

**Outlines of a course of lectures on the practice of medicine ; delivered in the Medical School of Guy's Hospital / [James Curry].**

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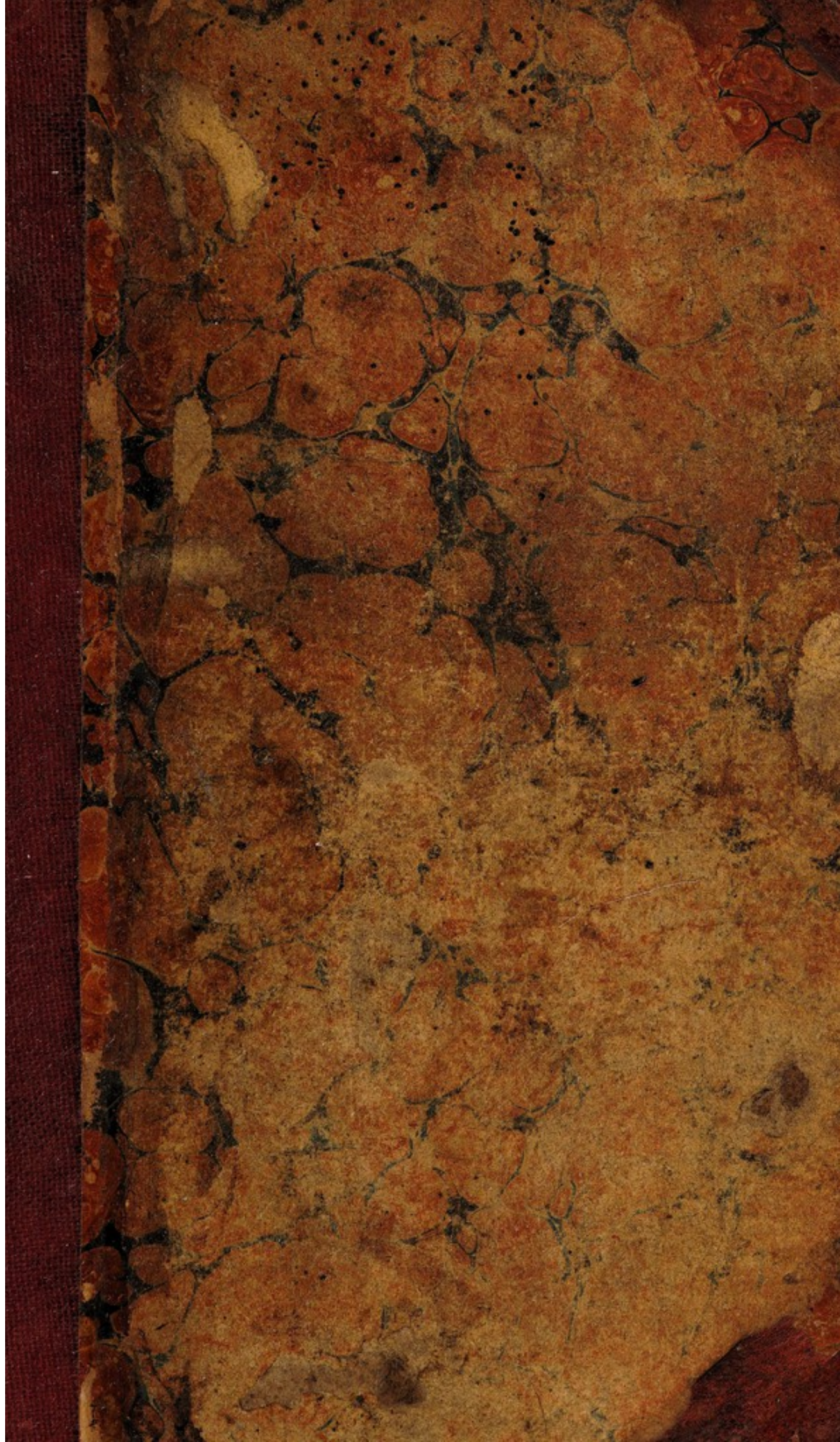
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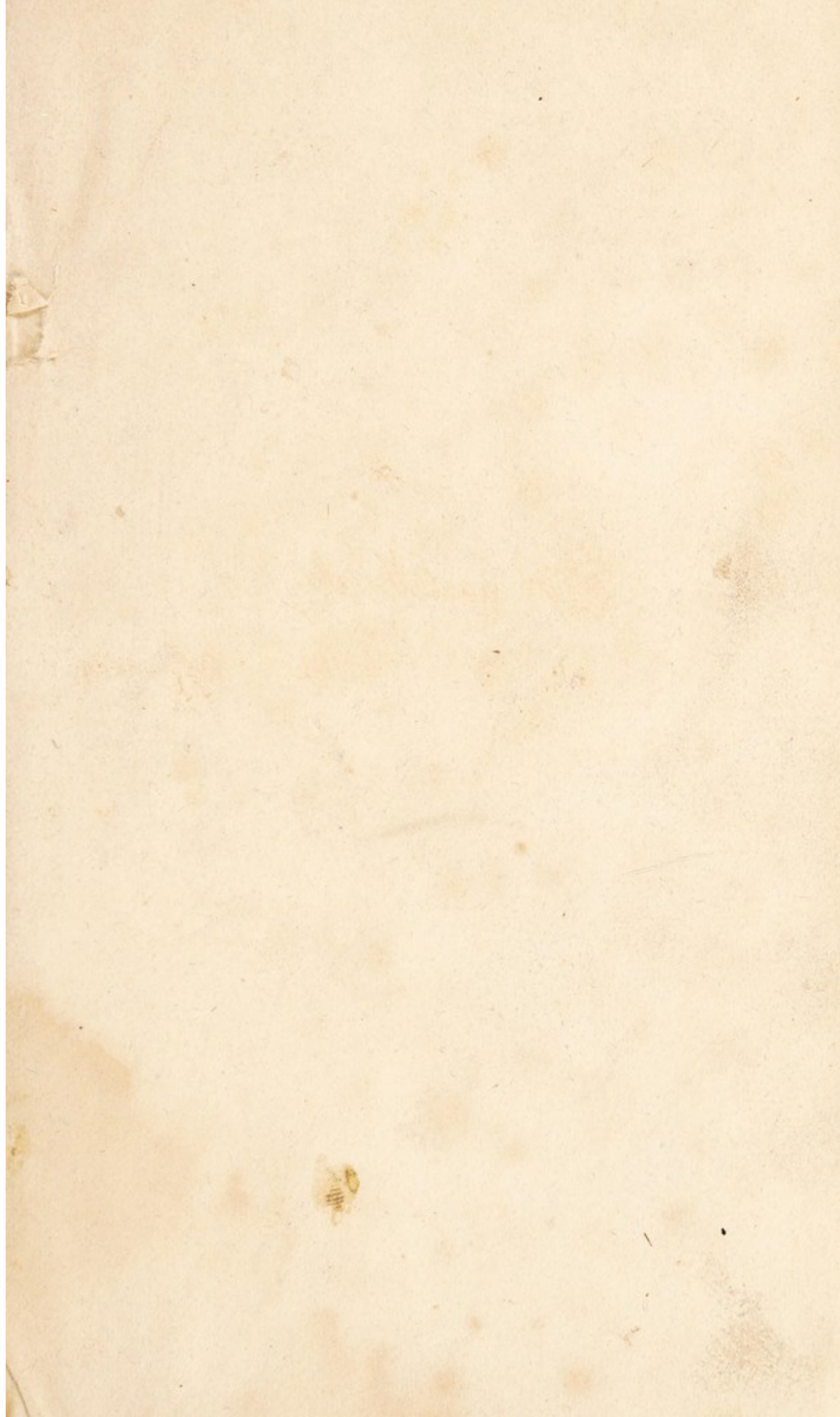








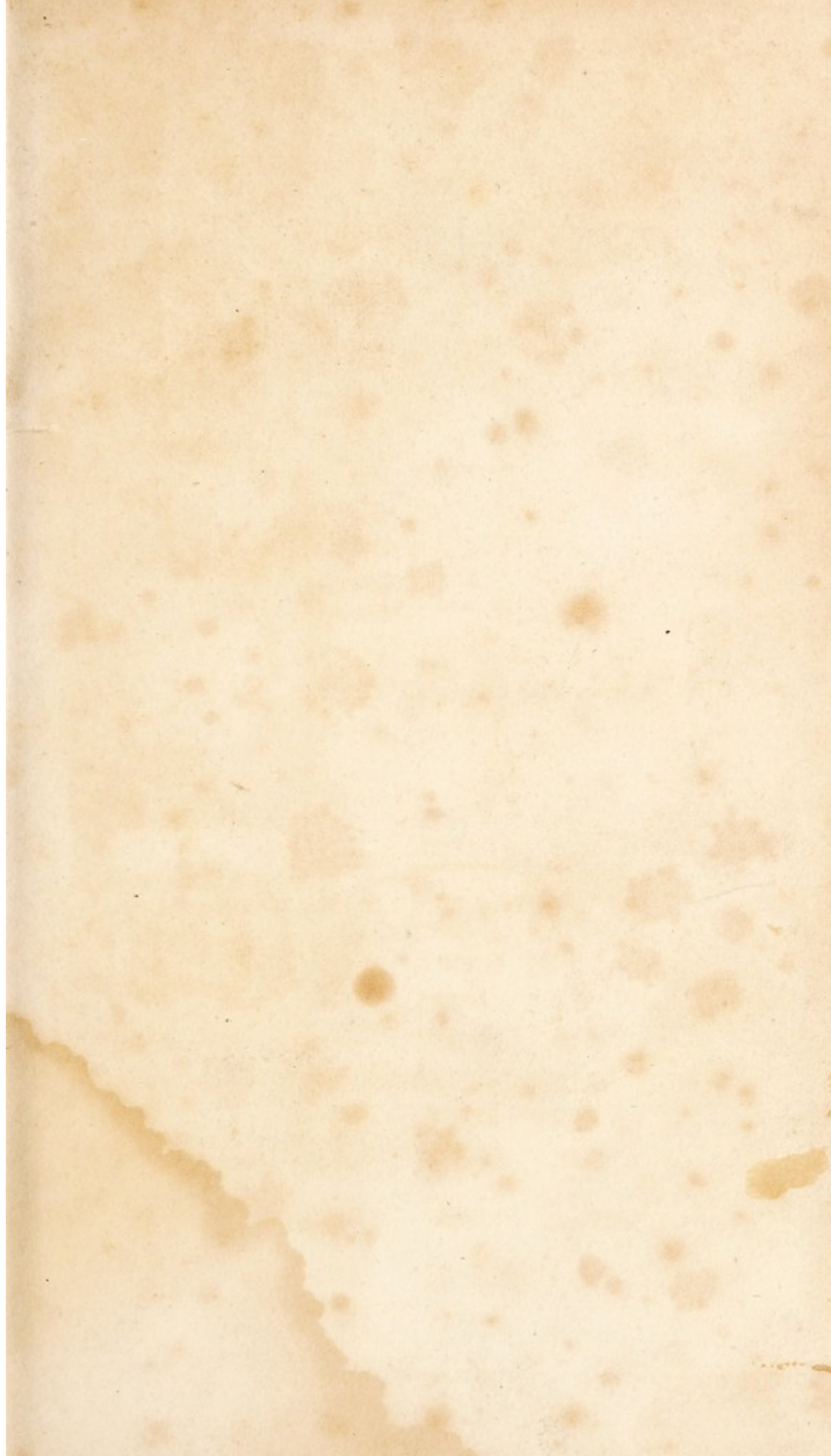






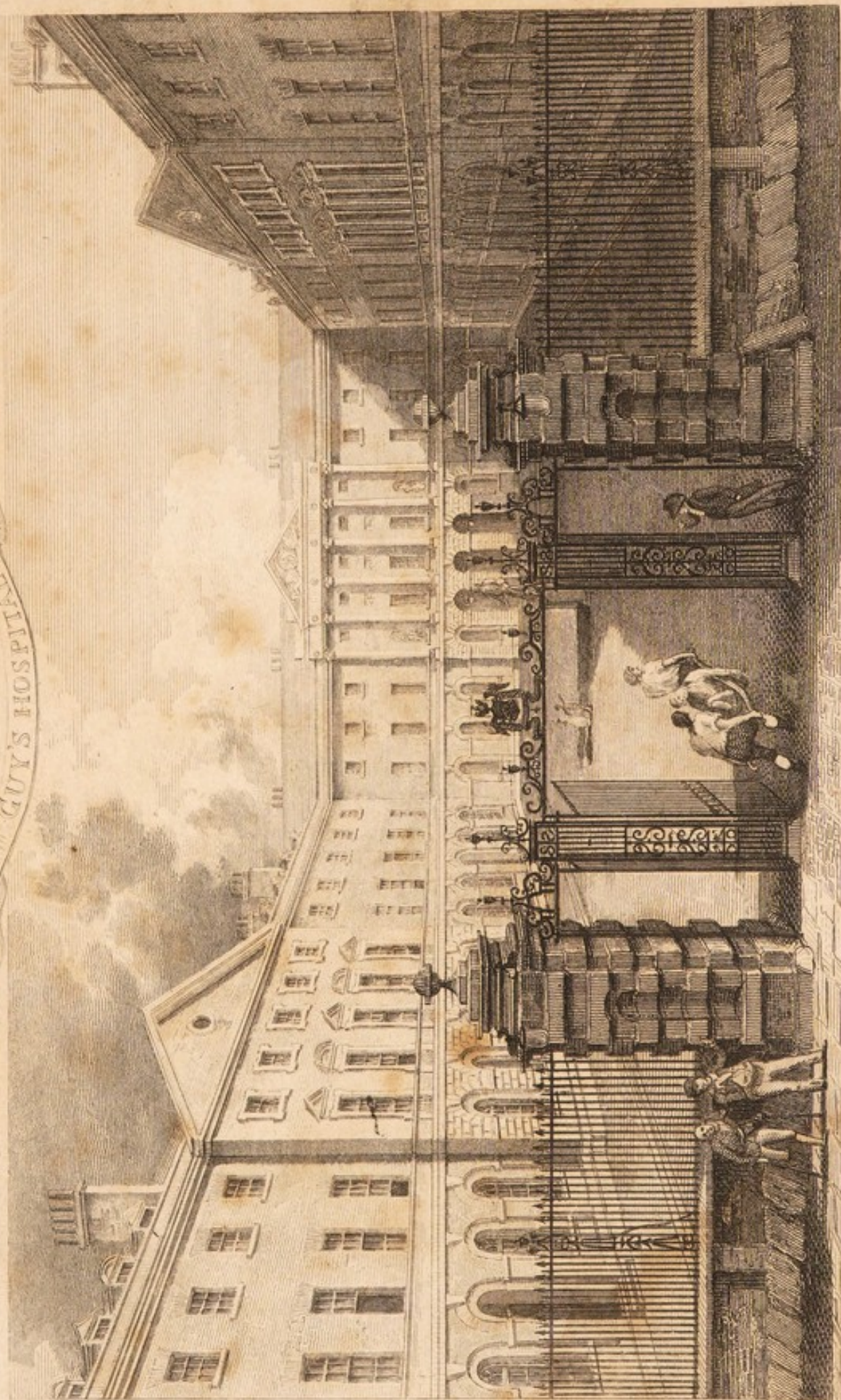








GUY'S HOSPITAL.



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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

JAMES CURRY, MD. F.A.S.

