of the stomach from posture, &c.—violent exercise or succussion of the body after a full meal,† illustrated by ingenious experiment of professor Harwood of Cambridge:—abuse of acid and acescent articles of food,—and of stimulating condiments, or spirituous liquors;—frequent and copious use of warm diluents:—certain articles of the narcotic kind, *e. gr.* Tobacco,—Tea,—Opium,—Bitters, &c.——B. Sedentary, inactive life;—cold, damp atmosphere;—grief, anxiety, and other passions and affections of the mind;—intense application to study or business; *Venus immodica.*—Examples of the effects of these several agents (670-1) in individuals,—in particular occupations,—and in certain classes of men.

672. The Stomach, from its extensive sympathy, often a partaker of morbid irritation communicated from other organs; when it frequently displays symptoms so violent, and apparently so confined to itself, as

to make the *primary* and *proper source* be altogether overlooked.—Instances of this in the successful treatment of seemingly Idiopathic Dyspepsia, by remedies which manifestly and chiefly operate upon other organs, and exert little or no immediate beneficial influence upon the Stomach.

673. PROXIMATE CAUSE OF IDIOPATHIC DYSPEPSIA. A defect in the quantity or quality of the gastric fluid, the consequence of impaired secretory function of the stomach; but probably commensurate with the state of its tone and vigour as a *muscular* organ.

674. TREATMENT. Importance of previously ascertaining whether the dyspepsia be constitutional or acquired—whether idiopathic or symptomatic,—whether arising merely from errors in diet, or other extrinsic agents,—or owing to a morbid state of the Stomach independently of these.

675. The principal indications are,—1st, To avoid, remove, or as far as may be, duly regulate, those things enumerated as exciting causes (671).—2dly, To relieve urgent symptoms,—as cardialgia,—acidity,—costiveness, or purging,—and pain.—3dly, Improving the vigour of the stomach, and of the system at large.

676. FIRST INDICATION.— Difficulty of accomplishing it in many cases,—sometimes from the circumstances of the patient, but often from the force of inveterate habits.—Allowance necessary, (under certain restrictions,) for custom and constitutional peculiarities in regard to articles of food.—General indications as to the proper *kind* of food,—drawn from the obvious prevailing state of the stomach, *e. gr.* acid,—nidorous,—pituitous;—and from the exterior character of the pa-

72 Wonderful sympathy of ye stomach wi
ye kidney

ye stomach may be formed strong or weak
originally

ye patient must always leave off eating
whilst he has yet some appetite left
There is no more proof that we have
eat & drank too much than by becoming
drowsy after meals Dr. C. accounts
for ye flushed face after meals by ye
pressure of ye oesophagus upon ye aorta
preventing ye due passage of ye blood to ye
lower extremities This is more especially
ye case in persons with short necks

Great use of eating fruit at midday instead
of eating it after dinner being then only
a temptation to an over distended stomach

77 Acidity much more frequently ye cause of heart burn if attended with costiveness Magnesia if with diarrhoea Chalk otherwise ye alkaline salts as Subcarbonate of Soda &c

In habitual sluggishness of ye intestines alcohol preparations as Pilul Aloes cum Myrrh. Liquor. Ferr. Alkalin.

678 Vomiting neither so effectual nor so harmless in dyspepsia as purging

680 ye simple astringents do not prove permanently tonic

One of ye safest & most efficacious litters is ye Casparia Cascarilla is also an excellent litter

ye Scarborough water an excellent laxative chalybeate water

681

Both to be of that temperature most comfortable to ye feelings of ye patient he may remain in this for a quarter of an hour and afterwards he may take a walk for a quarter of an hour

tient.—Regulation as to *quantity*;—abuse of the common precept of *eating little and often*, pointed out and explained.—Directions with regard to *dilution*, or the taking in of liquids.

677. SECOND INDICATION.—Means of fulfilling it.—Cardialgia the effect of opposite chemical qualities of the gastric contents, viz. septic,—acid,—rancid;—respectively relieved by—acids,—alkalies:—choice of the first,—Sulphuric, Nitrous, and Muriatic Acids,—native Vegetable Acids,—Carbonic Acid Gas;—of the second,—Soda,—Potassa,—Ammonia,—Magnesia,—Chalk,—Lime Water;—according to the circumstances of the case.—*Obviating costiveness*;—the milder cathartics most suitable; choice of these according to circumstances. Bile the natural tonic and laxative;—indication of increasing its quantity when deficient, and correcting its quality when depraved,—how best fulfilled.

678. Why emptying the stomach by Emetics seldom required; and why their frequent use injurious:—under what circumstances they may be employed,—and the kinds most proper.

679. Removal of pain obtained—sometimes by the means noticed above (677),—occasionally by Aromatics and other stimulants,—most effectually by Opiates:—choice and management of these respectively.

680. THIRD INDICATION (675);—why often limited in this.—Tonic remedies;—why simple astringents but little tonic,—and why Cinchona less so here than Aromatic or Simple Bitters. The modus operandi of Simple Bitters, and cautions requisite in their use (415).—Chalybeates not often serviceable, and why:—

when indicated.—Directions for the choice, and combination of these remedies.

681. Of the kinds of Exercise most suitable to dyspeptics;—of Friction:—of Amusement and relaxation of mind.—The temperature of the body variable in dyspepsia,—oftenest defective:—regulation of Clothing.—Of Bathing;—its frequent misapplication,—and directions for its use.

* * * *

682. Observations on a peculiar species of Dyspepsia; the *Cardialgia sputatoria* of Linnæus,—the *Pyrosis* of Cullen,—in Scotland termed the *Water-brash*;—appropriate name GASTRODYNIA SPUTATORIA.

683. CHARACTER. Sudden and violent attack of pain at the stomach, with copious discharge of colourless, insipid, and generally cold fluid, resembling saliva, from the mouth, fauces, and œsophagus.

684. Particularly frequent in certain countries;—remarks on the condition in life,—the food, &c. of those whom it chiefly affects.

685. Probable nature and cause of the disease.—Remedies most effectual in relieving the fit, and preventing its recurrence:—Opiates,—Bismuth,—Ammonia,—Æther;—Tinct. Guaiaci,—Aqua Picis,—Stimulant plasters;—change of diet.

* * *

686. SCIRRHOUS PYLORUS often mistaken for ordinary Dyspepsia; and Hepatic Disease for both. Importance of an early discrimination between them,—and circumstances which will tend to this, in—the age, and exterior character of the patient,—the seat of the pain,—state of the appetite,—sensations after eating,—vo-

683 ℞ Fit attacks only when ye stomach is empty 684 It is not a disease common in this country but very common in Scotland and ye North of Ireland generally confined to ye lower classes of people who live principally upon a vegetable diet as oatmeal

685 Oxyd of Bismuth about ✓ gr. with about ✗ gr. of ye Pulv. Tragac. C. which may be given three times a day a very valuable remedy where it is unattended with visceral disease

Ag. Picis taken from a pint to a quart daily very useful
Change of diet is necessary

686 There is generally a pearly eye

In this disease y patient generally
sinks under hectic fever

687 Belladonna will generally be found
to be y most powerful anodynes
Mercury it is a remedy which ought to
be never resorted to in y latter stages

Schirrus in its true form always proves
fatal

691 The greater number of cases are so as to commonly be found symptomatic

Cases of periodical jaundice related

692 Jaundice sometimes occurs in pregnancy
even before the uterus rises above the pelvis

Schirrus of the liver is not an unfrequent
cause of jaundice in elderly people

Ossific deposit does not appear to be a
common cause of jaundice

Difficult sometimes to trace during life
these causes of jaundice

miting of the food,—state of the bowels,—progressive increase of symptoms,—marasmus, &c.

687. Observations on the remedies commonly employed:—Cicuta:—Mercury;—Opium;—Extr. Hyoscyami;—Blisters, Setons:—Tepid Bath.—Of the food most proper.

Of Jaundice.

688. Syn. Ικτερος, *Græc.*—Icterus:—Aurigo;—Morbus Regius, vel arquatus, vel arcuatus, *Lat.*—Jaunisse, *Fr.*

689. Character. Yellowness taking place over the whole surface of the body,—but first and most conspicuously in the eyes, and roots of the nails;—Urine thick, of a deep yellowish brown colour, and tingeing white substances immersed in it of a yellow hue;—bowels generally costive, but sometimes loose,—with clay-coloured, or unusually pale stools;—languor, lassitude, drowsiness,—itching of the skin;—altered, and generally impaired, appetite.

690. Detailed description of the commencement and progress of the disease;—and variations occasionally observed in the state of the pulse,—respiration, stomach, intestines, skin, &c. according to the constitution and previous health of the patient, and the nature of the exciting cause.

691. Distinction of Jaundice into—idiopathic and symptomatic;—into continued, and periodical or recurrent,—into febrile, and non-febrile;—into yellow, and black (*Icterus*, and *Melasicterus* of authors).

692. Exciting Causes. Compression of the biliary ducts, particularly the *ductus communis*,—by

posture, — by advanced pregnancy; — by tumours of neighbouring parts, *e. gr.* steatomatous Omentum,— scirrhous Pancreas, &c.—partial inflammation affecting the larger ducts;—scirrhus,—ossific deposit?—or tubercles in the liver;—inspissated bile;—biliar, concretions.—Consideration of these, and of the circumstances necessary to ascertain, or at least render probable, the existence of one or other of them.—Strictures on the propriety of denominating species of the complaint, from causes which often cannot be ascertained during life.

693. Other remote causes sometimes adduced, but less evident in their operation, and more difficultly explained; *e. gr.* Spasm of the ducts,—passions of the mind,—as anger,—fear,—grief,—terror,—surprize, &c. —injuries done to the brain;—suppression of menstrual, or hæmorrhoidal discharge;—drying up of habitual ulcers;—metastasis of eruptions:—the bites of poisonous animals?

694. Observations on the secretory and excretory function of the Liver, &c.

695. The Proximate Cause, viz. a considerable or total obstruction to the passage of the Bile into the Duodenum, and a consequent absorption or regurgitation of it, into the circulating mass.