MEMBER OF THE ROYAL MEDICAL SOCIETY OF EDINBURGH;  
OF THE MEDICAL, THE MEDICAL AND CHIRURGICAL,  
THE GEOLOGICAL, AND THE PHILOSOPHICAL  
SOCIETIES OF LONDON; AND  
SENIOR PHYSICIAN TO THE HOSPITAL.

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*Ut indocti discant, et ament meminisse periti.*

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1817.





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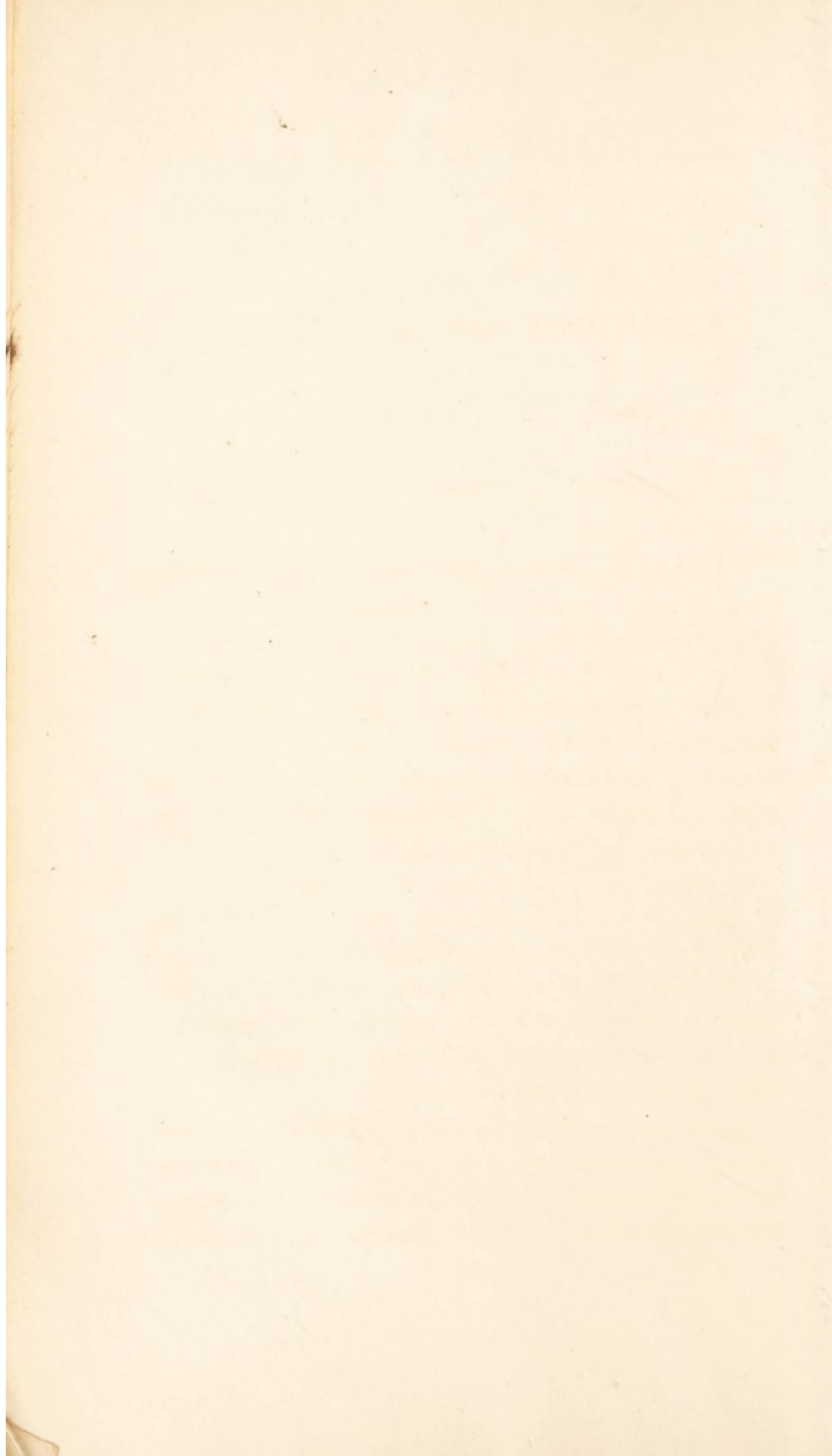












# OUTLINES

OF

## A COURSE OF LECTURES.

&c.

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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 definition 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,—each possessing certain advantages.—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 judgement 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

2 kinds die after

C. Under the first we place remitting, intermitting, and continued Fevers, but under the second that attend upon Injuries, Inflammation, Abscesses &c.

of urine high coloured but <sup>not</sup> depositing  
any sediment.



THE HISTORY OF THE  
CITY OF LONDON

FROM THE FOUNDATION OF THE CITY  
TO THE PRESENT TIME

BY JOHN STOW

THE SECOND PART  
OF THE HISTORY

OF THE CITY OF LONDON  
FROM THE FOUNDATION OF THE CITY  
TO THE PRESENT TIME  
BY JOHN STOW





11 It not infrequently happens that Hysterice  
Femalis have a regular cold & it occurs during  
the Night, without any increased Heat following.  
Moyajiri relates a Case of an Old Female  
having a regular attack of chilliness every Night  
which left her in the Morning, without being followed  
by any increased Heat, which was cured by Ba

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,—quicken'd 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 πυρετός and *febris*;—and certainly necessary to complete the febrile paroxysm, though often absent for some time.

11. *Chilliness*,—*quicken'd 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

*sensibility  
considerably  
diminished.*











17 The secretions are diminished during the two first stages, but return to their natural state during the last.

19 And the appearance of things floating before the eyes, which is certainly owing to a torpor of portions of the Retina.

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  $98^{\circ}$ , 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, <sup>increased</sup> but become even redder and more turgid than natural. <sup>sensibility</sup>

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; <sup>most shrink</sup> dryness of issues, ulcers, &c.;—by short and anxious <sup>as of cold</sup> respiration;—by loss of appetite, and occasionally sickness and vomiting. <sup>and in the</sup> *which is predicated the coming*  
*on of the hot stage.*



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 *some-  
times become  
considerably* 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.

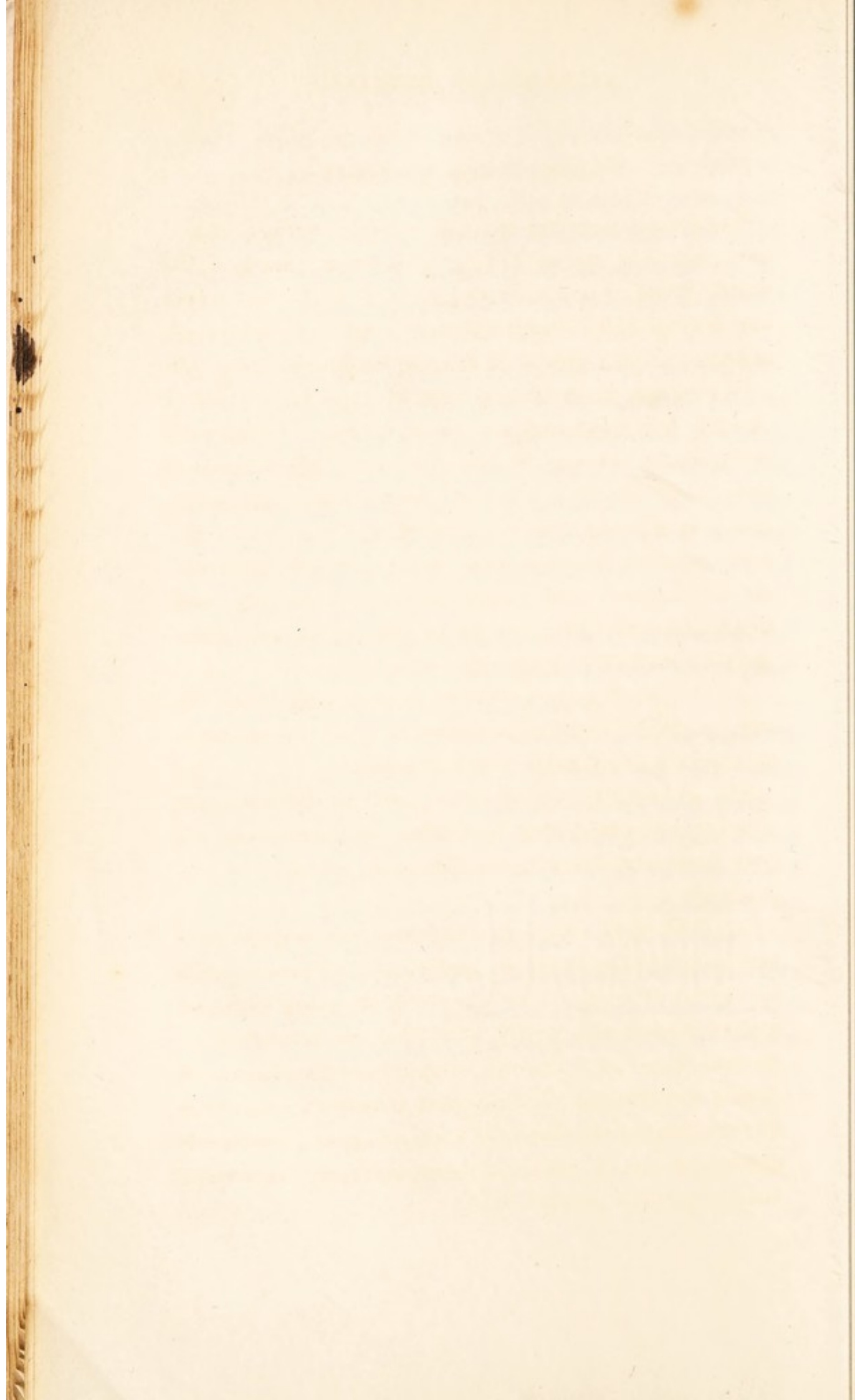












*General Divison of Fevers.*

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.

30 It has been observed that Persons of a scrophi-  
cous habit have an extraordinary tendency  
to become affected by the application of those  
causes which induce Fever.



CHURCH OF ENGLAND

1. The Church of England is a branch of the Christian Church, which was founded by Jesus Christ, and is the only true Church in the world. It is the only Church which has been established by the authority of God, and which has been preserved by the authority of the Pope and the Councils of the Church.

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33 If Dr. C. was asked what he thought the <sup>so</sup>  
powerful predisposing Cause of Fever, he  
should answer, that state which follows  
excess in the use of strong liquors.

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  $98^{\circ}$  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.

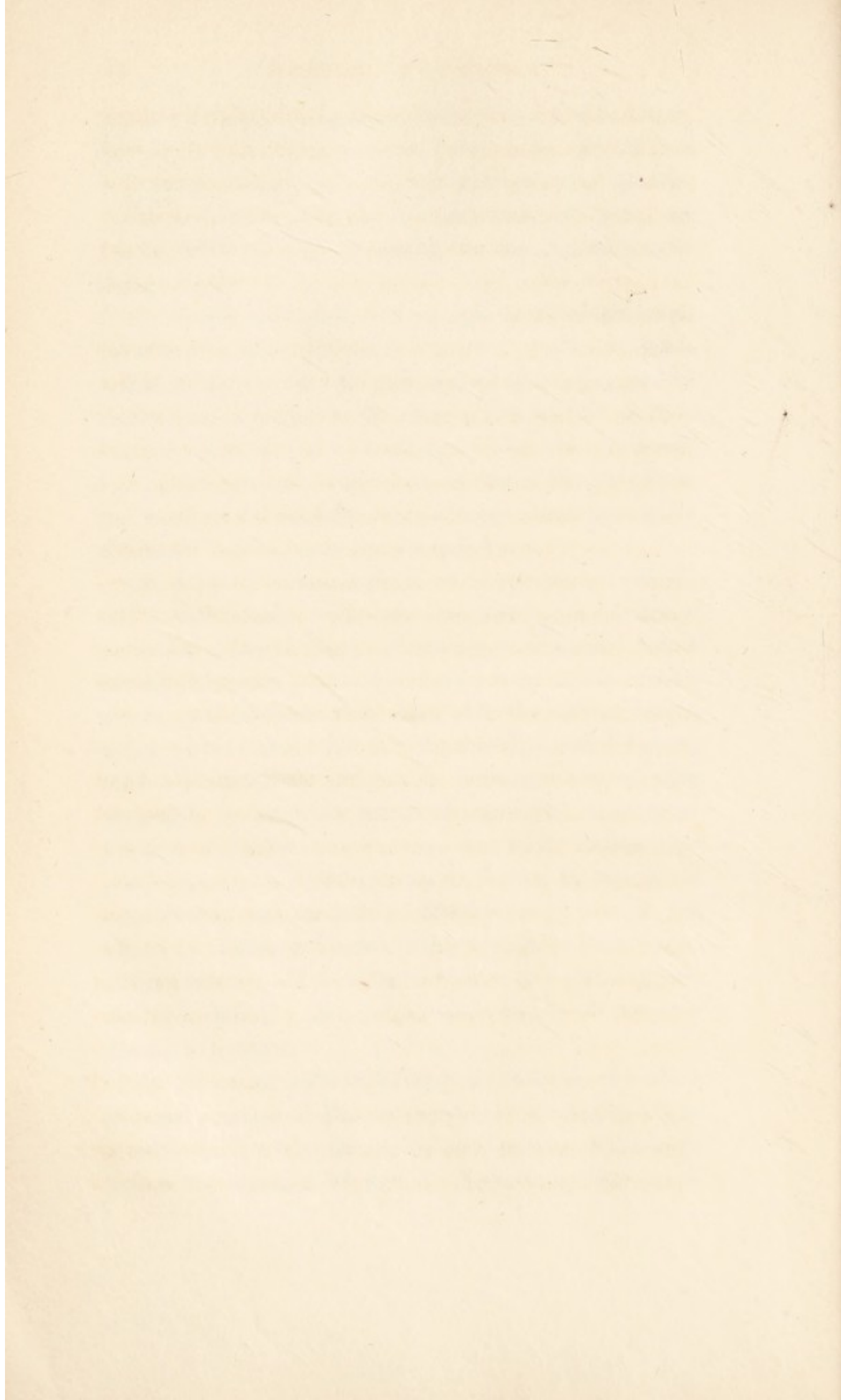
37. In physical sense, every temperature of the air or other surrounding medium below  $98^{\circ}$ , might be denominated *cold*; but not so with regard to *feeling* and to health; and a degree much lower, viz. from  $60^{\circ}$  to  $70^{\circ}$ , the most grateful and invigorating.—This wisely ordered, 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  $60^{\circ}$  to  $64^{\circ}$  admits with ease and safety every exertion necessary either to man's subsistence or pleasure; hence named *temperate*:—the higher degrees up to  $70^{\circ}$ , called *warm*; and all above that, *hot*.—Of the inferior range, a few degrees under  $60^{\circ}$  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  $98^{\circ}$ , by abstracting heat faster









than it can with ease be evolved.—Balance readily maintained at temperature of  $60^{\circ}$ ,—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*  $62^{\circ}$ , 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,

43 The best remedy for the effects produced by drinking cold water after violent exercise is *P. Opii* in large doses as ℞j to ℞ss.

44 Epidemics depend on a certain condition of the Atmosphere, but what that condition is, has not been discovered.



49 The increased velocity of the Circulation must necessarily cause a greater quantity of Blood to be sent to the Liver, the consequence of which will be a redundancy of Bile; thus it is, that in warm Climates, & in a Warm Season in others, that Bilious Complaints are so prevalent.



—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  $62^{\circ}$ , 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.