696. Appearances on dissection; and inquiry into the change alleged to take place in the colour of objects.

697. The Prognosis must be formed upon a consideration of the age, constitution, and previous health of the patient, — the degree and continuance of the disease,—the cause giving rise to it,—the effects it has produced,—and its being simple, or complicated with other disorders. — *Favourable circumstances*;— youth

[illegible] concretions are generally very easily detected from ye very acute pain they occasion in ye epigastric region

693 As to ye passions of mind operating more particularly fear & grief how far terror & surprise may affect ye secretions of ye liver would be difficult to say

Dr. C. has seen one or two cases in plethoric women of jaundice where ye menstrual discharge being suppressed was ye cause of ye complaint

695 That it can be received by regurgitation is by some doubted This was ye opinion of Haller That it is by absorption is ye opinion of most modern physiologists

696 Schirrus of ye pancreas very common in old people

697 This disease occurring at a late period of life will commonly prove fatal if man giving rise to ye disease will very much guide us in our prognosis

Rigours may be always considered as unfavorable symptoms even the three may be no abscess in ye liver itself

698

B When there is much pain ye only remedy we can almost rely upon is Opium
it may be sometimes very usefully combined with small quantities of Calomel & Antimony using ye tepid bath at ye same time

C

Cathartics will invariably be found useful in every form of ye disease where there is inflammatory action ye saline cathartics but generally ye Submur. Hydrarg will be found best under other circumstances

Emetic of ye Sulphate of Zinc cum Ipecacuanha very useful

D

Ye Cicuta can only be considered useful as an anodyne as also ye Hyoscyamus Belladonna &c

C Infusions of gentian calamus
Cascarille &c

generally speaking ye antacids are useful
when they do not ensure this effect
by being perseverd in ye mineral acids
may be had recourse to

Acet Potass a very useful diuretic
Saline mineral waters very useful
in ye treatment of this disease

F Eggs a very useful part of food
if giving with a view of acting as a remedy
they should be given raw Dr C has seen
some examples of their beneficial effects

A natural craving must be especially attended
and if reasonable ought to be indulged

and previous general health,—appetite and strength little impaired,—absence of fever,—and of pain on pressure. *Unfavourable circumstances;*—advanced life,—cachectic or scrophulous constitution,—pain and tenderness of the hepatic region,—symptomatic pyrexia,—hydropic tendency,—hæmorrhage, or ecchymoses.

698. TREATMENT. As the cure essentially consists in removing the obstruction to the free egress of the Bile from the Liver, the treatment will vary according to the nature of the cause giving rise to that (692-3):—the chief indications then will be——

A. To lessen inflammatory action if present:—by Bloodletting, general and topical;—blisters;—tepid bath:—Antimonials, &c.

B. To alleviate pain, and to relax spasmodic constriction:—by Opiates—alone, or combined with Calomel and Antimonials, &c.

C. To evacuate inspissated bile, mucus, or biliary concretions, blocking up the ducts:—by Emetics,—Cathartics;—kinds of these most proper.

D. To remove scirrhous or other affections of the Liver itself, or of contiguous parts:—by Mercury,—Cicuta, &c.

E. To supply the want of bile in the alimentary canal,—and to assist in carrying off that which floats in the circulating mass:—by Bitters;—Antacids;—laxatives:—Diuretics and Diaphoretics.

Lastly, F. To support the strength, until the obstruction be removed:—by Food easy of digestion, and suited to the general circumstances of the patient's constitution, and natural cravings.

699. Observations on the nature, formation, and variety of biliary concretions, or Gall Stones, illustrated

by specimens, &c.;—and on the remedies that have been proposed for dissolving them while lodged in the gall-bladder,—or ducts.

Of Diabetes.

700. Syn.—*Dipsacus;—Hydrops ad matulam;—Polyuria;—Chyluria;—Cachexia urinaria?* Origin and meaning of these terms respectively.

701. Character. Urine either having a saccharine quality,—being inordinate in quantity, or both;—accompanied with dry or parched skin,—unusual craving for food and drink, wasting of the flesh and strength,—and hectic pyrexia.

702. Detail of symptoms which generally attend the rise and progress of the disorder,—and the considerable variations which occur in individual cases.—Division of the complaint into two *species*, or rather, perhaps, into two distinct *forms*, viz. the *D. insipidus*, and *D. mellitus*,—with their characteristic marks,—the train of symptoms by which they are respectively accompanied,—their comparative frequency,—and the difference in their result.—Names designative of each proposed,—*Polyuria debilitans*,—and *Melituria tabifica*.

703. Chronological sketch of the disease, as noticed by different authors,—with an account of the principal theories offered by eminent physicians respecting its particular nature and seat.—Account of the appearances after death.

704. Predisposing Cause. Uncertainty respecting the precise nature of that state of the system which gives a tendency to the *Melituria tabifica*; but probability of its being often original and constitutional,—and

702 not unfrequently in ye beginning of ye complaint there is disturbance in ye functions of ye mind

not unfrequently persons in this disease are cut off by attacks upon ye chest as pleurisy peripneumony They also sometimes die from attack upon ye brain

ye specific gravity of ye urine of diabetic patients is greater than natural

Diabetes insipidus very rare in comparison with diabetes mellitus
ye former less likely to prove fatal than ye latter

703 Willis is ye author who has given ye most accurate description of ye disease the he has omitted to describe ye sweetness of ye urine

707 Its smell of ye sweet urine very different from ye natural urine in ye diabetes insipid this smell is generally wanting

In diabetes mellitus ye specific gravity of ye urine much greater

708 In diabetes mellitus ye prognosis is generally unfavorable Dr. C. has not seen one can satisfactorily cured

In by far ye greater number of cases ye patient dies from ye supervention of other disease as attacks upon ye lungs brain

Upon dissection ye kidneys will be generally found in a relaxed state

We generally find organic disease as on ye lungs on ye liver not so frequent

therefore occasionally hereditary:—several striking instances of this related.

705. Exciting Causes. Various and opposite ones mentioned by authors,—agreeing only in the circumstance of their ultimately weakening the tone and vigour either of the System at Large, or of particular organs, in persons already disposed to the disease,—*e. gr.* preceding complaints of the febrile kind, especially Intermitting Fevers;—the excessive use of cold watery fluids—or of articles acting particularly upon the renal secretion;—falls, blows, strains, or other injuries inflicted on the loins, and thereby affecting the kidneys;—torpid, or obstructed and sluggish state of the Liver;—&c.

706. Proximate Cause—*in Polyuria debilitans* a state of the Uropoietic vessels seemingly analogous to that of the exhalants in dropsy, (604);——in *Melituria tabifica* a perverted condition of the Digestive or Assimilatory functions, whereby the food is converted into blood of a loose texture, and of a quality neither fitted for the due nourishment and support of the body, nor for supplying the principles necessary to give the usual character and properties to the several secreted and excreted fluids.

707. Diagnosis. This easy between Diabetes and any other disorder; and only necessary between the two *forms* of itself (702):—marks denoting these respectively.

708. Prognosis.—To be drawn from the form of the disease,—its duration,—and consequences,—together with a consideration of the remedies already employed, and the effects they have had:—but, generally speaking, rather favourable in *Polyuria debilitans*,—

and the contrary in *Melituria tabifica*.—Account of the unexpected, speedy, and fatal way in which the disease has occasionally been observed to terminate, with the appearances on dissection.

709. THE TREATMENT. — Necessarily different, accordingly as the disease consists merely in *augmented quantity*, or *in altered quality* of the Urine;—or if these are combined, to the proportion of the one to the other.—The chief indications then will be—

A. To increase or restore the perspiratory function, and thereby lessen the unusual determination to the kidneys;—by Diaphoretics—the tepid bath;—friction with oil;—exercise;—warm clothing;—change of climate, &c.

B. To correct the peculiar morbid state of the Chylopoietic or Sanguific functions, which occasions the saccharine quality of the Urine;—by removing such obviously diseased action as may be detected in any of the organs concerned in this process, whether the Kidneys,—Stomach,—Liver,—Lungs, &c.

C. To lessen or prevent the formation of saccharine matter, by abridging the use of Vegetables, or confining the patient almost entirely to Animal diet,—aided by medicines which seem the most remote from any thing like a vegetable acescent or saccharine quality,—*e. gr.* Sulphur,—Sulphuret of Potass,—Sulphurated Ammonia, &c.

D. To produce a sudden and general change of action in the Sanguiferous System, by reducing the *quantity of blood* to a due balance with the *power of the vessels*,—by Venæsection, repeated from time to time, according to the degree of effect observed to result from it.

In this disease generally ye cutaneous fun[illegible]
are very deficient

A Dovers Powder said to have been very
efficacious Dr Cullen combined ye Ipecac
with Calomel
Friction with oil appears to have had a
temporary good effect

Exercise may be used with advantage to ye
individual
Change of climate might be of service or a
regulated temperature
Dr Rush as well as Mr Watts depended
upon a strict antiphlogistic plan
B As to ye use of Opium
It is said in some cases at St Georgis Hospital
Opium has cured ye disease
Ye patient should be allowed three or four
moderate meals a day but ye inordinate appetite
not to be gratified to its full extent

Where there is disease of ye liver preparation
of Mercury

When mischief has occurred to ye lungs
we must have recourse to Blood letting

& the there means which will prevent an unhealthy chyle being introduced into ye system

After ye urine has assumed its natural properties ye slightest trespass will generally bring on its former state

C Animal diet indispensable
It appears that ye cases cured at St George Hosp.l were put on a mixed diet

Perhaps a great deal may be done by treating this disease with chemical views

D This is ye view Mr Watt has principally taken of it

Vs. may be very usefully & advantageously combined with other remedies

E In ye diabetes insipidus we must rely upon tonics They are not to be relied upon in ye diabetes mellitus

Chalybeates have been very extensively tried without more benefit than other remedies

Light letters very useful

Cold Bath would be generally injurious

Blisters across ye loins where there has been pain have been found useful

Opium under all circumstances one most useful adjuvant may be gradually increased

Uva Ursi a very useful astringent

E. To assist in restoring the body at large to its pristine vigour,—by various tonic remedies, as Cinchona,— Sulphuric Acid,— Bitters, — Chalybeates,— Cold bath, &c.

URINARY CONCRETIONS.

710. SYN. *Lithiasis*, Vogel and Macbride.—*Calculus urinarius* Auctorum :—Anglicè *Gravel* and *Stone*.

711. Difficulty of giving any short and precise character to this disease, from the difference in Situation, Structure, and Sympathy, of the organs affected ;—from the variety, both in number and degree, of the Symptoms ; from many which are thought characteristic, being found to arise from other causes ;—and from Calculi being discovered after death, in the kidneys and bladder of persons who had never made any particular complaint indicative of their presence.

712. Usual symptoms of Calculus, or of the *lithopoietic process* in the *Kidney ;*—Pain in the region of the kidney, increased on motion ;—sometimes violent pain referred to the Stomach, accompanied with nausea and vomiting ;—at others, dull pain stretching along the Ureter, with numbness of the thigh, and retraction or pain of the testicle on that side :—Urine variable, sometimes pale and copious,—oftener high coloured and scanty, and depositing a lateritious sediment,—minute red crystals,—pus,—or blood :—occasionally attended by pyrexia.