The first of these is the fact that the  
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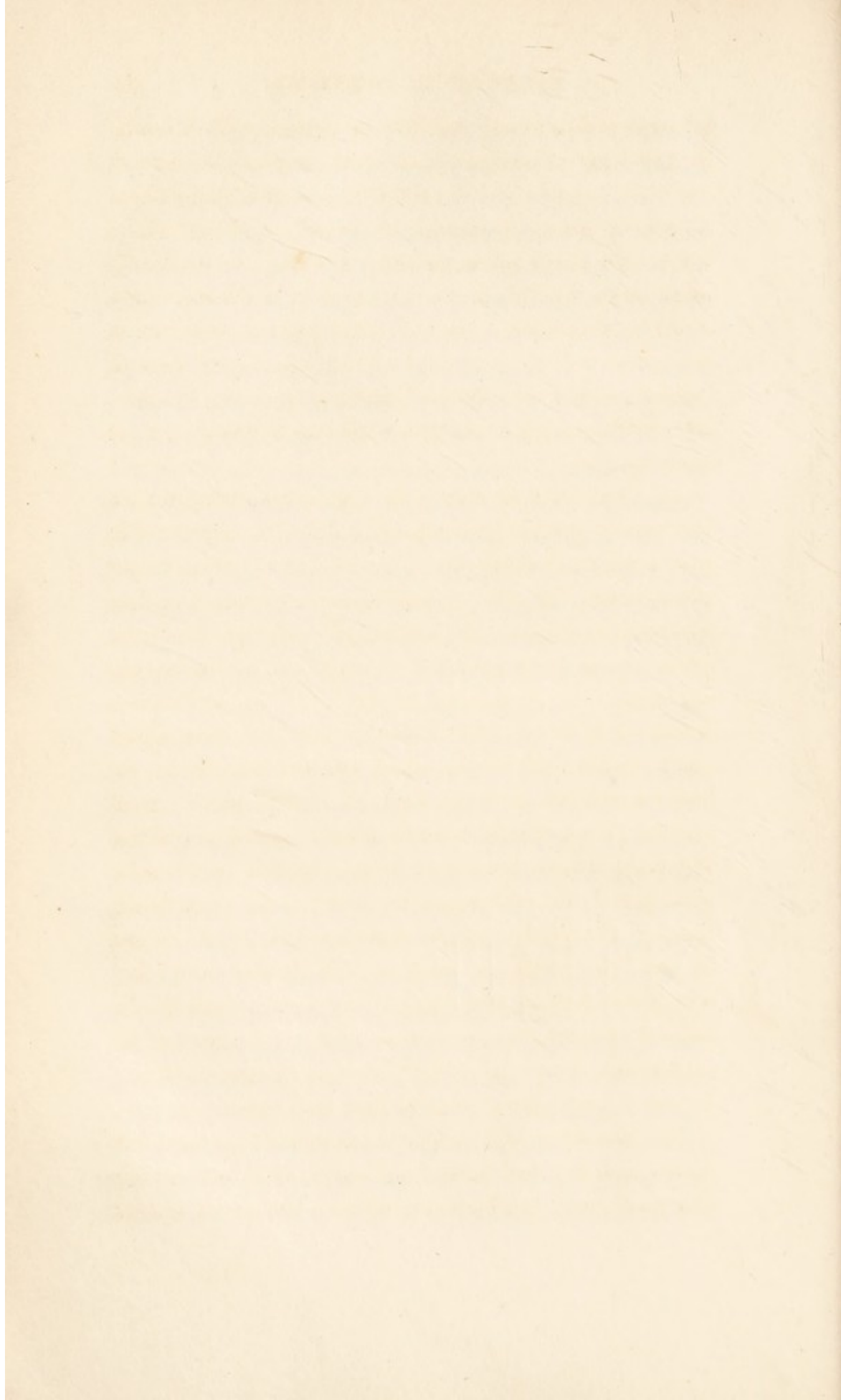




50. Other causes which predispose to, or actually excite fever.—Certain intemperies of the atmosphere, independent of its sensible qualities.—Sydenham's remarks on this; and his consequent division of fevers into *stationary* and *intercurrent*.—Inquires how far the same constitution of atmosphere continuing 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, was altogether hypothetical in his time, though not improbable now.—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:—in this view, Sydenham's conjecture may be true.—Accurate register of such changes connected with history of the 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 skimmers, tanners, &c.—Effluvia from gangrenous decomposition, perhaps an exception.

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.—Instances 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

When there are a number of Persons collected together in a small space, under a depressing state of Mind, there is a neglect of proper cleanliness and free ventilation, and Contagion will propagate itself, and attach itself to the Clothes of such People, and their being unmoored will affect others who come within its influence, as was instanced in the black Apix at Oxford



57 The Irritation of Gummy in Childhood will frequently cause Spasms & Convulsions, which will be removed by lancing the Gum, but sometimes it has continued so long before the Gum was lanced, that it will remain for ~~some~~ a considerable time, and this will frequently return in after life in the form of Epilepsy; here then you have an instance of a Proximate Cause.



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

the first of the year, the weather was very cold, and the wind was very strong, so that the people were very much distressed, and many of them died.

The second of the year, the weather was very warm, and the wind was very gentle, so that the people were very much pleased, and many of them died.

The third of the year, the weather was very cold, and the wind was very strong, so that the people were very much distressed, and many of them died.

The fourth of the year, the weather was very warm, and the wind was very gentle, so that the people were very much pleased, and many of them died.

The fifth of the year, the weather was very cold, and the wind was very strong, so that the people were very much distressed, and many of them died.

The sixth of the year, the weather was very warm, and the wind was very gentle, so that the people were very much pleased, and many of them died.

The seventh of the year, the weather was very cold, and the wind was very strong, so that the people were very much distressed, and many of them died.





in Lectures on the Theory of Medicine.—Not sanctioned in fever,—either by observation,—or deducible from most successful plan of cure.—Though morbid 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 viscosity 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



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56. That febrile commotion exists primarily in Nervous System, now universally allowed;—unnecessary, therefore, to enter into the discussion of it.—Hoffmann's theory adopted by Dr. Cullen, and illustrated with great ingenuity.—Chief merit, however, due to Hoffmann, 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.

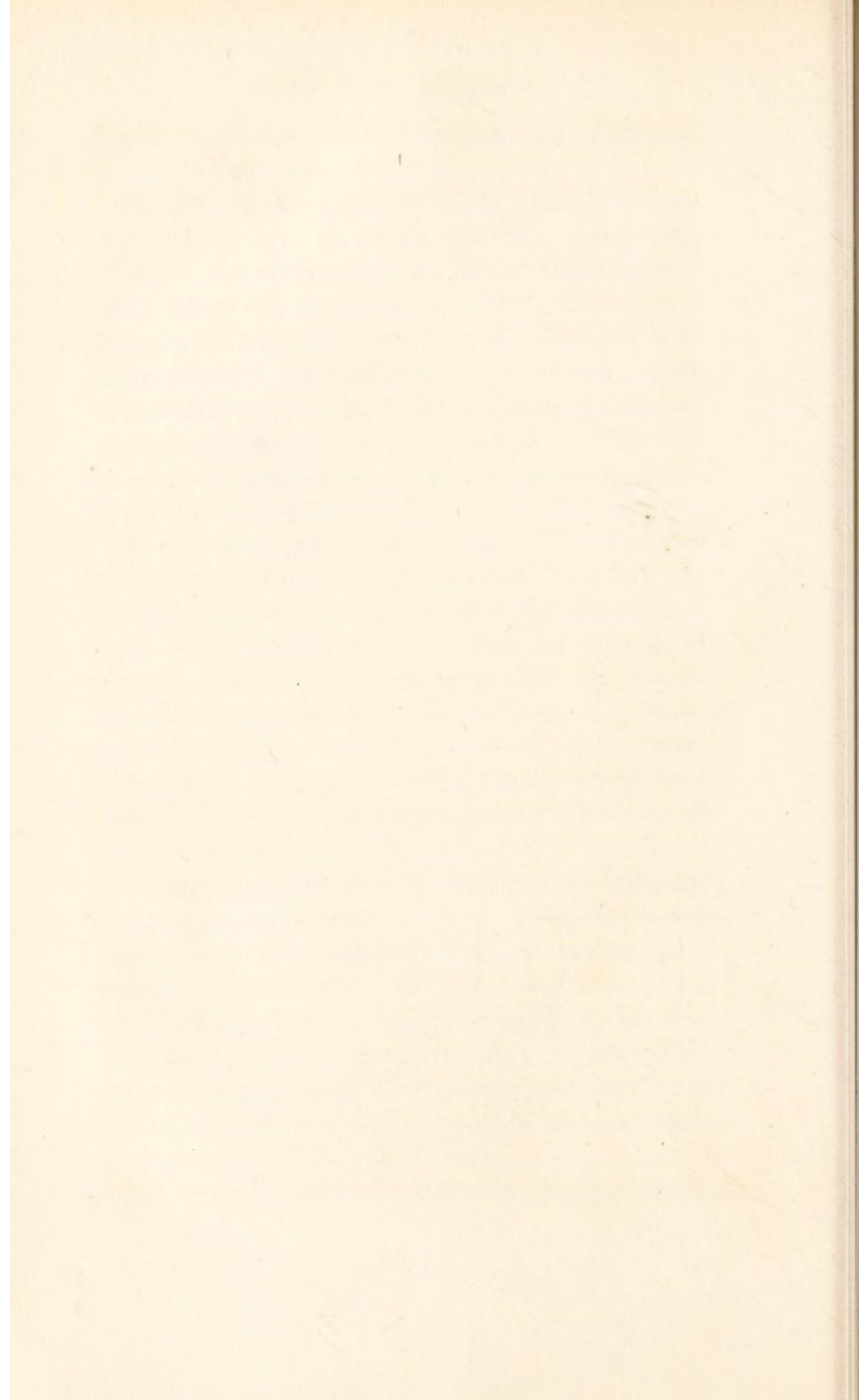
57. Sketch of Dr. Cullen's theory of fever.—He mentions causes of fever all directly related,—and their applications numerous displays,—as shown by—general languor,—weakness of pulse,—sweating and shivering,—loss of appetite, &c. accompanying attack of fever.—Intermittent fever selected as the best example.—Considered intermitting, viz.—of cold,—and of heat, as essential to the primary fever.—From their occurring in the same case, and considered them related as cause and effect.

58. So far supported by facts.—But proceed to examine opinion as proximate cause of fever.—To do this, recur to positions which compare with one another,—and warranted by observation.—No proof of quæ in every fever;—though obvious in intermittents, it much less is remittents,—and often undetectable in typhus.—This shown by comparison of their forms.—Reaction of heart and arteries therefore, to be explained on some other principle or law of the animal economy.

59. 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 dependant 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 irreconcilable 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 increased 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 ; —and no superior success in his own practice, to justify the trouble of studying his system.

### *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.

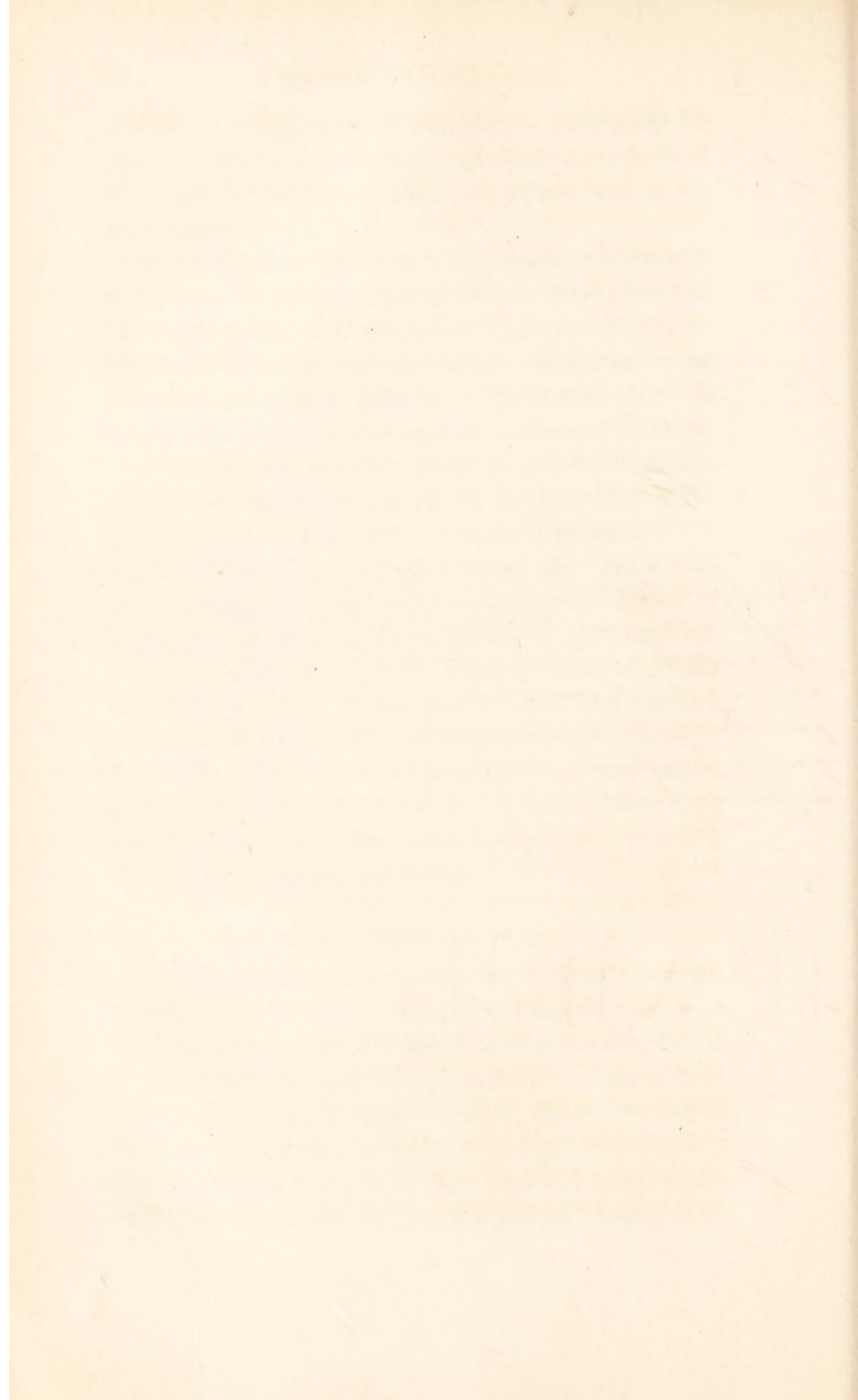
76. Febrile diseases, though numerous and varied, have all something of a common nature.—Causes productive of fever apparently very different in their properties.—General similarity of their effect on living body, explicable only from their tendency to injure and destroy it,—

73 In opposition to DeCuttubert's Theory of Fever  
originating in Inflammation of the Brain or  
its Membranes, it is satisfactorily attested by  
various Authors, that in Patients who have died  
from Typhoid Fever, the Stomach and its con-  
-iguous parts have more frequently been found  
inflamed.









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 effects an exchange of Caloric and Carbon during circulation.

79. This exchange, or *Calorific Process*, ultimately referable 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.

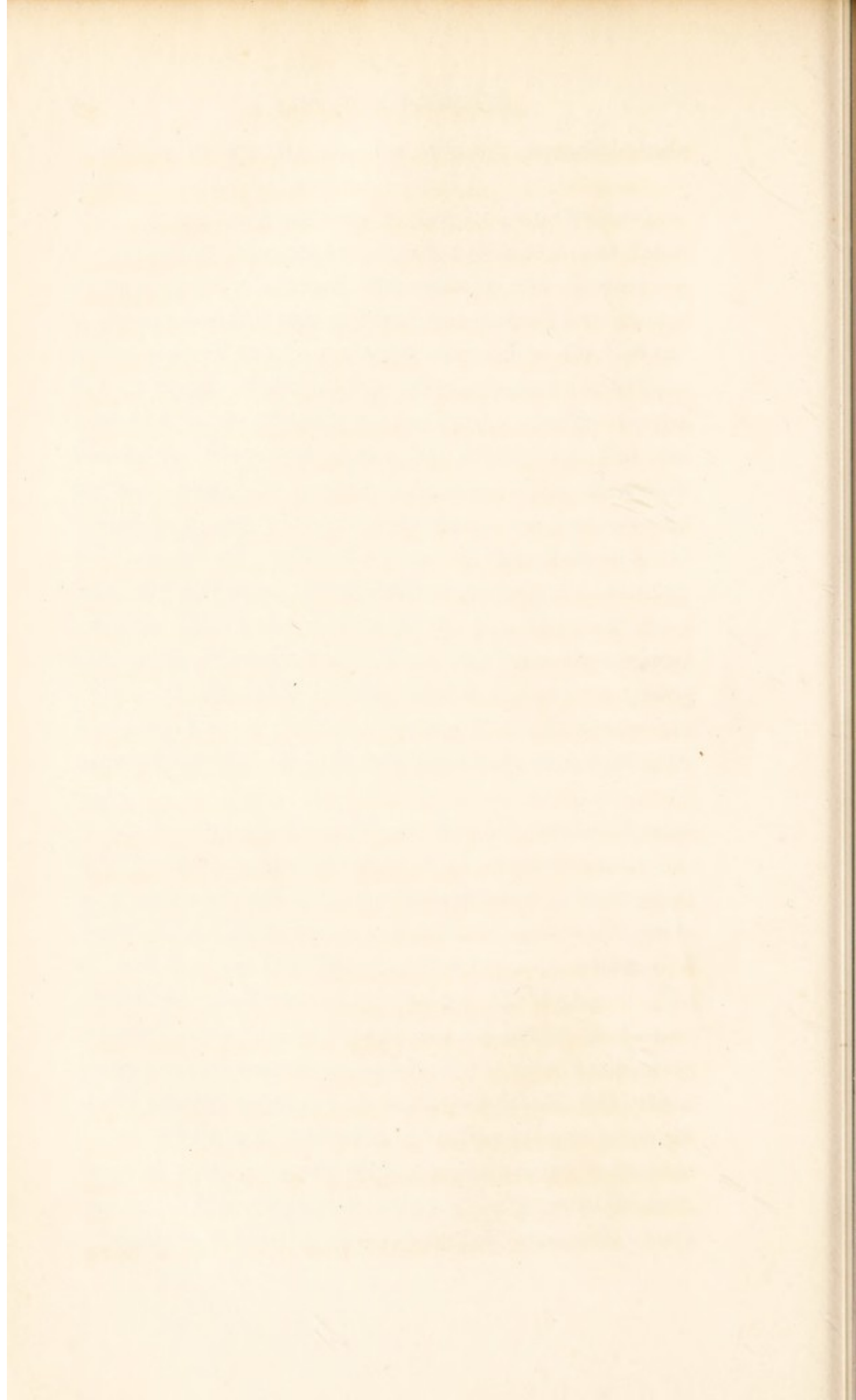
83. Chilly and cold state of body marking commencement of pyrexia, proof of diminished energy in nervous system.—This universally followed by increase of heat,—even to 6° and 8° beyond healthy standard.—Such











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 Nature*.

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 incontestibly 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 *reaction* 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 *κρίσις* ;—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.

91 We ought never to relax our endeavours to save a Patient, altho to all appearances he may be past recovery, for Dr C. has known a Patient lay in a most dangerous state, having lost all his faculties, but the power of swallowing, by being frequently supplied with small quantities of nourishment in less than four & twenty hours he so far recovered as to turn on his side and go to sleep, and he has eventually done well.



presented by its symptoms, and compared with Rational Heat, under different names of *Acidities*, *Distensions*, *and* *Acidities*—but its existence and operation is constantly proved in a variety of cases—examples of these.

88. Objection—that preservative power, instead of simply counteracting the primary effects of morbid Cause in fever, occasions even more distressing or dangerous symptoms,—answered:—the symptoms of reaction being morbid only because in excess.—Application of this to the definition given of *Acidities* (par. 8.) pointed out.

89. Every part of fever, then, consists of two sets of symptoms—the first set being the direct and immediate effects of the morbid Cause, as, for instance, *contagion*, &c.—the second arising indirectly, or through operation of preservative power.—In the increasing or diminishing the reaction 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 *crisis*?—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 of morbid Cause, should often recover, and even flourish, after the most alarming symptoms of its exhaustion.—This is the case, when the morbid Cause is removed, and the system is left to the operation of the Preserving Power.—The recovery is not, however, a permanent one, unless the morbid Cause is removed, and the system is left to the operation of the Preserving Power.—The recovery is not, however, a permanent one, unless the morbid Cause is removed, and the system is left to the operation of the Preserving Power.





THE HISTORY OF THE  
CITY OF BOSTON  
FROM THE FIRST SETTLEMENT  
TO THE PRESENT TIME  
IN TWO VOLUMES  
BY NATHANIEL BENTLEY  
OF THE BARR

THE FIRST VOLUME  
CONTAINING THE HISTORY  
FROM THE FIRST SETTLEMENT  
TO THE YEAR 1780  
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THE SECOND VOLUME  
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OF THE BARR

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 28<sup>th</sup> day from actual seizure,—answered:—death then not owing to original febrile state,—but to diseased condi-

95 The usual time that Contagion will remain in the Constitution before it produces Typhus is about 10 Days.

Many of the Officers that were exposed to the Contagion at the Fever at Waltaire, were not attacked with the Fever until a twelvemonth after, when they were on Duty in Spain.

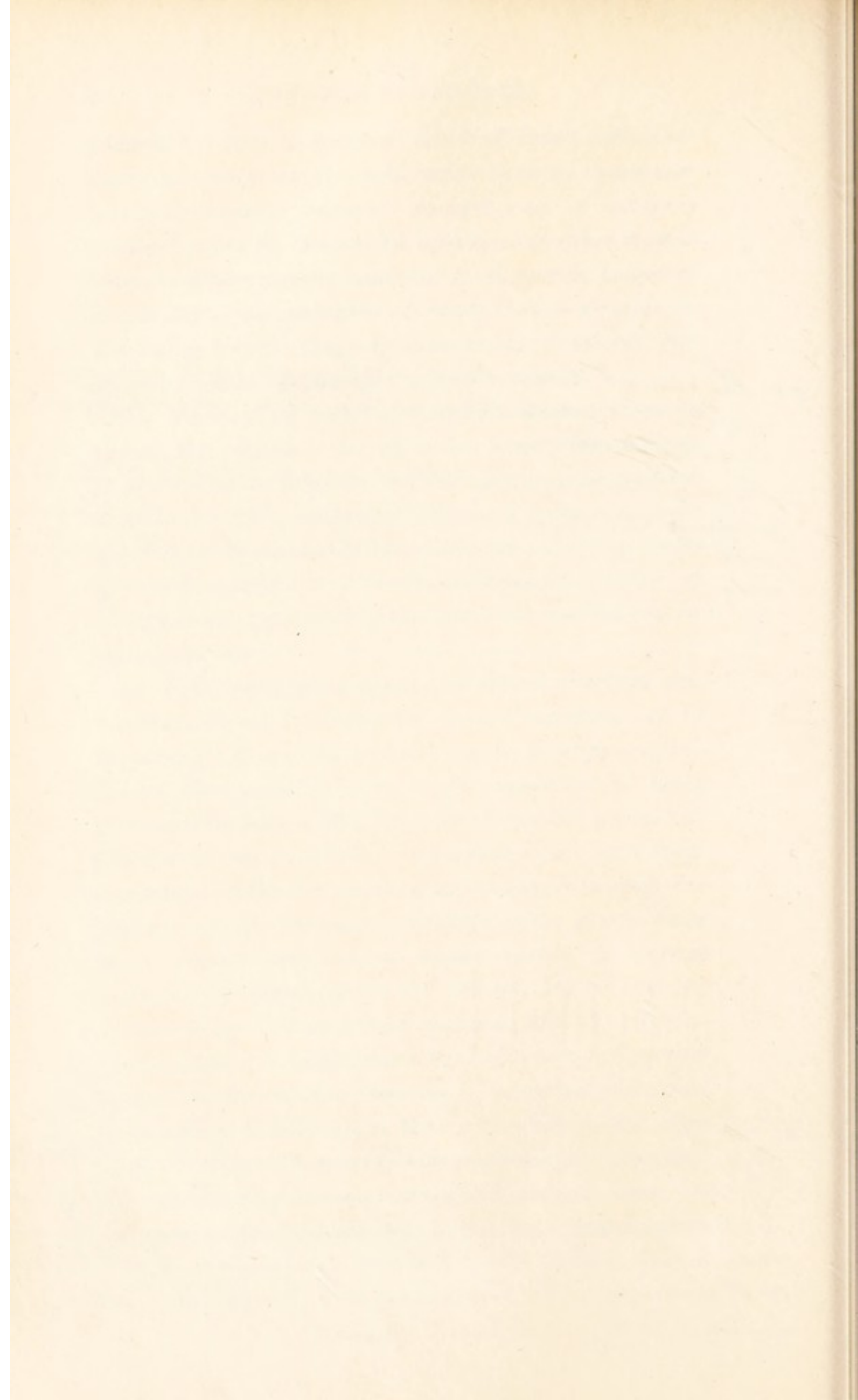
96 The protracted state of Typhus fever frequently depends on Inflammation, or some other Affection of the Abdominal Viscera, which the Patients will not complain of, and it is only discovered by examination, when the Patient complains of tenderness on Pressure. The Torquevillosa in most cases recovered by a Black Oint.











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<sup>d</sup>,—5<sup>th</sup>,—7<sup>th</sup>,—9<sup>th</sup>,—11<sup>th</sup>,—14<sup>th</sup>,—17<sup>th</sup>,—and 20<sup>th</sup>, 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*.—Reason of this.

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-











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 hemorrhage,—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,—1<sup>st</sup>, the ground of *prognosis* as to final event,—and, 2<sup>d</sup>, 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 morbid 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 :—1<sup>st</sup> hemorrhage ;—oftenest from the nose ;—the quantity generally small ;—the relief it sometimes gives, inexplicable



on the notion of morbid 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 morbid 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.



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144. When the Fever has continued many Days without any bilious Discharge, a Diarrhoea coming on will be useful, & the Stools will generally be of a dark coloured, but if this continues they will be altered in colour, therefore the Practitioner should see them to enable him to judge whether the Discharge ought to be moderated. When the Excretions are Bilious we cannot observe whether they are watery or if they are, the Patients Strength will be exhausted before the Bile is got rid off.

When in Bilious Fevers there is a copious bilious Discharge from the Bowels, which is sinking the Patient, & therefore we shall not find him get better, untill having a real Discharge of Bile takes place; we assist therefore in addition to supporting the Strength of the Patient should be, first to moderate the Diarrhoea, and then to give small doses of those Remedies which immediately act on the Liver.



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,—

120. Convulsions frequently arise in Children from a collection of morbid matter in the prima via, & we find by <sup>soon</sup> getting rid of this accumulation they generally subside.

Convulsions arising from Debility are frequently accompanied with Effusion into the ventricles.

Subult. Indurum, being always attended with an alarming degree of Debility must be considered dangerous.

That convulsions & Spasms of the Diaphragm produce Heave when connected with extreme Debility must be looked upon as foreshowing eminent Danger.



122 In simple Inflam<sup>y</sup> Fever in consequence of the  
thinning of the Blood, you have the three parts of which  
it is composed readily separated. In mixed Fevers, or  
where there is Inflam<sup>y</sup> action with diminished Force,  
you also have this separation with a larger propor-  
tion of coagulable Lymph, & it is of a yellow colour.  
Malignant Typhus, the Lymph is in a still larger proportion  
and the Serum is so thin that it looks like the washing  
of bloody meat.

123 Petechiae very much resemble flea bites; Ectecyma  
appear as if the part had received a blow and Echy-mosis  
is similar to an effusion of Blood under the Cellular  
Membrane. These symptoms sometimes appear  
early in fever without any great degree of Debility, particu-  
larly when the Pet. Effusion has been used, but if they  
come on at the close of the Disease they must be looked  
upon as dangerous.

You will distinguish the yellowness of the skin which is  
produced in consequence of the Blood not being sent to the  
extreme Branches of Arteries, by its appearing in different  
parts over the Body & the Tunics adnatae of the Eye and  
being tinged as in Jaundice.

Gangrene of the extreme parts has sometimes taken  
place in a state of convalescence in consequence of the  
great degree of Debility. on a profuse & cold.



124. If you find the Patient very Irritable and eating every thing that is given him with great eagerness, you may suspect that there is great disturbance of the Brain & it always proceeds to an unfavourable termination.

The Double Vision which sometimes comes on in the beginning is generally attended with Inflammation, if it occurs in the latter end of the Fever it is usually accompanied with Effusion into the ventricles.

If the Patient is unable to lay in any position in the Bed without uneasiness, and his place in any is unable to move from it, we must consider it as showing great weakness & consequent danger.

The Extremities being cold & clammy show the defect of the vis vitæ.

126 The Intermittent & Remittent Fevers arising  
from the same causes generally run into each other,  
but the last is generally produced by Heat, or such altera-  
tion of ~~Temperature~~ <sup>Temperature</sup> as is productive of more or less  
Inflammation in the system, combined with Marsh  
Miasm & this will assist us in forming our Diagnosis.



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.



distinguished from the fundamental febrile disease, and not a mere ground of multiplying agents, which tends to confound the disease essentially the same, but to mislead in practice.

### GENERAL CURS OF FEVER.

122. 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.