713. CYSTIC CALCULUS commonly marked by frequent, difficult, and painful discharge, sometimes with sudden suppression, and sometimes with constant stillicidium, of urine :—dull pain and sense of weight

affecting the perinæum, urethra, and rectum;—itching or dull pain of the glans penis:—Urine as in par 712, or loaded with mucus.

714. DIAGNOSIS. Circumstances serving to distinguish Lithiasis from the symptoms occasioned by Lumbago,—stricture of the Urethra,—enlarged Prostate,—thickened bladder, &c.

715. CAUSES:—*Predisposing*,—a constitutional disposition strikingly prevalent in individuals,—often obviously hereditary,—very frequently connected with Gout, and commonly with Indigestion:—*Exciting*;—whatever tends either directly or indirectly to weaken the tone of the urinary organs, *ex. gr.* inflammatory irritation, whether arising spontaneously under general fever,—from cold applied to the loins and pelvis,—from gouty or rheumatic metastasis,—from mechanical injury, as blows, falls, strains, hard riding, &c.—or from articles specifically affecting the urinary passages, as Cantharides, Turpentine, &c.—the excessive use of neutral saline diuretics;—the use of hard water.†—Long confinement to a recumbent posture;—too long retention of urine;—Sedentary inactive life;—Indigestion;—Foreign bodies introduced into the bladder.—Why Women less subject to urinary calculi, especially of the bladder, than Men.

716. Account of the prodigious size, or great number of stones recorded;—the singular articles occasionally forming their nucleus;—the difference in their shape, colour, texture, &c.—and the variation observable in the same calculus during its increase;—illustrated by specimens.

717. *Chemical examination of Urinary Concre-

* *See* DR. MARCET'S *valuable little treatise.*

714 Stomach affection will distinguish
2
nephritis from lumbago

In enlarged prostate will be at once detected
by ye introduction of ye finger into ye rectum
Dr. C. saw a case of enlarged prostate in a child
five or six years old which was mistaken
for calculus
In thickened bladder there will be frequent
micturition with a loaded appearance of
urine sometimes accompanied with pus when
there is ulceration of ye bladder

715 It is very frequent in children whose
parents are ye subject of gout this was an
observation of Dr. Cullen

Whether ye use of hard water may be
considered as a cause of ye disease may
be doubtful

Sedentary inactive life one of ye most powerful exciting causes

Men who indulge largely in animal food & spirituous liquors are more particularly liable to ye formation of lithic acid in increased quantities

6 A needle found as a nucleus might have been swallowed & in that way made its way into ye bladder as they have been known to traverse all parts of ye body

719 Dr C. does not believe that a calculus has
ever been dissolved

720 When calculi are large ye aid of ye surgeon
will generally be required
Mr Brande states that 49 cases out of 50
of renal calculi consist of uric acid

Magnes. Sulph or Magnes Carbon. cum Infus
Senn. a very excellent purgative

When there are renal calculi we must
invariably depend upon ye use of ye alkalies

When there is much febrile affection hitherto
may generally be given
Mucilaginous diluents may be always
given

B Doubtful how far Phosphoric Acid may be useful

Injection of solvents do not appear to have been attended with success

Nephrotomy will generally destroy of individual. It has not in this country been attempted

721

Mrs. Stephens' solvent consisted principally of of alkaline earth &c.

tions;—the variety in the kind, and proportion, of their component parts, connected with their external character, the symptoms they excite, and the state of the Urine;—explaining the efficacy of opposite anti-lithic remedies; and affording ground for their employment *à priori.*

718. Inquiry into the nature of the morbid state productive of Urinary Calculus;—its analogy to, and its frequent connection and alternation with Gout shewn.

719. PROGNOSIS.—To be drawn from the age and constitution of the patient;—the duration,—degree,—and form of the disease;—its effects upon the general system, or the particular parts;—the kind of remedies already employed, and their result.

720. TREATMENT. The plan will be either *curative,* or *merely palliative,* according to circumstances. The general indications are,—

A. To mitigate urgent symptoms, as inflammation,—pain,—spasm, &c.—by bloodletting general or topical;—warm bath;—fomentations;—laxatives;—Digitalis?—Opiates, alone or with Antimonials,—in glyster, &c.

B. To expel, dissolve, or otherwise remove Concretions already formed;—by mild diuretics,—mucilaginous diluents;—articles possessing a chemically solvent power on calculi *out* of the body, and concluded to exert a lithonthriptic one *within* it, *e. gr.* caustic and mild alkalies, in different forms;—Lime Water;—Soap;—Acids, particularly the Carbonic and Muriatic;—Phosphoric Acid?—Proposal of injecting insolvents into the bladder,—and of performing Nephrotomy,—considered. Account of modes proposed to remove Calculi lodged in the Urethra, without cutting.

C. To correct that state of the System, or of the Urinary Organs, upon which the *formation* of Calculi depends (718),—by regulation of Diet and Regimen, adapted to the case;—correcting morbid state of Digestion (See DYSPEPSIA): Uva Ursi, and other Astringents:—Turpentines and Balsams.

721. Remarks on particular remedies;—Greenfield's combination of Cantharides in substance, and Camphor;—Mrs. Stephen's solvent, &c.

OF ASTHMA.

722. Derivation and meaning of the name.

723. GENERAL CHARACTER: difficulty of breathing recurring at intervals, accompanied with sense of straitness and oppression in the chest, and sonorous respiration; generally also with cough, at first short and difficult, but towards the end of the paroxysm more free, and often with copious expectoration of mucus.

724. Distinction between Dyspnœa, Orthopnœa, and Asthma; and the appropriate application of these terms to different states and forms of difficult breathing pointed out.

725. Division of Asthma into *idiopathic*,—and *symptomatic* (*A. hystericum*,—*hypochondriacum*,—*arthriticum*,—*exanthematicum*); and importance of this in a curative view.

726. Detail of symptoms which generally precede, accompany, and follow the paroxysm; and occasional variation of these, explaining the different forms it assumes, and accounting for the terms of *continued* and *periodic*,—*humid* and *dry*,—*catarrhal* and *spasmodic* asthma, given to it by authors.

727 Dr C. has seen asthma from coagula
f blood in ye bronchial tubes

Men particularly smoke arising from
ood fires an Exciting cause

North Easterly winds most prejudicial
t these labouring under these complaints

Others Ipecacuanha ye same has happened
from ye smell of mush and from ye smell
of cheese

Dr. Baillie considers y proximate cause to be from Extravasation of mucus into y air cells. Dr. C. do not think this but that is owing to some preternatural sensibility of y membrane lining y bronchia & y air cells

229 Attacking periodically and in a spasmodic form distinguish it from Catarrh

In hydrothorax ye difficulty of breathing is continued also irregular & hurried pulse

In angina pectoris ye pain is generally confined to ye region of ye heart and to ye point of ye shoulder

Sometimes asthma falls in with ye regular attacks of intermitting fever

Substances getting into ye trachea are generally accompanied with a constant irritating cough.

727. CAUSES: — *Predisposing*—a peculiarity of constitution, especially with respect to the Lungs, and this often hereditary:—*Exciting*,—irritation from various organic diseases of the lungs, heart, diaphragm, &c.;—plethora;—distension of stomach?—sudden refrigeration, especially from cold air when the body is overheated:—breathing very hot, or otherwise rarefied air;—inhaling various kinds of dust,—smoke, or acrid vapours;— mephitic gases;— metallic fumes;—certain conditions of the air, independent of temperature or moisture, and operating differently upon different patients; exanthematic metastasis, or suppression of customary discharges;—passions of the mind;—particular odours &c.

728. Examination of the proximate cause of the Asthmatic paroxysm, as alleged by different writers; and investigation of its probable nature and seat, founded on a consideration of the symptoms, exciting causes, &c.

729. DIAGNOSIS. Circumstances distinguishing Asthma from Catarrh, Croup, Hydrothorax, and Angina Pectoris;—And from the difficulty of breathing which sometimes attends Hysteria, Hypochondriasis, Intermitting Fevers, &c. or is owing to foreign bodies accidentally getting into the trachea.

730. PROGNOSIS:—except where the constitution is unimpaired,—the disease recent,—not hereditary,—and arising from some metastasis,—generally unfavourable:—but often recurs with severity for many years, and seldomer proves fatal from the violence of the paroxysm, than from including hydrothorax, &c.

731. THE TREATMENT varies considerably accordingly as the disease occurs in a plethoric or exanguious habit,—as it is idiopathic or symptomatic (725),—ca-

tarrhal, or purely spasmodic (726). The general indications, however, are—

A. To remove such of the exciting causes as may still continue to act.—

B. To relieve urgent symptoms arising from *vascular repletion*,—by general or topical bloodletting;—cautions respecting the former;—and doubts as to the utility of the latter:—*from Spasm*,—by Opium,—Æther,—Ammonia,—Musk,—Camphor,—Cajeput Oil,—strong Coffee,—Cold Air and Drink,—Pediluvium,—Asafœtida, &c.—*from viscid phlegm*,—by nauseating Emetics, Ipecacuanha, Squills, Tobacco, Mustard;—Cathartics;—these either alone, or combined with Opiates, and sometimes given in clyster.

C. To recal to its original and proper seat and form, any other disease, upon the disappearance or metastasis of which the Asthmatic complaint had supervened;—or to compensate for it, by exciting some analogous action or discharge,—by Sinapisms,—blisters,—hot bath,—Emmenagogues,—Diaphoretics,—Sulphur;—Issues,—Setons.

D. To correct such cognizable morbid state of the system at large, or of any individual function, as appears to be connected with, and to aggravate the asthmatic tendency;—by Cinchona,—preparations of Zinc, Copper, &c. cold bathing,—Cicuta,—Digitalis,—Diuretics,—Acids;—suitable diet and regimen.

732. Remarks upon particular remedies occasionally recommended;—Galvanism;—Arsenic;—metallic Quicksilver;—re-inoculation of the itch;—breathing Carbonic-Acid gas, Oxygen gas, &c. &c.

In plethoric habits taking away blood generally will be ye first step. It is not however a remedy which can be frequently resorted to

Ether & opium one of ye most useful antispasmodics

Ammonia more particularly useful when there is flatulent distension of ye stomach

Cold bath a very hazardous remedy Dr. would never try it
Stramonium smoking of sometimes very useful

Oxymel of Squills a very valuable medicine given so as to produce nausea

Tobacco has not been found so useful as Ipecacuanha & Squills

Cathartics may be given so as to produce their effects between ye paroxysms

b When this disease is connected with gout sinapisms may be employed

Dr

Dr Wollcott found himself materially relieved by taking animal food in small quantities

In persons of weak habits generous die must be allowed

Zinc under many circumstances will be
found very serviceable Dr. C. cannot say
y same of Copper
Rubigo Ferri a very excellent chalybea

Ye nitron a very good alkali

Mineral acids as nitric

Galvanism introduced by Dr. Wilson Philip
it is worthy of trial

In y spasmodic form perhaps arsenic
might be ventured upon with effect

Dr. C. doubts y efficacy of y gases
generally

735 It is a disease generally very severe in
scrophulous children

Of Whooping Cough.

733. Syn. *Tussis Convulsiva* of most authors;—*Pertussis*, Cull.—Anglicè, *Kink* or *Whooping Cough*; improperly *Chincough*.

734. Character. Frequent and violent fits of coughing, consisting of many successive short expirations, followed by one deep and loud inspiration, and these quickly alternating for several times,—generally ending with the expectoration of very tough phlegm, often with sneezing, and frequently with vomiting:—Evidently contagious;—usually epidemic:—affecting children more especially;—and occurring but once during life.

735. Mode in which the disease commences and proceeds; and variation of symptoms depending on constitution,—habit of body,—and preceding or casually accompanying complaints.—Division into the *Catarrhal*, and *simply Spasmodic* forms.

736. Inquiry into the nature and chief seat of the disease;—and arguments, both from analogy and facts, tending to shew,—that it has a definite period of duration in its *acute* and *contagious* state.—Division of it into *two stages*, viz. the *Specific*, and *Habitual*; and the relative continuance of these:—explaining apparent difficulties, and directing to a consistent and successful plan of treatment.

737. Causes:—*Predisposing*—A constitutional susceptibility common to children, differing greatly in individuals, and rapidly diminishing by age:—*Exciting (A.) of the disease*—the specific Contagion, probably exhaled and inhaled with the breath;—*(B.) of the pa-*

roxysms,—bodily exertion, as running, &c.—distension of stomach,—indigestible food,—irritation of the lungs from smoke, &c.—passion of anger, crying.

738. DIAGNOSIS. — Difficulty of distinguishing Whooping Cough from Catarrh in the beginning; marks assisting to do this, where they are not combined.

739. PROGNOSIS. The disease especially fatal to infants,—to children born of phthisical or asthmatic parents,—and to those possessing general delicacy of frame, or reduced by preceding illness.—Unfortunate combination with Measles or Catarrh.—Epistaxis sometimes relieves; but is often a mark of severe disease, and when copious or frequent proves hurtful.—Sometimes terminates suddenly in convulsions and death; but the fatal event generally preceded by constant dyspnœa, livid colour of the face, extremities, &c.—Often brings on Phthisis and mesenteric obstruction; occasionally Jaundice:—common mode in which it probably acts.

740. Explanation of certain symptoms;—and appearance of the lungs in fatal cases.

741. TREATMENT. When symptoms mild, little interference necessary,—there being no Antidote to the Specific Exciting Cause. The general indications are,—throughout the complaint, but especially—

IN THE FIRST STAGE (736) to mitigate urgent symptoms, whether (*a.*) of the *Catarrhal*,—or (*b.*) of the *Spasmodic* kind (735);—(*a.*) by bloodletting, general or local, according to the degree of plethora, or of febrile irritation and dyspnœa present;—by Laxatives;—occasional nauseating Emetics, and Expectorants;—by Blisters;—mild Diaphoretics, &c.—Choice and management of these respectively.

IN THE SECOND STAGE,—to break the habit of

730 If cough will generally distinguish it from catarrh

740 This disease has been treated in convulsion of brain being found affected &c &c

This disease is an inflammatory disease if treated properly it will commonly prove fatal

recurrence, by lessening general or local irritability, and giving tone to the system at large :—by Opiates,—Digitalis,—Cicuta,—Hyoscyamus?—Castor;—Musk, &c. —Cinchona;—preparations of Zinc;—Myrrh;—Chalybeates, &c.—stimulant and opiate frictions, &c. to the stomach and spine;—change of air.—Cold bath.

742. Remarks on certain remedies occasionally employed, and on their *modus operandi* when beneficial :—Dr. Burton's combination of Cinchona, Cantharides, and Camphor.—Muscus pixidatus.—Roach's embrocation.—Moderate impression of fear.

Of Colic.

743. Syn. *Enterodynia?*—Derivation of the term Colic: includes a number of painful abdominal affections, differing widely in their particular seat and causes, and agreeing only in their

744. General Character of—deep-seated pain occupying especially the epigastric and umbilical regions —generally attended with costiveness, and sometimes with vomiting.

745. Division into species, according to its nature, or to its real or alleged

746. Exciting Causes;—*e. gr.* flatus (*C. flatulenta—hysterica?*);—accumulated fœces (*C. stercorea, —gravidarum*);—articles swallowed and irritating the intestines from their indigestible nature, or their mechanical, chemical, or specific quality (*C. accidentalis*);—worms (*C. verminosa*);—calculous or other concretions lodged in the colon (*C. calculosa*); or in the kidney (*C. nephritica*);—copious excretion of acrid bile (*C. bilosa*);

gall-stones (*C. cholethica*; See JAUNDICE);—retention of the meconium (*C. meconialis*);—acidity of the primæ viæ (*C. infantum,—dyspepticorum*);—metastasis of gout, rheumatism, &c. (*C. arthritica, &c.*)—dentition;—cold applied, especially to the feet (*C. phlogistica*);—scirrhous or other coarctation of the intestinal tube (*scirrhous rectum, &c.*);—application of lead in various modes (*C. Pictŏnum*; Devonshire Colic;—*Dry Belly-ache* of the West Indies? &c.)—Periodical or Intermitting Colic.

747. Symptoms, &c. respectively denoting these several species.

748. PREDISPOSING CAUSE.—Constitutional or acquired irritability of the muscular fibres of the intestines.

749. PROXIMATE CAUSE.—Violent spasm affecting a portion of the intestinal canal, and preventing the ready descent of the fœculent or other contents.

750. THE PROGNOSIS must be drawn from—the age, constitution and previous health of the patient,—the continuance, repetition and degree of the disease,—and the known or probable causes giving rise to it;—but above all, from the absence or presence of inflammation or fixed obstruction.—*Favourable Symptoms*;—intermission of pain or occasional change in its seat;—slow, or but little quickened pulse;—pressure being easily borne, or giving relief;—fœculent evacuations.—*Bad Signs*;—Frequent retching;—obstinate costiveness;—tension of the abdomen, and pain on pressure;—pulse very frequent, small and hard:—hot dry skin, or partial clammy sweats;—dry brown tongue;—hiccup;—delirium.——Colic from lead often ends in tedious

C. Bilosa very common in this country
Especially in ye summer months it very
frequently remits not unfrequently terminat
in inflammation of ye intestines
Ye greatest number of cases of Enteritis Dr C
has seen have been with ye symptoms of
colic

Sir G Baker found ye C. Pictonum to be
more prevalent in ye autumn than at any
other season of ye year refer to his work

Periodical & intermitting colics much
more common in ye warm climates than in the
country

750

C. Pictonum to be dissuaded from its consequ
as paralysis

2 When colic arises from exposure to co
it is that most likely to be followed by
Enteritis here blood letting will be indi
pensable

2nd When in ye truly spasmodic form acom
ye most useful Injections recommended in
preference to remedies by ye mouth as infusi
of fennel seeds very useful

In ye colic to which painters are subject opi
is ye remedy we must first rely upon ij iij
even iv. gr. of opium being followed after
by ye exhibition of a purgative If warm bat
to ye opium is a very useful adjuvant.

753 When it entirely depends upon spasm
or affusion of cold water as ordered might
be very safely had recourse to

Turpentine clysters has been occasionally
successful when other remedies have failed in
obstinate forms of flatulent colic & Col. Pic

Alum has been successfully given in Col. Pictor
in doses of from 9t. xx. to xx

Alphas Capri has also been successfully given

Petroleum very serviceable after ye bowells
have been relieved

Quicksilver under most circumstances of colic
not likely to be attended with benefit

754 Diet should be light
Bowells to be kept regularly open
Friction over ye stomach & bowells very
useful
Flannel next ye skin more especially over
ye old men

paralysis of the extremities, especially of the wrists. (*See* PALSY.)

751. TREATMENT. Although as far as the disease is merely dependent on Spasm, the plan of cure is simple and generally successful; yet from the very different nature of the Exciting Causes (746), a minute investigation of the rise, progress, &c. of the attack, is of great utility in directing particular measures.—The chief indications are—1st. To prevent or remove inflammatory action;—2d. To relieve pain and spasm;—3d. To procure free and fœculent evacuations;—4th. To guard against a recurrence of the disease.

752. Means calculated to fulfil these several indications respectively adapted to the particular species (739), degree, or stage of the complaint,—considered *seriatim*, under the heads of,—1st. Bloodletting, general or topical;—warm bath,—fomentations;—blisters;——2d. Aromatics:—Opiates by the mouth or anus;——3d. Cathartics,—*e. gr.* Magnesiæ Sulphas,—Ol. Ricini,—Hydr. Subm., or the milder mercurial preparations,—Extr. Colocynth. Comp. &c. Rules for the choice and management of these; and particularly with regard to the circumstances under which Cathartics are proper, or even safe.

753. Remarks on particular remedies occasionally employed in Colic;—Affusion of cold water on the lower extremities;—Clyster of tobacco smoke or infusion?—Turpentine clyster;—Alum;—Sulphas Cupri;—Petroleum, &c.

754. Means necessary to guard against future attacks—Riding,—Sailing,—Friction,—Diet,—Regimen,—Clothing, &c.

Of Tetanus.

755. A general term, including *Trismus*, or Locked Jaw,—*Opisthotonos*,—*Emprosthotonos*,—and *Pleurosthotonos*.

756. General Character. Spastic rigidity of the voluntary muscles, especially of the jaw, neck, and trunk of the body, accompanied with violent pain, and with occasional convulsive exacerbations:—without primary fever or affection of the sensorium.

757. Detail of symptoms marking the commencement and progress of the disease under the different forms enumerated above, (par. 755.); and comparative frequency of these forms.

758. Predisposing Causes.—Perhaps an original and constitutional tendency to cramp or spasm;—hot climate and season;—a somewhat peculiar, but yet unascertained, in the soil, air, &c. of certain countries;—and in a general way, whatever weakens the tone, and increases the mobility of the muscular system.