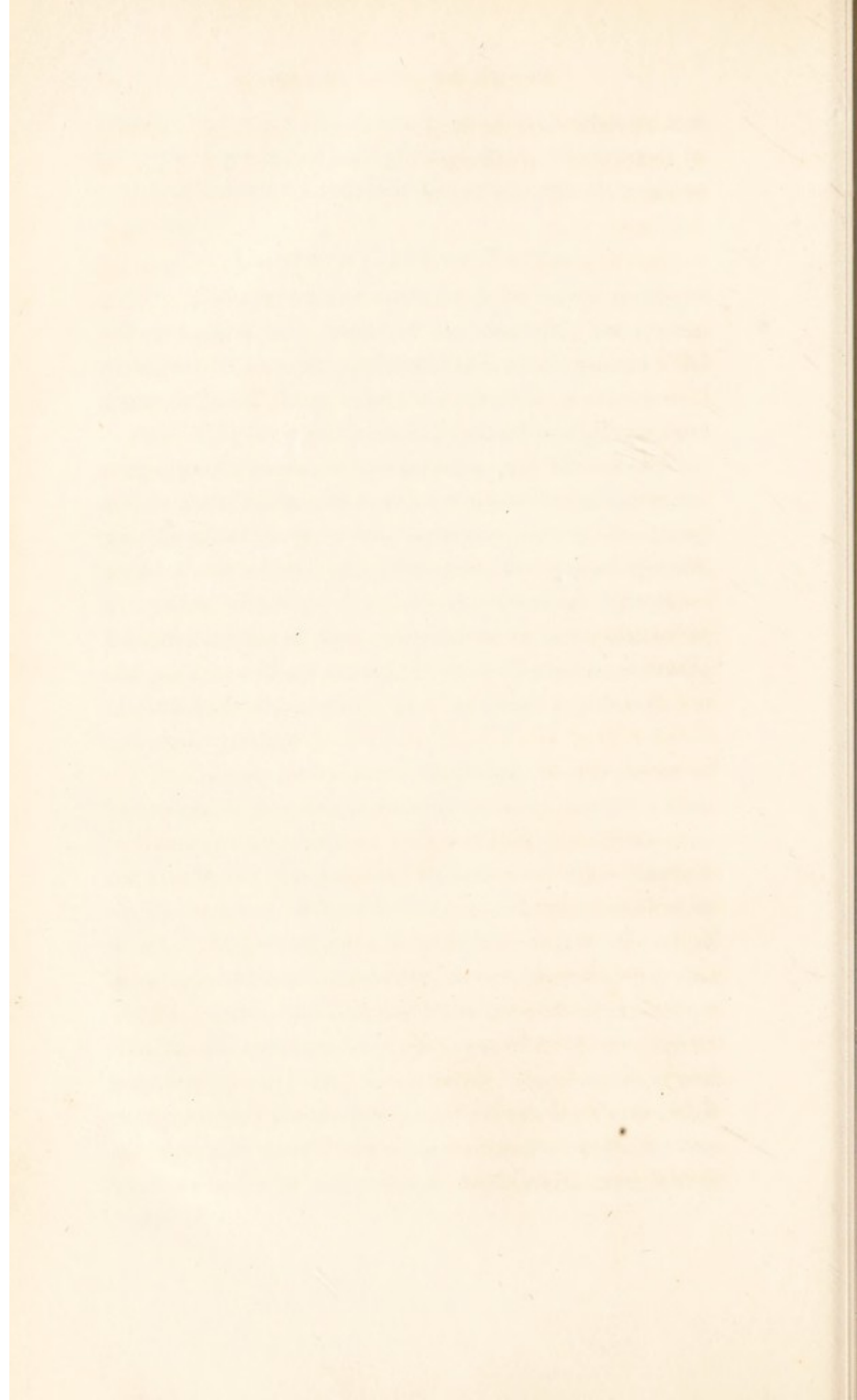
123. Why fever is sometimes cured by different, and even opposite modes of treatment;—and the consequent scepticism of many with respect to the ability of medicine, considered.—Fever, fever, however various its cause, seems to have a sort of common character, as originating from a certain disturbed state of the Nervous System.—Essential nature of this morbid state hitherto unknown, and perhaps will always remain so.—Hence the necessity of attending closely, and cautious conclusion, to successful practice.

124. Little does the body in its power of resistance, and its capacity for change; both of which are necessary to its existence as a creature.—The constitution, the mechanism, and chemistry of life.—Certain degrees of change are essential to the maintenance of life; and any excess, defect, or irregularity of these, beyond a certain degree, causes disease.

125. Hence, the General Principles of Cure in fever consist, in counteracting the operation of the cause which produces it,—by, 1st, diminishing the action and the resources of the system;—2nd, by removing the morbid agents which are the cause of the disease;—3rd, by restoring the system to its normal state;—4th, by supporting the system in its normal state, and preventing a relapse.







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,

139 Frequency of the Pulse is not to be depended upon  
as always characteristic of an Inflamed Diathesis, seldom  
being above 100. Force and hardness always more marked  
during this state, and strength of Pulse the least ambiguous  
as generally attended with Fullness of the System.  
But when you have increased Heat with of the Body attended  
with hardness & frequency of the Pulse you have additional  
proofs of the Phlogistic Diathesis.

Hardness of the Pulse frequently owing to spasm of the  
muscular coat of the Artery without the Inflamed action  
being present.







140. You will distinguish the high colour of the Urine during the Inflamed Stage, by its appearing from a flame colour to a deep red, which is depending upon the large quantity of colouring & extractive matter which it contains, sometimes combined with bilious matter which gives it a high colour. When the white fur on the tongue concurs with the former circumstances it is generally characteristic, it will be distinguished from that which is perceived in other complaints by its being dry & hard, while under other circumstances it is soft & moist.

142 More advantage will be derived from drawing blood from a large vessel & speedily, than from a smaller one & more slowly, as the more blood may be taken away by the latter, & in the first instance the Heart & Arteries will not have time to accommodate themselves to the loss, and thus the Disease is frequently cut short.

If a small quantity of blood is taken from a Patient while standing it will produce a much more beneficial effect, than a larger quantity drawn while in the horizontal position, and will considerably lessen the necessity for future bleedings.

Most Epidemics are accompanied with Typhoid symptoms in which we must be careful not to induce too much debility in the commencement.

All febrile Attacks that occur in the vernal season of the year are generally attended with inflammatory action, while those of the Autumnal season are accompanied with organic Affections, such as congestion of the liver &c. and generally put on the Typhoid type.

The Habit of Blood letting generally gives a tendency to Petechiae the Buff Coat on the surface of the blood and its cupped appearance generally indicates high action in the Blood vessels, and the necessity of repeating the Operation, but we must not always be guided by these appearances, as sometimes it will continue to within a few hours of the Patient's Death.

In Fevers of the Typhoid type accompanied with local eruptions we shall find local abstraction of blood more advantageous than general b. as it does not hasten the great prostration <sup>of strength</sup> which always attends these Fevers.



413. Purgings is calculated to fulfil our second Indication of lessening excessive action when the power is insufficient <sup>care</sup> to support it. The Evacuation of the Bowels should not be to a great extent but be proceeded on with caution, & Purgatives of a mild nature should be employed, such as Rhubarb & Calomel & the Saline Purgatives.

During the Summer Months there is a particular Tendency in the Liver to secrete a larger quantity of Bile than usual, & it is generally of an acid nature, sometimes it passes into the Intestines & proves its own cure, at others it is absorbed into the Constitution, which is known by the yellowness of the lower skin & eye, this is generally accompanied with copious sweats which are of a peculiar faintish odour which is particularly obnoxious to the Patient, also attended with low Delirium, & which the Patient is aware, the breath is short & difficult, & there is inability to much voluntary Motion. These are the symptoms of the Bilious Remittent Fever of warm Climates which sometimes appears with us in the Summer & Autumn.

A deep copper colour of the face, hot breath, darkness of the tongue, with inability of protruding it, hardness & smallness of the Pulse, & biting dryness of the Throat, denote the Typhoid Type; Mercury appears to act specifically in this form of disease by getting rid of the Bile & we give Calomel & Opium for this, sometimes when the symptoms are relieved no evacuation follows, therefore to produce them if we may give Castor Oil & Salt of Sulphur.



—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.—General retrospect of Calorific function (par. 78):—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. Febrile heat generally abated when sweating occurs; but this often the *effect* rather than the *cause*.—Why 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

116 Keeping the Room at as low a Temperature as the Patient can bear, especially when the Phlogistic Decubitus invades, without exposing him to a stream of air will be found essentially necessary, and when the Heat of the Atmosphere is not what can be called cold, the Room should be sprinkled with Vinegar, particularly when the Breath & Stools are fatid.

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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 combined.—Hence no reduction would be  
 without disease, and without cure.

146. Regulation of caloric temperature.—how to be  
 done, and the means necessary to be used.

147. Caloric temperature in fever.—how to be  
 regulated, and the means necessary to be used.  
 of this, and explanation of Dr. Cullen's results on the  
 fact.

148. Cooling effect of evaporation.—long practically  
 known in perspiring countries:—proved by Dr. Cullen's  
 Experiments in 1766:—and proved in living body by  
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is to be done by the same means in different cases, explained by principle laid down par. 137.—More proper when both Power and Action strong;—less proper where Action violent, but Power diminished.

130. AFFUSION OF COLD WATER.—History of it;—the practice ancient, but its general analytical and vague, all illustrated by Dr. Cullen's experiments, and his numerous experiments with it.—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 abandoned from.—Period of the disease at which it succeeds best.—Particular form of fever to which it failed;—conjectures on the nature of this.

131. 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 connected to the standard;—hence liable to mismanagement, and not always safe.

132. CASE OF DRYNESS.—Abstraction of heat from the stomach by cold drink.—Use of this in the early stage of fever, or founded on cold of surface.—It is not to be employed by the patient himself, but by the physician, under the eye of the doctor, to the exclusion of other remedies.—It is not to be continued too long, and when the circumstances indicating its propriety, or the contrary;—patient's craving not always a sufficient warrant;—temperature of body;

*Dr. Keen*

152 In the cold Paroxysm of an intermittent or in the commencement of Typhus Fever when the Temperature of the Body is below the natural standard, the abstraction of blood from the stomach by means of Cold Drink will be hazardous. Cold Drink will be useful when the skin is hot & dry, and active inflammation is going on.

necessary in first instance :—why not to be done by the same means in different cases, explained by principle laid down par. 137.—Means proper when both *Power* and *Action strong* ;—those proper where *Action violent*, but *Power diminished*.

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 *Dieta 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, incontestible. 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

153. Nitro will be found most ~~or~~ beneficial  
when loosely diluted with Cold Water, and will be given  
with safety when the pure Phlogistic Diathesis is present.  
It will be found injurious in Delicate Habits, and where there  
is a tendency to Spasm. In some Delicate Habits, and in those  
who are troubled with Dyspeptic Symptoms it sometimes  
produces spasms of the Stomach.

155 It is where the Action is excessive and the Power  
diminished, that Opium appears to be indicated.

But where there is active Inflammation, constipation of the  
Bowels, a torpid state of the Vessels of the Brain, marked  
by redness of the Eyes, flushed Countenance, more or less  
Delirium, or Diogenes. Where instead of allaying the  
inflammatory Fermentation, Opium is certainly improper.



155 As a general Rule, the Dose of *Op.* for children should exceed 60 M: or be less than 10 M. & its repetition must be regulated by its effects, seldom given more than twice in 24 Hours in these Doses.

It is found that the external Application of *Opium* will also open Irritation without producing those effects which in some Persons prevent its internal use.

156 After excessive vascular action has been lessened by *let. of blood*, and the Heat of the Skin still remains the exhibition of Antimonials will prove advantageous particularly in Robust & Plethoric Constitutions.

But in long Eruptions which joined with some Medicine of the same kind, which ~~also~~ <sup>more</sup> gives them a more certain Determination to the Skin & lessens their Action on the Intestines, as *big Annise Seed* or *Opium* when the Symptoms will allow it, they will generally prove prejudicial.



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.

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

announced to the public in 1841, and continued to date  
 1841. It is a small tract of land, situated in the  
 town of New York, and contains about 100 acres of  
 land, and is now owned by the State of New York.

The tract is situated in the town of New York, and  
 contains about 100 acres of land, and is now owned  
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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 :—Conrayerva of little use.—Sulphuric Æther.—Ammonia, &c.

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

60. If the Tongue is moist, tho' foul, there is an equable  
inspiration on the skin, or a tendency to profuse perspira-  
tion, and no difficulty in Breathing, then the Back  
may be given, & sometimes even with advantage. But  
if the Tongue should become hoarse & dry, the skin hot and dry,  
the pulse hard &c then you must desist from giving it.

62 Camphor may be given in the low stage of Typhus fever  
when there is irregular distribution of Nervous Influence, &  
even a muttering Delirium, in combination with Sopor & faint  
anima &c, and Dr B. has found it promote their efficacy.  
The best way of producing its effect, is giving it in substance  
the dose with Spt of Wine in the form of Pill or Bolus.



complicated a machine as the living body, some or similar ultimate effects ensue from agents differing widely in their primary operation:—proof of this is the opposite course 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:—no action necessary to the maintenance of power:—Power and action far from commensurate in disease:—application of this in fever.

160. **DIFFERENCE BETWEEN TONICS AND STIMULANTS.**—Tonics are those which act on the system by increasing the power of the organs, and are distinguished from stimulants by their more permanent and less violent effects. Stimulants are those which act on the system by increasing the action of the organs, and are distinguished from tonics by their more transient and more violent effects. The distinction is not always clear, and the two classes often overlap. Tonics are generally indicated in chronic diseases, and stimulants in acute diseases. The application of these remedies must be guided by the state of the patient, and the nature of the disease.

161. **Simple Bitters not powerful in Intermittents, and of little use in Continued Fever.**—Stimulants:—*Serpentaria* one of the best:—*Coniopsis* of little use.—*Salphuræ Ether.*—*Ammonia*, &c.

162. **Observations on the use of Stimulants in Fever.**—Stimulants are not to be used in fever unless the patient is in a state of prostration, and the action of the system is greatly diminished. They are to be used with caution, and only for a short time. They are to be discontinued as soon as the patient begins to recover, and the action of the system begins to return. They are to be used in conjunction with other remedies, and not as a sole means of treatment.





163. Dr. has not seen the Mineral Acids of use in the beginning of Fever, but the Vegetable, he has.

164. Water impregnated with Carb. Acid. Gas. may be given with Wine in low Fevers.

Dr. Ch. has seen Yeast given in combination with Bark in the proportion of a tea spoonful to an ounce of half of the Bar in the proportion of a tea spoonful to an ounce of half of the Bar with decidedly good effect in the latter stage of Typhus, & he found that more Bark could be taken when joined with it without producing any effect on the Stomach. He also found it useful in the Remitting Fever which the Troops laboured under on their return from Walcheren, and particularly when they were in a state of Convalescence. It has also been administered in the form of Enema, when it could not be taken by the Mouth.

165. When there is a redundancy of Mucus in the Primæ Viæ, Alkalies combine with it and render it more easily acted on by other remedies by which it may be carried off. For this purpose the Carb. of Potash may be given in excess in the effervescent Draught.

In low Fevers the volatile Alkali will be found more useful than the stimulating Diaphoretics already mentioned.

In Diarrhoea where the Evacuations smell acid alkalies will be proper, also when there is a redundancy of Bile and it assumes a green colour after it has passed off.



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 In no case ought we to exceed the quantity of a Pint in 24 hours, & to the utmost a Quart, but in general half a pint will be sufficient. It ought always to be diluted with an equal quantity of water, if there is want of Heat in the Body the water should be warm & some grateful Aromatic joined with it. Port or Cherry are the most proper, but if the Patient has a preference to any other he may be indulged, if he has been accustomed to acid drinks, Punch will be best. If there is a Drunken Port ought to be given as its hotting may be advantageous. If the Patient prefers small liquors he should be indulged as they in general will be found equally useful.

167. The Temperature of the Water which will be found most serviceable is that from 95 to 96, for the Patient will be able to remain in it longer, and it will produce a much more soothing and grateful effect than a higher one, but if we wish to keep on profuse perspiration in order to relieve local congestion in consequence of local inflammation we increase the Heat gradually to 98, then if perspiration breaks out on the forehead and the Patient is easy we go on raising it to 100 Degrees, and the Patient should remain longer than usual in the Bath, but whenever want to soothe him by a gentle and general Perspiration the former Temperature will be better. We must guard against the sudden evaporation of the Heat after the Patient has come out of the Bath.

In the latter stage of Fever where there is an obstacle to the use of the Bath from the muscular exertion which it necessarily produces, which would be found to do away the good effect of the Bath the Tepid Affusion will be found preferable, and very beneficial to children.