759. Exciting Causes. Sudden refrigeration, especially when the body is overheated and perspiring. (*T. à frigore*)—Local irritation, from wounds, bruises, &c. (*T. traumaticus.*) Acid or other saburra in the primæ viæ of infants.—Retrocedent or repelled gout;—suppressed menses.—Preceding *Colica Pictonum*, or Dry Belly-Ache.

760. Occasionally takes place as a symptomatic affection in tropical fevers (*T. febricosus*);—is sometimes also an anomalous form of hysteria (*T. hystericus*); and an effect of certain narcotic poisons.

755 This was generally connected with ye other
tumors

756 ye Bowels in this complaint will always
be found obstinately costive ye urine sometimes
thin & limpid at other times high colored
& scanty

757 When amendment takes place ye recovery is
remarkably slow

+ owing to retraction of ye angles of ye mouth

758 Perhaps a disease most likely to occur
in weakly & debilitated habits

761

That it may in many instances be connected with deranged state of ye primae viae and more particularly of ye hepatic system is not improbable

It has been lately supposed this disease has been connected with some morbid appearance of ye spinal canal But these may be considered rather as casual & accidental appearances

In Tetanus ye difficulty of swallowing is owing to ye violent pain it produces
In hydrophobia ye patient cannot bear ye sensation common air produces generally hydrophobia ye injured part must be removed when ye disease takes place it will generally be untractable
Blood letting galvanism opium & electricity

763 ye disease in their climate generally proves fatal in ye warm climates it is m[illegible] more fatal

ye probability of recovery depends upon [illegible] cause when it arises from local injury it is more likely to prove fatal than wh[illegible] arising from cold ye disease sometim[illegible] in their country proves fatal in ye shortspa[illegible] of 48 hours If ye patient survives [illegible] first ten days or fortnight he will gener[illegible] recover

761. PROXIMATE CAUSE. — Investigation of the peculiar morbid state of the Nervous System productive of Tetanus,—from a consideration of the predisposing and exciting causes; and its not being peculiar to Man: —and inquiry how far it depends upon the Brain, or upon the Sentient Extremities of the Nerves; with deductions from thence as to the treatment, compared with the result of experience.—Strong analogy in certain respects, and difference in others, between Tetanus and Hydrophobia; with conclusions, as to the means to be employed in the latter.

762. DIAGNOSIS. Circumstances distinguishing incipient Tetanus from Rheumatic affection, — from Convulsion,—Catalepsy, — or anomalous symptomatic spasm.

763. PROGNOSIS,—to be drawn chiefly from the disease occurring in a warm climate, or in a temperate or cold one;—its arising from general causes, or from local injury;—the violence of the symptoms, and the length of time they have continued;—together with the means already employed, and their effects.

764. TREATMENT:—this still vague and dissimilar from the obscurity of the Proximate Cause, and from the undecided superiority of any individual plan.—The general indications, however, are—

A. To remove such local irritation as appeared to excite the disease, and may still continue to act.—By cutting off the communication between the local source of irritation and the brain—(*a.*) by dividing the connecting nerves;—(*b.*) by destroying the diseased extremities of the nerves, with caustics, &c.—(*c.*) Inducing a temporary paralysis of them by sedative applications,—as Opium,—Lead?—Belladonna? &c.—(*d.*) Altering the

peculiar nature of the irritation, by exciting a higher degree, or another kind of action in the part,—by Ol. Terebinthinæ,—Ol. Succini, — Lytta, — Ammonia, — Mercurial preparations,—&c.

B. To lessen the general irritability, and tendency to involuntary muscular contraction.—By Venæsection, to diminish general fulness and tension of the vascular system:—question how far it is either indicated or useful in those places where the disease is most common;—circumstances under which perhaps it may be had recourse to.—(*b.*) Opium internally;—instances of prodigious quantities taken without obvious benefit.—(*c.*) Warm bath;—contradictory evidence respecting it.—(*d.*) Cold bath;—strong testimonies in its favour,—instances of its proving suddenly fatal;—cautions which appear necessary in its use. Quick alternation of hot and cold bath.—(*e.*) Cinchona,—Wine, &c.—the prophylactic probably superior to the curative power of these.—Digitalis;—highly deserving attention, as well from its general sedative power, as from its good effect in other convulsive and spasmodic diseases.

C. To restore the tone of the Nervous and Muscular Systems, and thereby guard against a relapse,—This indication fulfilled in part by *d*, and *e*, (A. 764) —by change of climate, &c. friction,—exercise, &c.

765. Remarks on particular remedies occasionally recommended. — Electricity, — Galvanism; — friction with oil;—Tinct. Ferri Muriatis;—Arnica,—Camphor, —Petroleum,—Cicuta, &c.

766. Account of the *Trismus nascentium*, or Locked-Jaw affecting new-born infants;—the countries and circumstances in which it more especially occurs;—the points in which these agree;—the several causes al-

B. Vs. to Dr. Ch. appears a very dang[illegible]
remedy but under certain circumstances
it might be had recourse to

Opium when relied on alone by no means
successful in ye treatment of this disease
It has been given to ye extent of fifteen
hundred grains in sixteen days
Warm Bath more especially useful in
spare & in thin habits

Cold Bath recommended in ye time of
Hippocrates. Dr Currie cured two
cases of idiopathic tetanus by it but in
symptomatic tetanus it was found to be [illegible]
no use. It is more especially usef[illegible]
in plethoric patients

During ye course of this disease it is
necessary to support ye strength of ye
patient
Salivation appears by no means to
secure patients against attacks of
this disease

765

Electricity a remedy upon which we can place much reliance tho it deserves a fair trial

Tinct. Fer. Muriat in a case where it was used in this Hospl. y patient recovered but Dr. does not attribute this to its use as by paying attention to y prime vie giving back wine &c y patient might have recovered

Camphor a remedy of no particular power in this case

Cicuta a remedy not to be relied on

Arsenic promises to be successful in this disease when given sufficiently early

Balsam of Peru when given in sufficient doses worthy of trial

766 This disease has generally been fo
to occur among ye children of ye lower cla
This disease likely to be relieved alone by
paying attention to ye prime vie as it app
to depend upon irritation there

In ye treatment of this disease we must
principally rely upon ye use of mercury
ye bowells to be first opened as by an
injection of Infusion of Colocynth
Syrup of Buckthorn with a table spoon
fule or two of common salt.

768 The pulse will generally be slow & obstructed The attack of the disease sometimes occurs very suddenly the person having previously enjoyed good health at other times it has been preceded by ill health

769 Scarcely possible to give an accurate description of all the symptoms which precede apoplexy as they are so various

leged;—and the treatment found most effectual in preventing or curing it:—leading to the important conclusion—that in every form of Tetanic complaint, not only the alimentary canal, but certain organs *functionally* connected therewith, are a chief source either of primary or secondary irritation;—and explaining the superior utility of certain remedies, *e. gr.* Mercury,—Alcalies,—and Cathartics,—as acknowledged by writers of authority on the mere ground of experience.

Of Apoplexy.

767. Derivation and meaning of the term.

768. Character. Sudden and considerable diminution of Sense and of Voluntary Motion, accompanied with Sopor resembling deep sleep,—often with slow stertorous breathing, and generally with Hemiplegia:—the motion of the heart and arteries continuing.

769. The attack usually preceded for some time by —occasional vertigo,—sense of fulness and pain in the head, noise in the ears,—stammering in speech,—numbness, involuntary agitation, and prickling sensation in the extremities, especially in one or other arm, with redness, and swelling of the veins;—flatulence and distension of the stomach and intestines;—dypsnœa;—great depression of spirits;—drowsiness, especially after eating;—disturbed sleep;—night-mare, and terrific dreams;—flushing of the face and neck;—throbbing of the heart and temporal arteries;—temporary blindness, with appearance of sparks or flashes of light before the eyes.

770. Predisposing Causes;—a peculiarity of

constitution, frequently hereditary, but oftener connected with dark eyes and hair, short neck, and corpulent habit, than with an opposite description of person.—Advanced age;—sedentary life;—full diet, and habitual though inconsiderable excess in the use of Wine and malt liquors;—stoppage of customary discharges, as Epistaxis, Hæmorrhoidal or Menstrual flux, &c.

771. Exciting Causes—whatever, under a state of predisposition (770), either—determines an unusual quantity of blood to the head,—prevents a free return of it from thence,—or directly impairs the energy of the Brain,—so as to produce—either Simple Congestion, or this followed by Serous Effusion, or by rupture of vessels, and Extravasation of Blood.—Existence of these separately and conjointly, shewn from dissections;—with the symptoms respectively denoting the *probability* of their presence during life.

772. Individual Exciting Causes;—and explanation of the modes in which they respectively act;—Fits of Anger,—great heat,—Intoxication,—violent muscular efforts,—depending position of the head,—tight ligatures round the neck,—impeded respiration,—over-distension of stomach,—Tumours pressing on the superior Cava, or descending Aorta;—Narcotic Poisons,—fumes of Charcoal, &c.—peculiar state of Atmosphere;—Gouty metastasis,—Concussion, or other mechanical injury of the brain.

773. Account of various morbid appearances found in the Brain and its appendages after death;—and doubts on the generally alleged agency of most of these in *causing* the disease.

774. Proximate Cause.—Compression and torpor (or the converse) of the Brain;—and consequent

772

Cases of apoplexy have not been unfrequent in ye army amongst ye soldiers owing to the great tightness of their cravats

ye effects of charcoal upon ye system being directly sedative

Malpechi died from an attack of
arthritic apoplexy

773 Dr. G. Gliers apoplexy may take
place merely from an over distended state
of vessels of ye brain
Tumours in ye brain are not unfrequently
connected with apoplexy
Enlargement & induration of ye Pineal
Gland but this has been found in other
diseases

Cartilaginous state of ye falx has been
frequently found in this disease

5 Patients in lethargy can always be
roused from this state
Epileptic sopor is accompanied by stertorous
breathing

In catalepsy there is generally the mo
of ye limbs

In typhomania ye degree of stupor is
slight compared with apoplexy

777 In apoplexy of cortical or cerebrum
part was affected in paralysis that
medullary part was affected This opinion
is not founded upon facts or dissection

778 The disease in its first attack may be
considered as more likely to be removed

Convulsions the alarming by no means always
fatal symptoms

defect of nervous influence in the organs of Sense and Motion.—Illustration of this from cases recorded by Boerhaave, Kirkland, &c.; and the universality of it shewn.