The Affusion may be used when there is no local Inflammation

169. The strong craving for particular articles of Food, when it does occur at the time of the Crisis, particularly if it was not attended by bad habits, should always be indulged, & Dr. Ch has known a favourable change take place after it. In the latter stage of Fever this will frequently be found to produce a rapid amendment even when indulged in to excess if the crisis has taken place, an instance of this in the late Dr. Lundy, who when recovering from a severe attack of Fever was expressing a desire for grapes was indulged & he eat 30 Pounds in 6 Days, after which he rapidly got well.





171. The Antimonial Surties are generally given in Fevers, and when there is any considerable action in the Pulse they are especially useful; but in weak habits, *Spica* will be better, or it may be joined with the Antimony. *Tartariz*.

172. When there is any local Inflammation or congestion in any Organ, a Blister applied in the neighbourhood of the part will be extremely useful after the vessels have been unloaded of their Blood by local Bleeding.

173. Sinapisms should not be allowed to remain on a part after redness is produced, for if continued longer they will cause vesication of the skin.

They act more speedily than Blisters and without producing any discharge & therefore do not weaken as the latter. They may be applied to the pit of the Stomach with advantage to allay infantile vomiting.



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.

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;—why so.

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 these 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 *purser* 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 *καὶνσ*, 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,





176 Intolerance of sound, difficulty of breathing, sometimes  
Rausia, or even amounting to sickness, and the Delirium  
may amount to Phrenitis.

177 Persons of a Sanguineous, and sometimes those  
of a Choleric Temperament are the subjects of this Fever.  
The exciting causes are strong Passions of the Mind,  
full and intemperate living, hard exercise, and long  
exposure to the direct rays of the Sun.

178 When any organ becomes affected then the Disease  
strictly belongs to the Phlegmasia of Deb. Illus.  
When this Complaint terminates fatally it is generally  
within the first two or three Days, but this is a rare occurrence.

180 This Fever is attended with greater vigilance  
and morbid burning Heat than Synocha, the  
Pulse is not so full & hard, but quicker than usual.  
The Tongue is coated in the beginning with a yellow fur  
but afterwards it becomes brown & dark, the excretions  
are very faded, not infrequently a considerable quantity  
of Bile is thrown up. There is also oppression at the Precordia,  
a copious flow of the countenance, eyes suffused & half  
closed, urine turbid, but so rapidly tinged. The Patient lays  
in a state of stupor & deafness comes on early.

181 Under some circumstances Contagion will produce  
it, but it is by no means a general rule.



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-*





179. We must principally rely on C.B. and as it occurs generally in young and vigorous habits, and persons of a strong fibre we may carry it to a great degree, sometimes to Delirium. When there is any local inflammation or congestion, topical bloodletting will be highly successful. The Saline Cathartics will be particularly useful, as our object is to relieve increased action, & to produce a serous discharge. The Antina. Diaphn. continued some time so as to produce a evacuating effect.

Digitalis will be found a useful adjuvant, as it has a power that effect on the vascular system, and after C.B. & Cathartics have been employed it will be found particularly useful in lowering vascular action & preventing its increase.

Wine dissolved in Potash Water for common Drink; Blisters should be abstained from in the commencement, but to aid topical bleeding they will be useful. Cold affusion. if we wish to employ this remedy, we must have recourse to it immediately after C.B. before we give any medicine to produce perspiration. The combination of Tart. Antina. & Hyd. Saturna will produce a pre determination to the skin & keep up an action on the Bowels. Dr. Ch. has seen the Digitalis combined with the Antina: Diaphn. relieve increased action & produce a determination to the skin, and when the latter have been ineffectual the addition of the Digitalis has produced the desired object. Emetics may be employed as adjuvants but they will not be found to produce that beneficial effect they do in other Fevers, but when it is attended with nausea we have reason to think it has been produced by Eructs in Dist. Emetics will be useful.

Cold Affusion is not so useful here, as when the Heat is kept by increased action on the skin, whereas in this Fever it is caused by the increased action of the Heart & Arteries.



nocha :—an opposite *extreme* too often pursued in the *Second* stage ;—reason of this mistake, and its bad consequences shewn.—Why Venesection *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:—Local bloodletting,—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.—Vulgarly termed Agues;—whence the name.

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 Intermittent and Remittent 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.<sup>x</sup>—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



182. We may have recourse to the lancet with moderation in the commencement with advantage, as we shall cut short the high vascular action & the consequent debility which would follow, but more particularly where the Disease is kept up by any existing cause, & congestion of the liver. We generally find that local blood letting is more adapted to the Constitution of the kind and acts when this Fever generally attacks. When the Typhoid symptoms come on we must drop it, and if congestion of any organ remains we must rely on local bleeding.

In the Inflamed stage Calomel & the Saline Cathartics will be proper, where the secretions of the Bowels are become solid few grains of Calomel will be highly useful also where there is congestion of the liver, where the Patient is subject to Diarrhoea Rhubarb & Opium will be better.

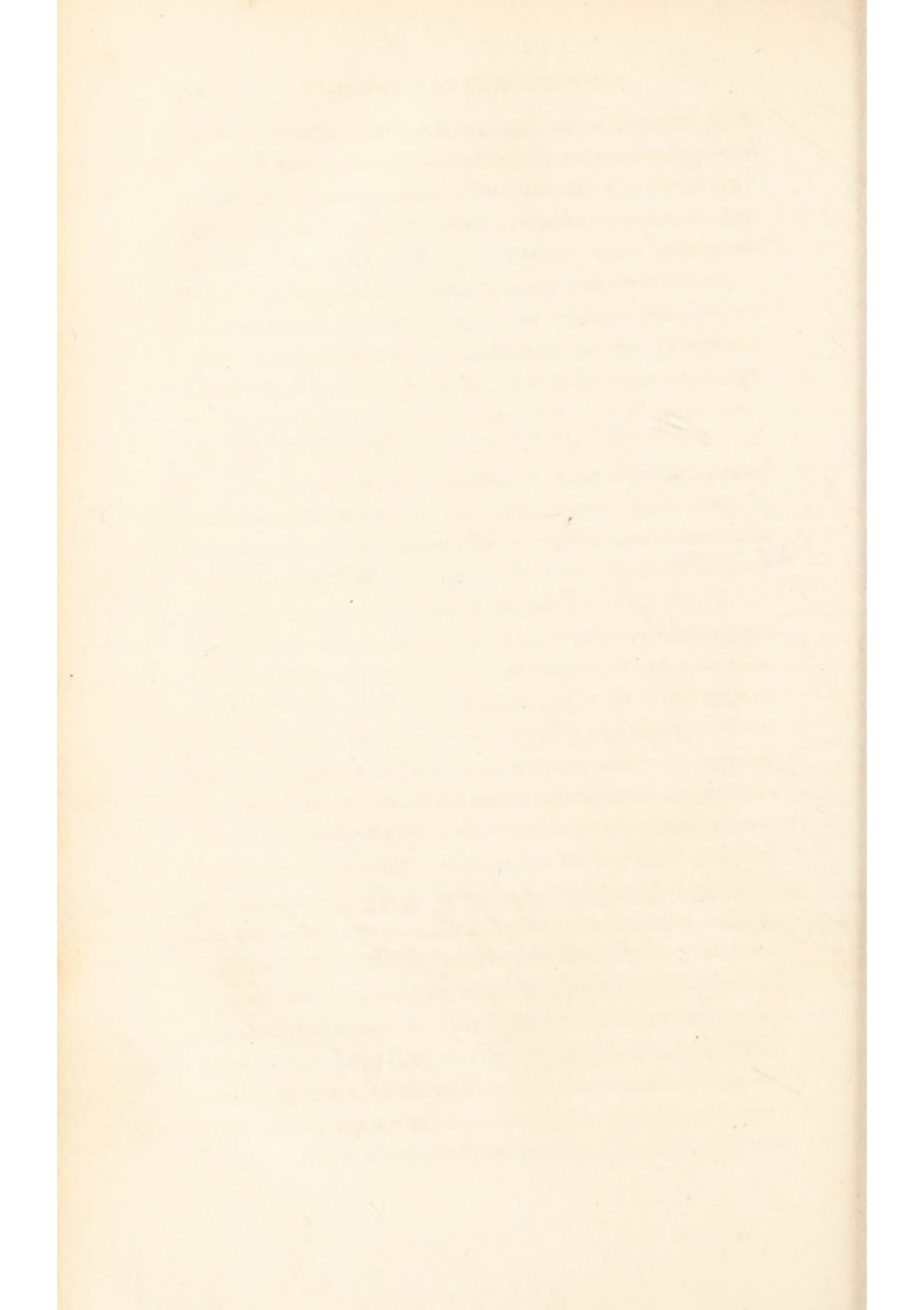
In the commencement of the Fever after bled. the cold Affusion will be found extremely useful, <sup>when</sup> the Typhoid symptoms come on the tepid Affusion may be substituted, taking care that the Body is wiped dry afterwards. The Antidotes. Diaphoretics will be of service in the beginning, but afterwards the more stimulating as big. America bark, Serp. Bark, Cinchona and Camomile. Emetics will be more useful than in Typhoid affections at the onset, particularly where the stomach is deranged. Blisters may be applied at the latter part of the Disease when there is any local congestion after bleeding. Opiates are sometimes useful, but must be used with caution, they may be given when there is Delirium unaccompanied with congestion of blood in the Brain, also joined with Diaphor. to prevent their running off by the bowels when there is Diarrhoea.

When the Headache is kept up by disorder of the Primæ viæ application of supping Clapnet over the Bowels will prove beneficial. Cold Applications to the Head are always of use. But it must be used in those circumstances in which any Fever would become Contagious, such as crowding together a number of People in confined Places where there is want of due cleanliness & free ventilation.











most common in Spring and Autumn:—reason of this, —and also why the *vernal* are milder, with somewhat of inflammatory diathesis, while the *autumnal* are more severe, and rather shew a tendency to the low continued, or typhoid form.

188. Division of Intermittents according to their periods of recurring;—as Quotidians,—Tertians,—and Quartans:—occasional instances of more distant periods, as Quintans,—Sextans,—Octans, &c.;—but these latter very rare, and then seldom steady.—Other divisions into Single,—Double,—and Triple Tertians and Quartans;—Sub-intrants or Sub-Continued, &c.

189. First three types by far the most common, and especially the Tertian.—Their respective characters as to hours of attack,—length and severity of paroxysm,—comparative danger,—and difficulty of cure.

190. Intermittents and Remittents also variously denominated from particular or predominant symptoms; as *Leipyria*,—*Assodes*,—*Elodes*,—*Syncopalis*,—*Carotica*,—*Epileptica*,—*Tetanodes*, &c. accordingly as the paroxysm is chiefly marked by—unusual coldness—excessive heat and dryness,—profuse and long continued sweating,—or is attended with fainting,—stupor,—convulsion,—or violent spasms.—Lastly, they are called *regular* or *irregular*, *mild* or *malignant*, *bilious* or *inflammatory*,—accordingly as their type is steady or variable,—their symptoms moderate or dangerous—or as they appear with redundant or deficient excretion of bile,—or with inflammation of some important part, viz. the liver,—lungs, &c.

191. These distinctions (190) often useful in directing our attention to the relief of certain organs and func-



tions of primary consequence; and especially in those 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 made by several authors—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



194. For Emetic be given Half an hour before the  
paroxysm, it frequently puts a stop to it, if not it  
mitigates it, in strong Persons the relaxing Emetics as  
the preparations of Ipecacuanha will be best, but in weak  
Habits, the Iron Emetics, as Sulph. Ferri vel Capri, but this  
is not so safe as the Ipec, which may be combined with the  
Ipecac with advantage, where we cannot venture to give  
an Emetic, Opium may be substituted with advantage, where  
there is vascular congestion, it may be joined with Diaph. and  
Calomel, this may be given when there is Biliary obstruction,  
it will also be found useful after Emetics, or by giving a suffi-  
cient quantity to produce Stomachism in 24 hours it may pre-  
vent the paroxysm, but Dr. C. has never found it do this with-  
out the assistance of Ipecac.

Stimulating Articles may be given in the cold stage to  
act on the Stomach as either a Wine, but in Plethoric & pro-  
pensity we ought not to give them except in the cold stage.  
In Persons of delicate Habit the Compression of the Femoral  
Artery may be advantageous; Powerful impressions on the Mind  
may be useful when the Disease has been of long continuance  
When fright has sometimes this effect, a case related of an  
Indian Aque was cured by the Person slipping into a pool of  
water, even Disputatious Amours has been sufficient  
to put a stop to the Paroxysm.

ture of primary consequence; and especially in those countries where such fevers prevail with great regularity 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 made by several authors*—How far it is right to put an early stop to mild intermittent fever.

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*



196. The best way of giving the Bark is in doses of ℥i  
every three or four hours, stopping it when the Paroxysm  
comes on, but in Interstices every hour; The Cascarilla  
will be found to aid the Bark and enable the Stomach  
to retain it when it rejects it. The fresh Cortex produces  
nausea in some Stomachs, but when it agrees it has been  
found equally successful as the Bark: Dr. L. has seen the  
fallacious indications even appear when the Cinchona has  
failed, given in the dose of ℥i to die, it may be joined with  
Bark with advantage. The big Acromioclavicular ought not to be given  
if the Symp. can be cured by Bitters & Astringents. The Sulphur  
& Lime is less powerful than Arsenic, & the Sulph. of Iron gene-  
rally produces sickness. When the Bark runs off by the  
Bowels it may be joined with Opium & an Aromatic.



195 When we employ Cold Affusion it should be used  
recourse to, before the paroxysm shows itself, and in  
stagnant Habits it has been found to succeed.

In the Hot Stage. Bloodletting may be useful in full  
& Plethoric Habits, when the Heat of the Skin is great.

In the sweating stage the Patient should be kept in  
a room at the Temperature of 65°.

Stimulants have been recommended in the cold stage  
but we should remember that the following stage is  
accompanied with considerable action; in some Habits,  
however they may be given with caution. Dr. Wood pres-  
cribes Aether, he has seen Opium given but without any  
good effect.

In the Hot Stage when there is considerable Delirium Aet.  
may be employed. An Opiate often put a stop to this  
stage and hastens on the sweating one, Dr. has never  
known it produce any aggravation of the symptoms.

Purgatives should be given so as to produce their  
operation at the time of the Hot stage, which will often  
shorten the Paroxysm.

The Patient should be cautioned against drinking  
any cold liquors during the sweating stage.

197 If Inflammation or congestion of any Organ occurs  
we should treat it in the same way as we should  
if an intermittent was present, and when the organ  
gets into a healthy state, we may proceed with our Rem.

When the intermittent assumes the continued form  
we should not be too hasty in the use of Bark.

When there is Dysentery we may give Calomel with  
Pulvis Antimonialis or Opium; and when the Paroxysm is  
likely to come on combining it with Opium &c. generally  
the Fever is of the continued form when we should treat  
it as simple Dysentery, when this is removed, we shall  
find it assume the intermittent form again, when we  
may give the usual Remedies. If Diarrhoea attends,  
Aromatic and Opium will be proper, when there is an  
enlargement of the Spleen we must have recourse to altera-  
tive Doses of Mercury. When there is Jaundice, frequently  
by giving an Emetic we cause an effusion of Bile into the  
Intestines & then we may proceed with the Bark.  
Jaundice will generally be cured by these means as the Bile.



in the cure of Ague;—and conclusions from thence as to the essential nature and primary seat of the disease.

195. SECONDLY,—*When the paroxysm is already present*,—Mitigating the violence of the symptoms proper to the several stages respectively; as—Of the *Cold Stage*, by the warm bath,—pediluvium,—warm diluents, &c.—Of the *Hot Stage*,—by bloodletting (?)—by Cold Affusion (?)—by Opiates,—cool drink,—Nitre,—Antimonial, —Purgatives, &c.—Of the *Sweating Stage*,—by regulation of external temperature,—cooling sub-acid, or diluted vinous liquors.

196. THIRDLY,—*When the paroxysm is over*,—Taking advantage of the intermission, to increase the tone and vigour of the System, and thereby to postpone, mitigate, or entirely prevent a recurrence, as well as to obviate the chance of subsequent diseases;—by—various vegetable tonics,—as Cinchona,—Cort. Salicis,—Cort. Swietenia;—Cascarilla, &c.—by simple bitters, either alone or combined with Vegetable or Fossil Astringents and with Aromatics;—by certain metallic preparations,—as Liquor Arsenicalis,—Sulphas Zinci et Cupri,—different Chalybeates? &c.—Directions as to the choice, dose, and management of these several remedies.

197. Variation of treatment necessary when the Intermittent is accompanied with inflammation or congestion in the—liver,—lungs,—brain, &c.—or attended with diarrhoea or dysentery,—or with obstructed or enlarged liver or spleen, and their consequences,—jaundice,—dropsy, &c.

198. REMITTING FEVER.—A compound disease, made up of Intermittent and Continued Fever combined in various degrees and proportions; and having a



well-marked double or single quotidian, or a tertian exacerbation.—Requires therefore a mixed plan of treatment, 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;—



198 This Fever is often connected with Inflamm<sup>n</sup> of some  
viscus and the treatment adapted to such inflammation  
continued from will be proper. It most frequently  
occurs in Persons of a Plethoric Habit, in those who  
are obliged to work in the heat of the Sun, or have lived  
very intemperately. It will be generally necessary to treat  
it in the commencement as a continued Fever, & to use an  
emetic to give the Bowels at first. In warm Climates it  
generally assumes the Bilious form, when purging helps over  
the liver & Purgatives will be proper. But in some it runs  
on the Typhoid Type.

First Stage, The Bowels are generally costive.







Second Stage. The brain generally contains some  
of the Red Particles of the Blood. Haemorrhage  
frequently takes place from the Bowels.



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 foetid 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 preventiory 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-



203. It has been observed that before the Complaint comes on, there is a duskeness of the countenance, and by proper attention the Attack may be prevented at this time.

and the other side of the river, the water was so shallow, that the boats could not pass. The boatsmen, therefore, were obliged to go to the other side of the river, and to cross the water by a bridge. The bridge was made of logs, and was very narrow. The boatsmen, therefore, were obliged to go to the other side of the river, and to cross the water by a bridge. The bridge was made of logs, and was very narrow. The boatsmen, therefore, were obliged to go to the other side of the river, and to cross the water by a bridge. The bridge was made of logs, and was very narrow.

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210. Mercury in small doses and given often will frequently remove the derangement of the liver. It will not be found to produce its alterative effect until the liver has been removed. Purgatives may be given to prevent the Mercury running off by the Bowels, and to allay sickness, Antimonials are improper at first, but if there is no sickness they may be given joined with Mercury as Alteratives. Calomel is well preferable to Quina and Potash than the system under the action of Mercury. Quina is better when there is laxity of the Bowels. When Stimulants are indicated Sassafras may be given, when there is considerable debility, Icteric symptoms & jaundice present, either will be proper. If there is considerable Irritability of the Stomach Coffee may be given cold, without Sugar, as strong as possible, and Spirits, such as Brandy, Lemon Limon or <sup>when</sup> there is no irritability of the Stomach or Bowels will be found very serviceable. Cold water will be found very beneficial in there is irritability of the Stomach, when there is gastric sickness Patient ought not to drink it, but an early warm <sup>out</sup> this month to it and it may be impregnated with once the juice of some of Acid Ferri.

206. Inflammation of the surface of the Stomach and of the  
Pyloric extremity, also of the small Intestines & frequently  
of the Liver. sometimes it has been found extremely fatal and  
gives rise to Pile.

Authors have supposed the Black vomit <sup>consists of</sup> to be owing to  
an effusion of Blood from the small arteries of the Stomach.

209. In full & Plethoric Habits blood will be necessary  
in order to relieve the system of the great accumulation  
of blood. but in delicate Persons Ipecac Bleeding will  
be sufficient. The Annual Purgatives will be the best  
remedy to this complaint. That excessive Irritability of the  
Stomach which comes on will be relieved by timely Purga-  
tives; some recommend Sassa. Antimony, but it is a ques-  
tion whether this is proper in a Disease where the Stomach  
is so irritable. Cold affusion judiciously employed will  
be found to give great relief. In the aggravated form Quina  
is certainly improper, but they are sometimes given in  
the milder cases; small doses of Opium is the best means  
of allaying the Irritation, together with the application of blisters  
to the Stomach, Purgatives & Warm Baths.



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.—Antimonial?—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 chillness, 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



213. If the Stools consist of offensive matter, it will keep  
up the Symptoms, which will give way as this paper is off.

## OF THE NERVOUS FEVER.

§11. The *Febricula* of Manningham, — the *Blind Nervous Fever* of Huxham, — the *Typus* of Cullen. — Reasons for preferring the name adopted above, as designating a description of fever requiring a particular treatment.

§12. SYMPTOMS: — general languor and lassitude; — loss of appetite, and depraved taste; — dulness and confusion of thought; — heaviness of mind, and dejection of countenance; — respiration short, with frequent sighing; — general chilliness, with occasional transient febrile flushes; — great indifference to bed and food; — sleep often continuing for several days without disturbance, and with but little motion, till followed by — waking in the heat and limbs; — dull pain in the head, especially the occiput; — giddiness, and various symptoms; — nausea, and vomiting of milky fluid; — frequent, weak, and often intermitting pulse, with some anxiety and oppression about the precordia; — constant watchfulness, especially in the erect posture. — There want little thirst or heat of skin; — the tongue is tremulous, moist, and covered with a whitish mucus; — the urine watery or whey-colored; — 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-colored; — and either considerable sweating or diarrhea comes on, with debility, drowsiness, and delirious sleep — or even insensibility *terminans*. — cold extremities, clammy sweats, and involuntary discharge of urine and stools take place, followed by slight convulsions and death.

§13. PROGNOSIS. — A slight or moderate form is preceded by slight pyrexia, or moderate chilliness, but





217. In the treatment of this Disease we should find that both  
either general or local is indicated. In the beginning a brisk  
Emetic is frequently found to cut short the morbid train of  
Symptoms, the combination of Spessart & Sant. Alb. is the best.  
The Purgative Dr. has generally relied on is Rhubarb, and where  
the secretions were depressed he joined it with Calomel. Blisters  
behind the Neck will remove that tendency to Delirium, and  
weight of the Head, much better than Cal. but when there is a  
great determination of blood to the Head than ordinary, and  
few leeches will be proper. Sanguinaria & Contrayerva are the  
most preferable Drastics. The Lig: Ammon. Acet. is also proper here.  
Camphor may be given in the form of Julap as a vehicle for the  
Lig. A. A. & this, or in substance in doses of five grs every  
four or six hours, but not when there is much Heat on the Skin.  
Rush is a remedy particularly suited to this Disease.  
and given in Doses of ʒss to ʒj. It will produce rest &  
abate Delirium. Opium may be given in small doses  
to allay the colic & cramp Discharges, and abate Delirium.  
Wine should be given in small quantities as an article of  
Diet and to keep up the Strength. White Wine & Mustard  
when are particularly useful, as they will produce and  
keep up a perspiration from the Skin. When there is  
a Diarrhoea the four Aromatic. may be exhibited joined with  
any of the above Remedies; or when there is Salsutia Lenta  
This is a Disease which will often continue for many Weeks  
without producing any urgent Symptoms.



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.

#### 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.

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 chillness,—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.



a rankish and bitter taste in the mouth.

216 has muttering Delirium, Fluctitatio, & ruses.  
Solitantes occur at the latter period of this Disease.  
If Diarrhoea attends with swelling of the Abdomen, it  
must be considered as a dangerous symptom, as it will  
tend to exhaust the Patient's strength.  
Subultus Iudicium & spasm of the cricoid muscle of  
the throat.  
220. If it occurs in the Autum, it is generally attended  
with bilious symptoms; and it is more prevalent ~~at~~ at  
this season in cold & damp weather, also in the Spring.  
It is often accompanied with organic Affections, particu-  
larly of the Brain & Abdominal viscera. Sir J. Phipps  
imagined that low muttering <sup>Delirium</sup> was kept up by an Abscess in  
the Brain, but Dr. Cusack had a Case where it continued as  
straight & the Patient recovered, therefore it appears that  
~~disordered~~ disordered function of the Brain may go on for  
some time without producing disorganization. The viscera  
of the Abdomen are more generally affected & often the Patient  
carried off by Inflam<sup>n</sup> of the Peritonaeum, you must  
by all directing your attention to it, as he will frequ-  
ently not complain much from pressure; very frequently  
we have congestion of the Liver & the system of the Vena porta  
which will require your particular attention; sometimes  
the Inflam<sup>n</sup> of the lungs, which will be spoken of hereafter.  
When it occurs in weakly Habits, the symptoms which first  
the ~~plum~~ ~~mouth~~ are generally those of nervous Fever,  
in strong Constitutions, those that have been mentioned.

221. This fever is more frequent in cold and temperate climates, than in warm ones.



222. The great exciting cause—exhaustion of the system, or the morbid vapour arising from the bodies of persons confined in close apartments, especially if already labouring under the same complaint, or even under Remittent Fever.

223. The morbid action is attended with a great variety of symptoms, and is attended with a great variety of changes:—while partial chills, sweats,—weak, and irregular, or tremulous pulse,—dry, black, and chopped lips and tongue,—tension of the abdomen,—involuntary urine and stools,—coma, or constant delirium,—picking the bed clothes,—laboured respiration, and difficulty of swallowing.

224. General treatment of the disease, when it arises from a morbid action, is attended with that of Nervous Fever, and is applied to the plan of cure.

225. The treatment consists of a part of all the other instructions already considered under the General Part of Fever, but especially under the First Stage, and is attended with a great variety of changes, and is attended with a great variety of changes.

225. You will find that those Authors who have employed let. could not repeat it a second time, but Local Bleeding may be employed with advantage.

223. Deafness unless accompanied with a great Degree of Coma & stupor & determination of Blood to the Brain should be considered as a favourable symptom. Change of voice is an unfavourable sign.

224. The pain of the Head in Typhus is referred to the back part & at the coronal suture, while in Inflam<sup>d</sup> Fever it is situated at the Forehead, and this will assist us in our Diagnosis.

226. First stage. In Persons of a weak & delicate Habit we often find that Cold Affusion will cut short the Fever, an Emetic will sometimes produce the same effect, if not will considerably mitigate the symptoms. In full and Plethoric Constitutions. B.S. may be proper, Dr. Jackson has found it succeed in putting a stop to the Yellow Fever in warm Climates. In the second stage, we must give the stimulant Diaphoretic, where there is a septic tendency in the fluids we must give Antiseptics, attention should be paid to particular organs, as the Brain & Liver.

When there is Inflam<sup>d</sup> or excitation of any organ, Cupping should be applied over it, & they will be found extremely useful, sometimes even cutting short the Complaint where we cannot have recourse to cold affusion we frequently find that increasing the Temperature will often produce a gentle Diaphoresis & refreshing sleep. Purgatives. D.B. has generally given a few grains of Calomel every two or three hours until the jaunty matter came away.

Blister will be found efficacious, but more so in the latter part than in the beginning of the Complaint, particularly after 60. where there is any organic Affection. Deaphoretic only in the Attack where there is considerable strength in the Antism. Drafts may be given, but as we shall have



222. The grand EXCITING CAUSE—accumulated human effluvia, or the morbid 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 fullness 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 principal 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 attention 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 to explain them :—unnecessary to discuss all these.—Boerhaave's (as it is usually called) first deserving notice : recapitulation of this (60) ; and its application to solve the phenomena, shewn to be inadequate.



great prostration of strength follow, they must not be con-  
tinued too long, therefore we should give the big Annon  
leaf either in husk Camp. or Infus. Super. S. of this Hosp.  
but when the strength is falling rapidly we must substitute  
Carbon. of Ammonia and small quantities of Wine should  
be given occasionally. Dr. C. has never seen the Cinchona  
given with advantage, often been obliged to abandon it.  
At the latter period, the Infus. Rorea with Dil. Sulf. Acid  
may be given as the common drink if the Bowels are as-  
sured, so as to take a pint or quart in 24 hours, when there  
is Diarrhea with Discharge. After the Infus. Rorea with a  
few drops of San. Danum will be extremely useful.  
The Carb. Acid gas combined with stimulating regions  
will be a grateful remedy. Quast is sometimes useful, par-  
ticularly when there is sickness. We must be cautious in  
the use of Opiates, as Constipation is a frequent symptom  
they will be useful in correcting Diarrhea (Conf. this). Dr. C.  
has found it moderate low Delirium when given in small  
quantities. The Diarrhea must not be stopped altogether,  
but the Opium must be joined with Remedies which detensine  
the skin, particularly when they are not colliculative,  
Rub. Spene C. is a good form. Chalk combined with small  
quantities of Calomel has been found frequently to check  
Diarrhea, & any opiate tendency in the Bowels. Camphor  
few grains may be given with Sulfate of Zinc, or Phosphorus  
rubbed down with Olive Oil & made into a Pill; Sulf. Pissum  
at this period will be useful adjuvants, more so than Blisters  
as they stimulate without causing a Discharge.