775. DIAGNOSIS. Circumstances distinguishing *idiopathic* Apoplexy from Lethargy,—from Epileptic Sopor,—from Hysteric Carus, and Catalepsy,—from Typhomania or febrile stupor,—from the *symptomatic* Apoplexy caused by Inebriation, Narcotic Poisons, Mephitic Vapours, General Dropsy, Ischuria Vesicalis, Hydrocephalus, &c.

776. Common division of Apoplexy into the *sanguineous* and *serous*; and the different ideas attached to these terms by different authors. True grounds of the distinction; and utility of it in a curative view.

777. Apoplexy and Paralysis compared, and shewn often to differ rather in their extent and degree, than in their nature. Dr. Kirkland's opinion respecting the special seat of each.

778. PROGNOSIS—to be drawn from—the patient's age,—constitution,—habit of body,—and previous mode of life;—the exciting cause;—the degree of the disease;—its being a first attack—or a recurrence;—its being accompanied with, or free from, Hemiplegia or Convulsions.—Sometimes on a smart Fever supervening, with delirium, and general diaphoresis, the Apoplexy is removed; but more frequently, pyrexia indicates local irritation in the Brain, and fatal result.—Circumstances under which one or the other more especially happens.

779. The TREATMENT will chiefly consist in means calculated — 1st. To remove the compression, — and 2dly, to re-excite the energy of the brain;—*e. gr.* General or local bloodletting,—or both;—different modes

of this,—and respective advantages of bleeding from the arm, from the jugular vein, or temporal artery,—or by means of leeches, cupping, &c.—with the *form* (776) of the disease to which each is especially suited, and the extent of the evacuation.—Regulation of temperature; application of cold to the head.—Position of the body.—Purging; importance of this,—different modes in which it operates, and regulation of the quantity and *kind* (769) of the discharge, according to the circumstances and stage of the disease;—with the articles most proper under each, and the mode of using them.—Blisters to the head or its vicinity.—Diaphoretics,—choice of these.—Blisters or Sinapisms to the feet.—Stimulants of the diffusive kind, and not exerting any narcotic effect upon the brain, *e. gr.* Ammonia,—Serum Sinapeos, &c.

780. Remarks on particular remedies sometimes recommended in Apoplexy,—*e. gr.* Sternutatories, Emetics, &c. and the circumstances under which they are proper or safe, pointed out:—supplying the lungs with Oxygen Gas proposed, to carry off the accumulated Carbon with which the arterial blood is evidently loaded: most convenient mode of this.

781. Management after recovery, as to diet, exercise, &c. to guard against a relapse.

782. The treatment of the Hemiplegia or other paralytic state, so often accompanying, and remaining after Apoplexy, properly falls under the next general head.

OF PARALYSIS.

783. Origin and meaning of the word.—SYN. *Resolutio nervorum*; CELS.—*Neuralysis*, vel *Myalysis*?—

Blood taken from ye temporal artery
or jugular vein is followed by a more speedy
effect than if taken away from ye arm

Cupping glasses are best applied to ye nape
of ye neck or ye temples

As to ye extent of taking away blood there
must depend upon ye habit of ye individual
and also upon ye state of ye pulse
Application of cold to ye head essentially
useful Dr. C condemns ye practice of
applying blisters to ye scalp if they are
indicated they may be applied behind ye ear
or to ye nape of ye neck ye temples

Purgatives there very useful which act upon
ye liver as Jalap & Hyd. Submur.
In plethoric habits ye saline purgatives
essentially useful

Diaphoretics more particularly useful
after ye urgent symptoms of apoplexy
have been removed

Ammonia one of ye best stimulants
more particularly useful in that form

of apoplexy supposed to be produced by
the application of any narcotic substance
having first had recourse to local blood
letting

780

Sialagogues may be always had recourse
to with safety
Emetics very doubtful Dr. C. would only
give it supposing the person to have had an
attack after a full meal

Oxygen gas not likely to be productive of
any benefit

781 Restriction principally to a regular
diet and abstaining from all fermented
liquors
Exercise should always be moderate
violent Exercise very injurious
If bowels should be kept regularly relieved
every day

782

785 Brain more concerned in volition than sensation

788
Dr. C. has reason to think that paraplegy sometimes arises from congestion of the spinal marrow

A general term comprehending various species of nervo-muscular incapacity.

784. CHARACTER.—The motion of one or more of the Voluntary organs or parts of the body, greatly diminished or entirely suspended, often with impaired sense of feeling;—and independently of inflammation, or mechanical stiffness.

785. General view of the nervous functions as exercised by the Brain,—by the Nervous cords,—and by their Sentient Extremities respectively; and explanation of the forms of Paralysis, whether of *Motion*, of *Sense*, or both, founded on this.

786. Nosological division of Paralysis into species, as affecting half the body longitudinally (*Hemiplegia*)—transversely (*Paraplegia,*)—or individual *parts* or muscles, as of the arms or legs (*Paresis*), the tongue, glottis, eye-lids, rectum, bladder, &c.—or,—as affecting particular organs of *sense*; as of touch (*Anæsthesia*), of vision (*Amaurosis, Gutta serena*), of smell (*Anosmia*), of taste (*Agheustia*), of hearing (*Dysecoea*), &c.

787. PREDISPOSING CAUSE; A peculiarity in the Nervous System, not definable, but oftenest affecting the Brain,—and then generally connected with Apoplectic tendency (770).

788. EXCITING CAUSES,—Whatever occasions lesion of substance,—compression,—or torpor of the nerves, whether at their *source*, in their *progress*, or at their *extremities*; as wounds,—contusions,—fractures,—pressure from tumours,—from partial congestion,—or from hæmorrhagic, suppurative, or watery effusion;—stoppage of customary discharges;—repulsion of eruptions;—gouty metastasis;—convulsions;—violent anger, terror;—grief;—cold;—application of

lead (*Colica Pictonum*,)—of Arsenic?—of Quicksilver? &c. Belladonna.—Sympathetic influence of intestinal irritation:—long continued Rheumatic pain:—Epidemic influence?—Various other causes inducing general debility in persons predisposed to Paralysis.—Illustration of these respectively from histories and dissections; and the modes in which they severally appear to act.

789. Inquiry into the PROXIMATE CAUSE OF PARALYSIS, as deducible from obvious morbid states of the Brain or Nerves discovered on examination after death; and difficulties still attending this, as well from the occasional absence of such perceptible states under actual Paralysis,—as from the frequent presence of them where no Paralysis had existed: General conclusion on this head.

790. Explanation why, in paralysis depending on the Brain, the *Cause* is very universally found on the side *opposite* to the paralytic affection:—exception to this.—Extensive field still open to Anatomical investigation on this subject; and great importance of it shewn, as the only means of ascertaining, not only the *morbid influence*, but likewise the *natural functions of the several Parts of the brain.*

791. The DIAGNOSIS between Paralysis, and loss of voluntary motion from mechanical stiffness, or muscular inflammation, generally obvious; but these sometimes combined.—Paralysis also, occasionally attended with violent pain, rheumatic swelling, and spasms or tremor of the affected parts.—Essential distinction between *transitive* or *periodic*, and *continued* Paralysis.

792. PROGNOSIS. This very different according to the *form* (786),—the *degree*,—and the *cause* of the af-

The local effects of Gerlard's work has been known to be followed by paralysis. These cases have been rare

(a) The best marked cases of this kind are those that occur in children during dentition

(b) Especially in sciatica where occasionally the lower limb becomes paralytic

(c) Excessive discharges more especially of blood

794

Laconicum a room gradually heated with hot air Placing of limb in a sudatorium will sometimes be found very useful

In cases of anaesthesia stimulants may be applied

Linim. Sinap. Ph. G. is Mustard seed digested in oil of turpentine

Change of climate sometimes of great service a more equable one

Cold Bath may be cautiously ventured on going on gradually first beginning with tepid water

fection; but generally unfavourable in Hemiplegia, especially in elderly, debilitated, or intemperate persons. —*Bad signs*,—gradual and progressive loss of feeling, with coldness and wasting of the parts.—*Good signs*,—prickling sensation,—flushing heat,—spasmodic twitching,—rheumatic and inflammatory swelling supervening. — Hemiplegia sometimes removed by spontaneous Epistaxis, or Hæmorrhoidal flux: — common explanation of the latter objected to, and another proposed.

793. The TREATMENT NECESSARILY VARIOUS, not only accordingly as the morbid state exists—(*a*.) in the Brain,—(*b*.) in the Nervous Cords,—or (*c*.) in the Sentient Extremities;—but also as its Exciting Cause (738) may be *fixed* or *removeable*,—or its Proximate Cause consist in *change of structure*, or merely in *suspended function*:—whence the importance of previously investigating these points. The general indications then will be—1st, To remove any cause of compression still operating, whether from vascular turgescence, extravasation, effusion, tumour, &c.—2dly, To gradually re-excite the torpid portion of the Brain or Nerves to a sensible and active state.

794. Means adapted to these respectively; topical bleeding,—blisters,—setons,—issues: — remedies tending to equalize the distribution of the blood, and promote absorption, *e. gr.* mild diaphoretics;—gentle diffusive stimulants, as Liq. Ammoniæ Acetatis,—Ammoniæ Carbonas,— Semen Sinapeos,— Infus. Armoraciæ.—Bals. Peruvianum,—Ol. Terebinth., &c. External heat, by—tepid bathing, *laconicum*.—Electricity. —Stimulating the superficial nerves by warm plasters, Cantharides, *urticatio?* — Linimentum Ammoniæ,—*Epithema Terebinthinæ*,—*Ung. Acidi Sulphurici*,—*et*

Linim. Sinapeos Ph. Nos. Guy.—Friction;—Regulation of Exercise, of Diet, and Clothing.—Change of climate.—Cold bath.—Tonics.

795. Adaptation of these remedies to the particular *Seat* and *Degree* of the disease (786) as well as to the nature and operation of the ascertained or probable Exciting cause (788), pointed out in the principal forms of the disease, e. gr. *cerebral,—chordal,*—and *extremital,* either separately or conjointly.—Strictures on the common, early, indiscriminate, and often pernicious employment of powerful stimulants, whether local or general; and directions for their management.

796. Observations on the use of Emetics,—Opium,—Arnica,—Rhus Toxicodendron, &c. strongly recommended by some;—with an account of the success attending the gentle and repeated operation of particular cathartics.

Of Epilepsy.

797. Etymology of the term.—Syn. *Morbus sacer, comitalis, sonticus,* &c. meaning and origin of these names.—Anglicè *Falling Sickness, Fits.*

798. Character. Sudden privation of Sense, accompanied with unusual Motions,—generally with violent Convulsion of all the Voluntary Muscles, and frothing at the mouth, followed by drowsiness or Sopor, great fatigue, and entire oblivion of the fit:—recurring at various intervals,—and often attacking during sleep.

799. Variety which takes place in the disease in different cases, and even in the same at different times,—with respect to the *degree* and *frequency* of the pa-

706 Emetics not remedies generally that c
be resorted to
Opium must be used very cautiously when
is indicated by pain restlessness Dr Kirkl
recommends opium even in ye very beginning
of the disease here it is improper

Of Arnica Dr C. has had no experience
having been recommended by ye continental
writers
Rhus Toxicodendron much recommended
by Dr Alderson of Hull Dr C. has not fo
it to answer

Nux vomica when carried to its full
extent as has been recommended it wo
be likely to prove dangerous

Great necessity of paying attention to
primae viae
Vin Alert. a very excellent medicine
especially in that of old people there
being about ½ gt of Subcarbon. Amo
to each ounce of Alcoholic wine

799

As ye mind becomes impaired ye body becomes emaciated & unhealthy when ye paroxysms are very severe we generally find ye faculties of ye mind become very soon impaired

800

A matter of great doubt Dr Hoe considers whether ye disease is more frequent in ye man than ye female

801

(a) a curious case of this sort mentioned by Dr Haen in a young lady at school who had her feet tickled by her schoolfellows

(b) Dr Cosan a case of this sort at ye time he was at Oxford

roxysm,—to its coming on without warning, or being preceded by certain sensations referred to the head itself, or to distant parts (*aura epileptica*);—and lastly, to its effects upon the faculties of the mind and body:—illustrated by cases.

800. PREDISPOSING CAUSE.—A peculiarity of condition with respect to the Brain,—and probably also to the Nervous System in general;—perhaps always more or less connected with Original Conformation, and therefore often hereditary.—Male sex?

801. EXCITING CAUSES.—Whatever, under Epileptic *tendency*, either impairs the tone and vigour of the Nervous System in general, and of the Brain more particularly,—or communicates any mechanical shock, or any very violent and unusual impressions to the Sensorium;—as blows, falls, or other external injuries;—exostoses, tumours, abscesses, or ossific deposit, within the brain or on its containing parts;—similar causes affecting the Nervous Cords, or their Sentient Extremities, *e. gr.* parturition,—dentition,—worms in the alimentary canal, &c.—Mercurial and Arsenical irritation?—Tickling,—Venereal orgasm;—Sudden terror,—violent anger,—Intense Study.—Whatever disturbs the due balance of the Circulation, whether by occasioning excess or defect of blood in the head; as Inebriation,—Narcotic Poisons;—spontaneous Plethora, or the stoppage of customary discharges, whether of blood or other fluids;—Inanition:—Nervous Irritation in the eruptive stage of Small Pox, &c.—Artificial Repression, or Spontaneous Metastasis of various eruptive and other diseases, both acute and chronic.—Imitative propensity, particularly conspicuous in Children and Wo-

men.—Modes in which these may respectively be presumed to act.

802. PROXIMATE CAUSE. The nature of this extremely obscure, perhaps inscrutable;—not only as consisting in a *diseased action* of certain organs, with the natural and healthy operations of which we are little acquainted,—but as being, in different cases, connected with *opposite* External Conditions of the body, and removed by means tending to correct these respectively. Attempt to elucidate this point, by a consideration of the nice balance of functions necessary to general health; and the different effects that ultimately result from *inequality in their degree*, or from *derangement in the order of their succession*, according to the original disposition, or the acquired tendency of the human system. —Explanation both of the periodic and accidental recurrence of Epilepsy upon this principle.

803. Enquiry into the nature of the *Aura Epileptica;* —and enumeration of circumstances tending to shew, that this sensation may arise from primary irritation of the Brain, giving a false reflex feeling of impression made upon distant parts.—Importance of determining this point, as occasionally necessary to direct certain measures in the treatment, where such sensation occurs.

804. DIAGNOSIS. Remarks on the distinction made by Sauvages between *Epilepsia* and *Eclampsia*, and by Dr. Cullen between *Epilepsy* and *Convulsion;* and doubts of its validity.—Circumstances serving to discriminate genuine Epilepsy from Hysteric Convulsion (*Eclampsia Hysterica*, Sauv.); and from the feigned Epilepsy (*Ep. simulata*) of mendicant impostors.

3 This disease may very often arise fr
local irritation here as have some chance of
remaining of disease

04 Diagnosis a matter of very little impor

1807 When ye tongue is protruded between
ye teeth some substance ought to be interdu
between ye teeth as a piece of wood to
prevent injury being done to ye part

A As in dentition lancing ye gums very
necessary
Unloading ye primae viae of any morbid
collaries collected in them bringing ye
bowells into a healthy state

B

In ye plethoric habit very spare diet
vice versa
Metallic tonics most useful in Epilepsy
as Zinc. Oxyd. Cupri. Ammon.
Argent. Nitr.

Cold bath one of our most useful
remedies with proper exercise

Valerian one of ye best vegetable remedi
3j: three or four times a day

805. Strictures on the numerous Nosological subdivisions of Epilepsy, as arising from individual exciting causes ascertainable only by dissection;—and arrangement of it in a *practical* and *curative* view, under a few general heads, *viz.* as proceeding primarily from the Brain (*Ep. idiopathica,—spontanea,—cerebralis*); from remote irritation (*Ep. symptomatica,—verminosa,—calculosa,—parturientium,* &c.);—from the effect of certain poisonous matters operating upon the Nervous System, (*Ep. accidentalis,—venenosa,—febricosa,* &c.);—from misplaced or metastatic morbid action, in various constitutional diseases liable to that kind of aberration, (*Ep. exanthematica,* &c.) from inherent propensity to imitation, (*Ep. sympathica*).

806. PROGNOSIS.—To be drawn from the age,—constitution,—and habit of the patient;—from the disease being spontaneous, symptomatic, or accidental (805);—from the degree,—the frequency,—and the habit of its recurrence;—from its duration,—the effects it has produced,—and its being accompanied by, or alternating with, other complaints, &c. Always unfavourable where hereditary,—where with a particular shape of the head,—where it has impaired the memory or judgment,—has arisen from any violent shock, whether mechanical or mental—or has passed over the period of Puberty without being suspended.—Has sometimes been removed by Intermitting and other fevers, or by Eruptions on the skin:—Often induces fatuity,—occasionally mania, and now and then terminates in Apoplexy, Paralysis, or Hydrocephalus.

807. TREATMENT. But little can be done during the fit when violent, except restraining the patients from injuring themselves: best modes of this.—In the inter-

vals, the plan must be conducted upon the general principles laid down in par. 805.

A. Of lessening or removing the particular Exciting Cause (801), if any such exist:—The means of fulfilling this—(as far as practicable), deduced from par. 801—with instances of their success.

B. Of correcting the obviously morbid state of the body in general, or of particular organs—whether consisting in plethora, or inanition,—in irritability,—in torpor,—or in cachexia;—by bloodletting general and topical; various modes of, and their advantages respectively under certain circumstances:—Issues, Setons, Blisters.—Generous diet.—Various metallic and other tonic, sedative, and antispasmodic remedies; *e. gr.* preparations of Zinc, Copper, Silver, and Iron:—Cold bath, exercise, friction:—Opium, Hyoscyamus, Valerian, Digitalis, &c.—Milk and Vegetable Diet;—or continued slow course of Alterative remedies directed by the particular kind of Cachexy present.—Recalling certain eruptions that had disappeared, or restoring suppressed excretions.

C. Of disconnecting the *morbidly* associated impressions and actions, by changing the previous habits and mode of life, to opposite and more natural ones;—Examples and authorities on this head, corroborating the principle laid down in par. 802.

808. Observations upon certain *reputed* specifics, viz. Agaricus muscarius,—Viscus Quernus or Misseltoe,—Orange-tree leaves,—Cinnabar, &c. &c.

809. Of the beneficial effects arising from the moderate impression of fear in the Sympathetic or Imitative Epilepsy.

Digitalis useful especially when there is
any great degree of irritability

C. change of climate
making very strong & powerful impress
upon ye mind often of great service instan
in some cases which occurred at Haarlem
when ye whole ward of an hospital was
affected with ye disease

808 Agaricus muscarius abandoned
having no peculiar virtues with ye rest
no remedy having a specific effect in
this disease
Vesicus Quercus & orange tree leaves have
been ineffectually tried

812

Y Bowels will generally be found in a
variety of y disease to be in a constipated
state

813 This disease more commonly found to
prevail in children of y exquisite sangu
temperament

Terror by fire y most common exciting c

In some instances owing to marked imita
in y female vice and to this very char
tracti

814 In y examination of two or three cases in this hospital great congestion of y brain was observable

815 (a) Sauvage records many of these instances

816 This disease unless in its most violent form is seldom if ever attended with dangerous

Of Chorea.

810. Syn. *Scelotyrbe* of Galen, &c.—*Chorea* of the moderns;—Gallicè, *Danse de St. Guy.*—Anglicè, *St. Vitus's dance.*

811. Character. Irregular, *involuntary*, and ludicrous motion of the *voluntary* muscles, generally affecting one or other side more especially;—without pain,—or obvious bodily complaint; occurring in both sexes, and chiefly between ten and sixteen years of age.

812. Account of the manner in which the disease usually commences,—the variety and degree of the symptoms, and the period of its duration.

813. Causes;—*Predisposing*,—a peculiar condition of the Brain, generally connected with irritable and delicate frame of Body and Mind;—*Exciting*—whatever weakens the system, or induces morbid irritation;—as Fevers,—Rheumatitis,—Terror,—Worms or saburra in the alimentary canal,—retrocession of eruptions, &c.

814. Proximate Cause—obscure; but evidently connected with muscular mobility, and defective power of volition; with reasons for believing, that these arise from irritation of the brain, and this irritation *generally* depending on Congestion.

815. Diagnosis easy between Chorea and other spasmodic diseases occurring during adolescence; but sometimes confounded with slight Hemiplegia in adults; and is occasionally a symptom of Hysteria in grown women.—Account of some curious epidemic disorders resembling Chorea, which have prevailed in certain countries from the influence of superstition and fanaticism.—Description of the *Chorea simulata*, or *Tarantism* of Italy.

816. PROGNOSIS.—Chorea, though sometimes obstinate, is often cured spontaneously; and unless extremely violent, is seldom attended with any danger: but occasionally alternates with Acute Rheumatism *(Rheumatitis)* or is converted into Epilepsy, Paralysis, or Maniacal delirium.

817. TREATMENT deducible from 814, is supported by general experience; and consists in—

A. Removing any morbid irritation present, whether from General Plethora, Cerebral congestion, or Sympathetic Erethism;—by Venæsection? Doubts respecting the existence of general plethora in Chorea, and strictures on the practice of Sydenham.—Cupping,—Leeches—and Blisters near, or upon the head.—By Purging;—great benefit of this in most cases of Chorea; and examination of the mode in which it acts, and the articles most effectual for the purpose.—Recalling eruptions or discharges that had been suppressed.

B. Lessening the mobility of the Nervous and Muscular Systems in general, by allaying the morbid, and exciting a natural degree and kind of action in them;—by Opiates,—alone or with Diaphoretics:—Digitalis;—Stimulants;—Electricity;—Tonics,—especially the preparations of Zinc,—Iron,—Copper,—Arsenic?—Argenti Nitras;—Cinchona,—Myrrh;—Cold bath,—Affusion of cold water on the head:—Friction,—Muscular Exertion, &c.

OF HYSTERIA.

818. Origin of the term *Hysteria*.—SYN. *Metromania*;—Fr. *Vapeurs*;—Angl. *Fits of the mother, Hysterics.*

819. CHARACTER.—So great is the number, so va-

Zinc a tonic generally to be preferred

Dr. C. has seen y arsenic succeed but he would not generally prefer it

Bark a very useful & successful vegetable tonic sometimes very efficaciously combined with Zinc giving y Decoct. Cinchon

The most successful remedy in every form of y disease has been y cold bath which in many cases appears to have acted like a charm

Friction will be invariably found useful in this disease.

823 Hypochondriasis a more uniform & constant disease attended with dyspepsia & being more common in ye male than ye female

824 Dr. 6 relates the cases that proved fatal in seeing ye performances of Mrs. Siddons

825 This disease generally will be found to occur in persons in ye better ranks of life

ried the kind, and so rapid the change of symptoms in Hysteria, as to render a concise character extremely difficult;—there being few diseases of the Nervous Class, which are not occasionally imitated by, or connected with Hysteric affection. The paroxysms, however, (which occur without any regularity) generally preceded by lassitude,—coldness of feet.—copious discharge of pale urine,—pain in the head, loins, or stomach, attended with borborygmi, globus hystericus, difficult breathing, feeling of strangulation, loss of sense, and violent Convulsions, Coma, or *apparent Syncope*, &c. and often end in alternate fits of laughing and crying.

820. The paroxysm sometimes alternates with the loss of voice (*Aphonia Hysterica*),—temporary paralysis of particular parts (*Dysphagia*,—*Ischuria*, &c.)—Carus,—Catalepsy,—and various forms of mental derangement, *e. gr. Nymphomania*,—*Fatuity*, &c.

821. PREDISPOSING CAUSE,—a certain Mobility of the Nervous System, almost peculiar to females,—especially those of a sanguineous, plethoric, and irritable habit;—occurring chiefly between the age of 14 and 40 years,—and often obviously connected with some irregularity of the uterine function (818).—More frequent in cold than in hot climates:—probable cause of this.

822. EXCITING CAUSES.—Indolent life,—luxury,—violent passions and emotions of the mind;—irritation in the alimentary canal;—suppressed, painful, or excessive menstruation;—disagreeable odours, sights, &c.—repression or metastasis of Chronic Eruptions;—Intermitting Fevers, &c.

823. DIAGNOSIS—sometimes difficult, from the Proteiform nature of the complaint.—Circumstances serving

to distinguish it from Hypochondriasis,—from Epilepsy, &c.

824. PROGNOSIS.—Hysteria rarely fatal in its own form, unless the paroxysm be induced by some very violent cause;—and generally disappears in the decline of life.

825. THE TREATMENT will necessarily differ very much, according to the form or degree of the complaint, the constitution, habit of body, and condition in life of the patient, &c. The indications are—1st, *In the paroxysm,* to check its violence:—2dly, *In the interval,* to ascertain and endeavour to lessen or remove, the Predisposing and Exciting Causes.

826. The 1st may be done, in plethoric and robust habits, by bloodletting,—by nauseating Emetics,—by the application of Cold, by Digitalis;—in others, by Opiates,—by stimulant and antispasmodic remedies, *e. gr.* Ammonia,—Æther,—Camphor,—Castor,—Musk,—Asafœtida, &c. Warm Bath,—Pediluvium.

827. The means for effecting the 2d, will be directed by the presence of Plethora, or of Inanition, and a spare or full diet accordingly;—by adverting to, and correcting, the morbid state of individual functions and organs, particularly of the Stomach,—Intestines,—Uterus, &c.;—by regulating the Exercise,—Clothing,—Mind, and Amusements;—and sometimes, when practicable, changing the *sexual condition* of the patient.—By the use of various Metallic and other Tonic Remedies,[a]—Cold Bathing,—&c. to lessen irritability and improve general strength.

826 In very full & plethoric habits y strict antiphlogistic plan to be had recourse to

In delicate habits opiates combined with stim & antispasmodics

Assafœtida a very excellent remedy as y Spt. Ammon. Fœtid a tea spoon full of which may be given at y commencement of an attack in a glass of cold water which often prevent it

827 Diet to be especially attended to

Warm purgatives to relieve constipation of y bowells In full & plethoric habits a mercurial purgative followed by a saline purgative

(a) Griffiths' mixture or file y best form

832 more connected with mental than
orporeal causes generally

Being most extensively employed in commercial
transactions from ye variable state of ye
climate and also from ye great quantities of
animal food taken by ye natives of this Country
ll disease in ye greater number of instances proba-
ring to two or three causes occurring together

Of Hypochondriasis.

828. Derivation of the name.—Syn. Spleen,—Vapours,—Low Spirits.

829. Character.—Unusual anxiety, depression of spirits, and belief of present or dread of future evil, directed particularly to the state of health; always accompanied with symptoms of indigestion, and other marks of bodily disorder; and generally also with various, irregular, and often unaccountable sensations and affections, referred exclusively to the patient's imagination.

830. Detail of the more common and prominent symptoms, as they affect certain organs and functions, *e. gr.* those of the Stomach, Intestines, Skin, Kidneys, Lungs, &c.;—as they occur in persons of different temperaments,—conditions,—habits of life—and particular idiosyncracies;—and as they assume, on the one hand, the variable, Corporeal, and *Hysterical* form,—or, on the other, the more fixed, Mental, and *Melancholic* one:—with their respective degrees, duration, or recurrence.—Account of some of the more singular and absurd notions entertained by hypochondriacs, and the strange resolutions formed in consequence.

831. Predisposing Cause.—A peculiarity of constitution with respect to the Brain and Nerves, generally original,—often hereditary,—and though not always distinguished by external character, yet obviously much more frequent in Males than in Females,—in advanced than in early life,—and in the Melancholic than in the Sanguineous temperament.

832. Exciting Causes. Full diet, especially

with regard to eating:—indolent inactive life;—intense study, or anxious pursuit of business:—cold, damp, and variable state of the atmosphere, especially that succeeding the Autumnal Equinox;—Intermitting and Remitting fevers;—atonic, misplaced, or retrocedent Gout;—the stoppage of natural or customary discharges,—or the recession of certain cutaneous affections:—depressing passions, *e. gr.* Grief, Anxiety, and Fear, by whatever cause produced:—Change in the relative capacity of the Arteries and Veins, at a certain period of life. (556)—Enquiry into the reason why this disease is more frequent in England than in any other country.

833. EXPLANATION of the circumstances in which these different causes would appear to concur in inducing—

834. THE PROXIMATE CAUSE;—a sluggish and irregular action of the Nervous and Vascular Systems in general, but more especially apparent in the functions of the Alimentary Canal, and in the Sensorial operations of the Brain.*

835. DIAGNOSIS. Difficulty of drawing a precise limit between Hypochondriasis on the one hand, and Dyspepsia, Hysteria, or Melancholia, on the other;—not only from their having several symptoms in common, but from their being often combined together, and sometimes reciprocally passing into each other.—Marks serving to distinguish them, founded on a consideration of the patient's Age,—Sex,—Temperament,—Hereditary Constitution,—and Habits of Life;—the predominance of certain symptoms, as being local or

* DR. CURRY *considered that the Proximate Cause of Hypochondriasis, (in a curative view) consisted in* A SLUGGISH AND IRREGULAR STATE OF THE HEPATIC FUNCTION.

835 In hypochondriasis ye patients mind generally directed to his corporeal feelings In dyspepsia as ye functions of ye stomach become improved ye patient recovers

Hypochondriasis more likely to appear a a late period of life and in ye male it is very frequently hereditary

C Exercises Riding on horseback
of these kinds combined with amusement

Diet should always be light
Bowels to be kept regular rather laxative

838 Remedies principally to be relied on
are those that will restore the hepatic
function to its natural state.

general,—Corporeal or Mental ;—and the circumstances under which the case may have been formerly relieved, cured, or converted into some other form.

836. PROGNOSIS. This generally favourable in early life, especially in persons rather of the Sanguineous Temperament, and where the disease has clearly arisen from causes operating primarily upon the Chylopoietic organs ; but the contrary in advanced age,—in those who are of the Melancholic Temperament,—and where it has either been caused by, or become intimately associated with, strong Mental Impressions.—Occasionally terminates in fixed Melancholia.—Has been frequently removed by other forms of disease supervening, —especially Diarrhœa, Fevers, Jaundice, Dropsy, &c.: —pathological conclusions deducible from this, and serving additionally to illustrate the nature of the proximate cause assigned (834).

837. TREATMENT. This must differ in different cases, and be directed more or less to the *bodily* or to the *mental* indisposition, accordingly as the one or the other is found to predominate. The principal indications, therefore, will be—

A. To ascertain, and endeavour to correct, the particular dyspeptic or other morbid state of the Alimentary Canal, and of the organs more immediately connected therewith.

B. To restore to its proper seat or form, any other complaint, upon the removal or spontaneous cessation of which the Hypochondriacal affection had supervened.

C. To occupy the mind with naturally associated impressions of superior force ; and thereby gradually weaken, and finally destroy, the morbid concatenation of ideas which had taken place.—Modes of doing this ;

with an account of the Amusements, — Exercises, — Clothing, — Diet, — and General Regimen proper for Constitutional Hypochondriacs.

838. For various means of *assisting* in A, according to the particular symptoms present, — see DYSPEPSIA.

839. Means respectively adapted to recal preceding Gouty, — Herpetic, — Hæmorrhoidal, or other complaints, — with a view to fulfil this indication.

FINIS.

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