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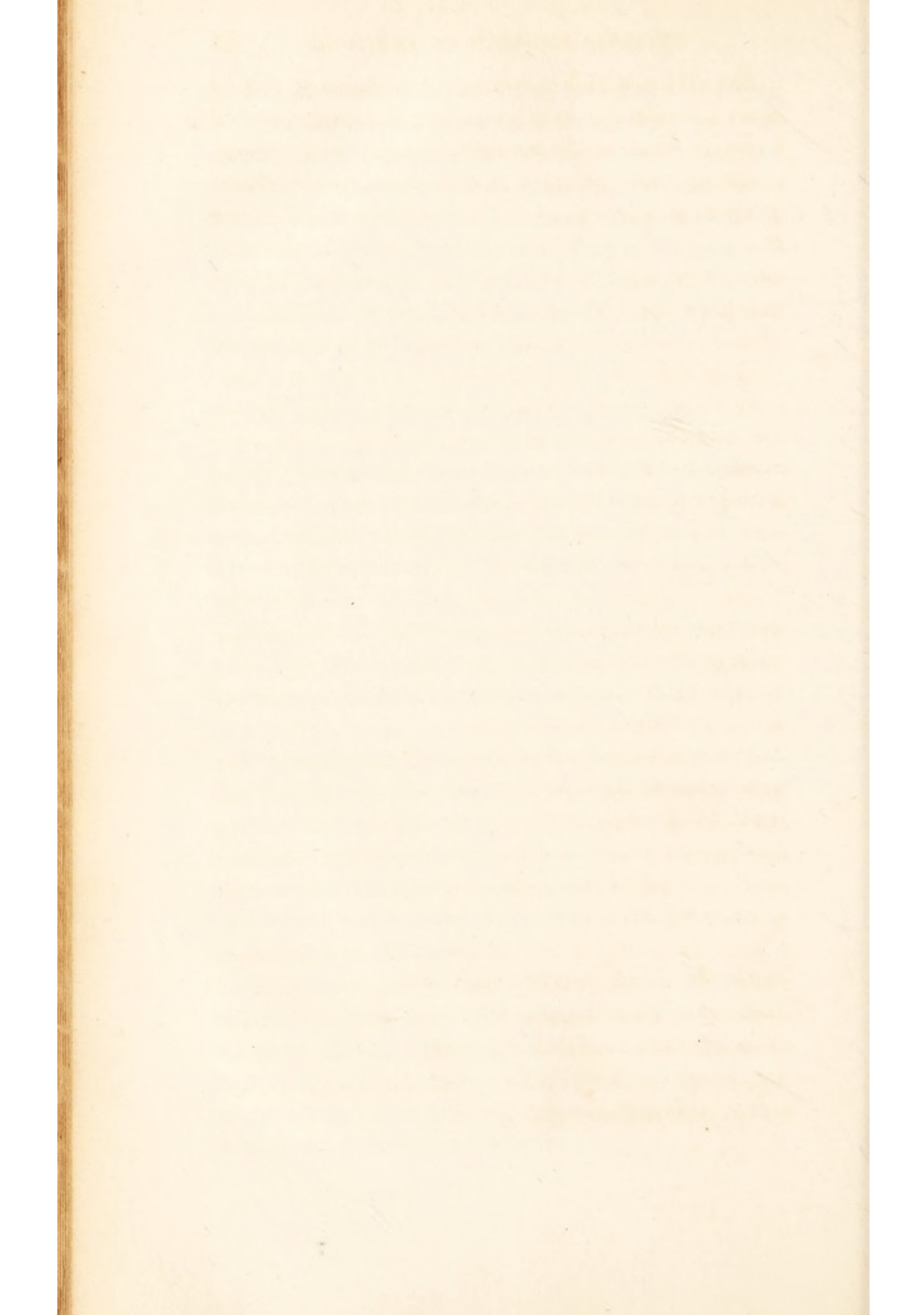
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231. General preliminary sketch of the Sanguiferous System:—Arteries chiefly composed of *elastic* and of *muscular* coats, which, though in a certain degree *antagonists*, yet co-operate in carrying on the circulation.—Relative proportion of these two coats alters as arteries diminish in size.—Reasons for believing, that the ultimate *veins* also possess a certain degree of muscular structure.—Future application of these data. (236.)

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 in Man, and the more perfect animals.

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.—Short recapitulation of the theory (77-81); and the conclusion of its being a *vital* as well as *chemical* process, 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, (231)—and shewn to be a wise provision.

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.

239. Latest theory—making Inflammation consist entirely in a *weakened and over-distended state of the capillary arteries*,—referred to Dr. Lubbock and Mr. Allen

\* *First Lines of the Practice of Physic*, § CCVIV.

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





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;—and is excited for them by their structure, (231)—and seems to be a wise provision.

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 Spontaneous action in their extremities.—Spontaneous action of arteries alone is taken 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 spontaneity in extreme arteries when inflammation originates there.—Conclusion against the doctrine is positive.

238. Dr. Ferriar'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 febrile inflammation;—but not applicable to the suppurative kind.—Does not require a separate consideration;—as the establishing two forms or kinds of inflammation, necessarily supersedes the general doctrine.

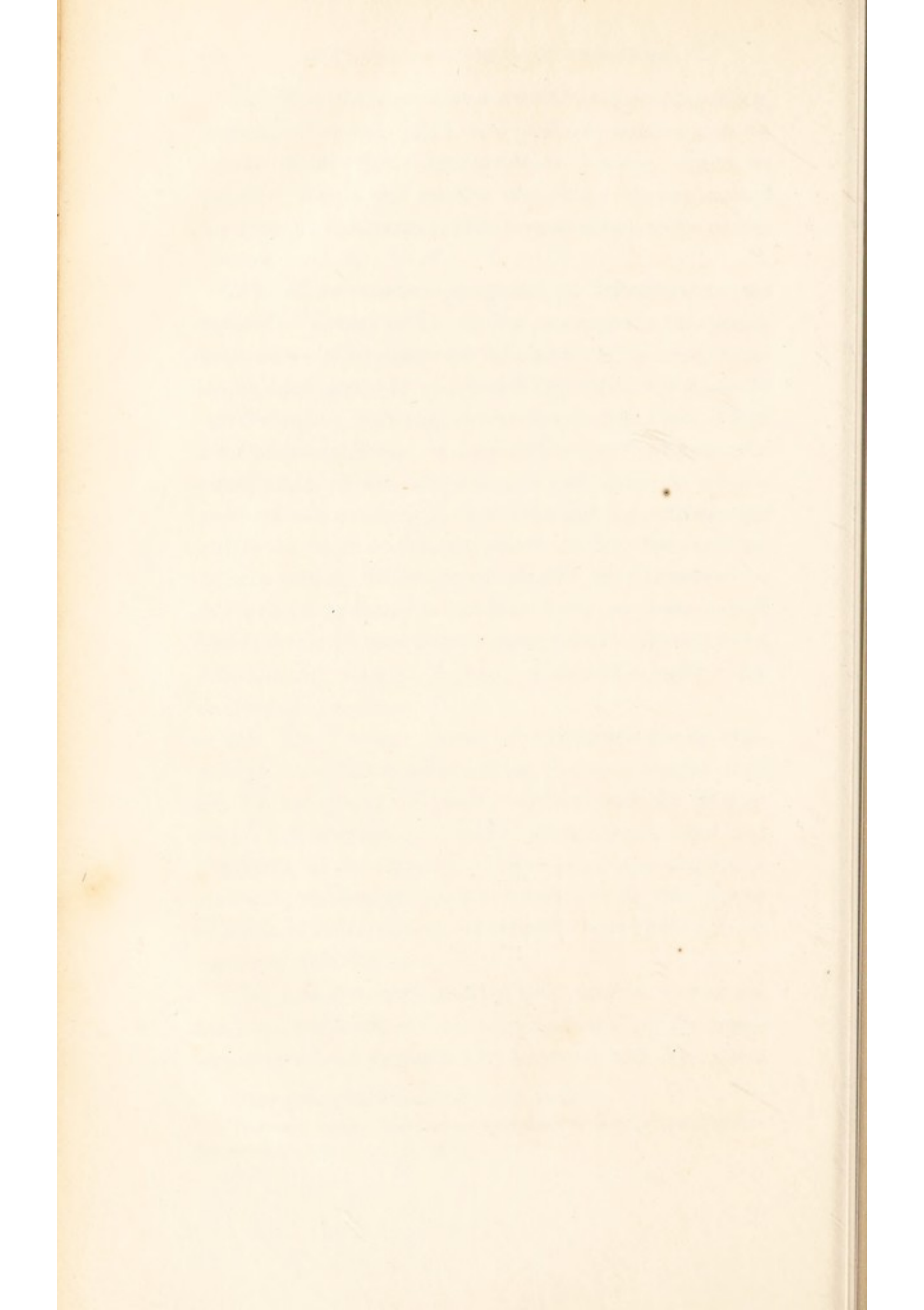
239. Latest theory;—making inflammation consist entirely in a morbid and over-distended state of the capillary arteries;—ascribed to Dr. Lallemand and Mr. Allen.

Foot Note of the Preface of Pagan's Essay.

1. *Traité de Méd. Quant. de l'Inflammation*. Paris: Bachelier, 1822. Edn. 1822.









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, and the *sedative* operation observed from this article in the experiments of Dr. Monro.—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, and the well known effects of contusion in various injuries.—His objections to Dr. Fowler's experiment on a rabbit's ear, examined, and proved to be futile.

242. Account of experiments made to determine this question.—*First* effect of strong stimulus, 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.—Application of this to the case of progressively extending

\* *A Treatise on Febrile Diseases*, by ALEX. PHILIPS WILSON, M. D. Vol. iii.



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. Short recapitulation of the several doctrines examined above (230-7-8-9), and general conclusion respecting them.

245. Inquiry into the cause which *more immediately* and *chiefly* maintains the circulation through the capillary Arteries and Veins ;—and arguments to shew, that although *intimately connected with* their muscular *substance*, it does not *absolutely depend upon* muscular *motion*.—Facts demonstrating,—That a muscle may have its contractile *nisus*, or effort, greatly augmented, and its *power* thereby impaired, without actual shortening of its fibres.—Application of these principles to the phenomena of Inflammation ;—and attempt to explain them upon—A CHANGE IN THE RELATIVE NEURIELECTRIC 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, *ceteris 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



An Essay on the forces which circulate  
the Blood by Mr Chas. Bell

But that it depends upon the vitality of the  
system is an undoubted fact.

information, &c. &c. of the blood, &c. &c. being required during inflammation, is also illustrated.

243. Falsity of the theory in question (232-41) fully demonstrated, by showing the mischief to which it would lead in practice.

244. Short recapitulation of the several doctrines examined above (230-7-8-9), and general conclusion respecting them.

245. Inquiry into the cause which more immediately and chiefly maintains the circulation through the capillary Arteries and Veins, — and arguments to shew, that although indirectly connected with muscular action, it does not *absolutely* depend upon muscular action. — Facts demonstrating, — That a muscle may lose its contractile power, or effort, greatly augmented, and its power thereby increased, without actual shortening of its fibres. — Application of these principles to the phenomena of Inflammation, — and attempt to explain them upon — A CHANGE IN THE RELATIVE NEURO-SENSITIVE OR GALVANIC STATE OF THE EXTREME VESSELS, AND THE FIBRILES 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 stimulate (237). — Abundant cause of stimulus remains to be shown, which is shown to be primarily and essentially upon the nerves, and, *extensive* per se, 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





249. The only safe means of restoring a part that is  
frost-bitten, is by <sup>applying</sup> gentle stimulus, which is best done  
by rubbing the part with snow, by which its vitality  
will be preserved.



original sensibility, and the degree of stimulus applied :—whence during it, even the natural and customary 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); and farther illustrated on the principles laid down in par. 245.

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:—distinctions of it as *acute* or *obtuse*,—*continued* or *remitting*,—*lancinating*, *pulsatory* or *throbbing*,—*tensive*;—*burning*;—*smarting*.—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*



Dr. Kentish's Lectures on Glands & Glands

255. Pain is supposed to arise from some change in the Nerves, but what this is we cannot tell.  
In the Schirrus inflammation of Glands the Patient complains of lancinating pain.  
Redness is owing to the area of the Vessels which do naturally only receive the Soluble, part of the blood, becoming increased when they admit the Red particles.  
When Inflammation occurs in Mucous Membranes it does not produce swelling, but the sensation of tightness, this is the case with the Punctum; in the cellular Membranes it is attended with considerable puffiness & swelling.  
We sometimes find the Temperature increased 6 or 8 Degrees above the Natural Standard, this must be certainly owing to the operation of the vital Energy. In Typhus Fever we cannot ascribe it to being owing to the increase of the vital Power, but to an alteration in those powers which regulate the Evolution of Heat; it must therefore be ascribed to the Nervous Energy.

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

232. Preliminary characters of *Power and Action* in the living body (137); and further illustrated in the principles laid down in par. 245.

233. Application of the distinction (259) in the example of *Ophthalmia*; where both kinds frequently take place during the progress of the disease, and in different degrees of repeated attacks, and to various degrees of extension of the disease, and in different parts of the body, and in different seasons of the year, and in different climates, and in different ages of life.

234. The influence of inflammation, as to kind, further proved from the mode of cure most appropriate to each.—Distinction of *acute inflammation* as attended with *fever*, or *without fever*.—General remarks.

235. *Distinction of acute inflammation as attended with fever, or without fever.*

236. *Distinction of acute inflammation as attended with fever, or without fever.*

237. *Distinction of acute inflammation as attended with fever, or without fever.*

238. *Distinction of acute inflammation as attended with fever, or without fever.*

239. *Distinction of acute inflammation as attended with fever, or without fever.*

240. *Distinction of acute inflammation as attended with fever, or without fever.*

241. *Distinction of acute inflammation as attended with fever, or without fever.*

242. *Distinction of acute inflammation as attended with fever, or without fever.*

243. *Distinction of acute inflammation as attended with fever, or without fever.*

244. *Distinction of acute inflammation as attended with fever, or without fever.*

245. *Distinction of acute inflammation as attended with fever, or without fever.*

246. *Distinction of acute inflammation as attended with fever, or without fever.*

247. *Distinction of acute inflammation as attended with fever, or without fever.*



257. Erysipelatous Inflamm<sup>n</sup>. generally terminates in Resolution, but when it particularly attacks the cellular Membrane it sometimes ends in suppuration, but however this is rare.

In Diaph. Membrans it is generally accompanied with increased secretion, sometimes with that of pus, but more commonly with adhesions.

In Pus: Membranes usually terminate in suppuration, but sometimes with the formation of a new membrane, as in the Larynx in Children.

In those parts, which are liable to the Rheumatic Inflammation, it generally terminates in the effusion of serum; sometimes, this ends in suppuration; but the inflammation frequently ends in the deposit of earthy matter -

258. In most specific Inflammations, it is generally of the Catarrhic kind, but this is not always the case, as we observe in the different forms which Small Pox will assume in Children of the same Family.

261. In general Adhesion must be considered as a healthy Exudation, but when it takes place in Mucous Membranes it is not so, as it is produced by the effusion of coagulable Lymph which does not always become organized, and production of many unpleasant symptoms.

262. We always find that the fluid effused differs from the natural secretion, sometimes it is watery, or even mixed with curdy or cheesy matter, or pletinous, &c, occasionally pure in its own nature. We in general find that the fluid effused in the Peritoneum is mixed with clots of coagulable Lymph which will be traced the Canals, when the Effusion is secondarily mixed with Pus. It is generally accompanied with considerable Debility.



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 :—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

\* BOERHAAVE, *Aph.* 206. 387. 332.

† 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 JOHANNES MORGAN. Edin. 1763.



263. The Pain which was before <sup>now</sup> acute becomes dull & throbbing; it is attended with considerable degree of Swelling of the part, with a prominence in the middle, discoloration of the skin, fluctuation, the Pulse which was before hard & strong, now becomes soft but still remains quick. Rigor is not always an attendant, as symptoms of inflammation will sometimes pass in the liver for a long time without Rigor; but it generally accompanies active inflammation.

264. If Boerhaave's Opinion was correct, we should find that the red globules would be mixed with the Pus, also that it would be solid, from the putrefaction of the solids previous to their becoming dissolved, now this is not the case, for Pus does not become solid until it is exposed to the air. In general the Matter produced from Abscesses of the Testis, is fatid, but Boerhaave has not mentioned this.

2. Pus by no means most common in those parts, in which there is plenty of adipose substance, and we find that wherever it is formed it, characteristic properties are the same,

3. Fermentation we know never takes place in the Body, but he does not say that it does, see 265

6 This is Sir Isaac Newton's Opinion & Dr Thompson seems to incline towards it.





267. In Jaundice we find that there is diminished power in the constitution & diminished action in the part, we are sometimes able to put a stop to it by strengthening the system, but it more commonly proceeds to suppuration, sloughing. Sometimes jaundice comes on & it is without previous inflammation. Scirrhous heart is generally supposed to be owing to a diseased state of the arteries leading to the heart, we sometimes find that the large arteries are spiced which is felt by pressing the finger over them. Sometimes it is in consequence of the valve of the aorta being spiced; when it is not owing to any of these causes it may generally be stopped by large doses of Opium.

When it occurs in Typhus Fever it is generally caused by pressure, thus we find it on the loins & thorax still more commonly from neglect of cleanliness, sometimes arising from neglect of cleanliness exposure to cold as the Patient getting out of bed and standing on the cold floor.

When Inflammation takes place in Tendons after lacerated wounds it is very likely to terminate in Phlegmon. in other words



6. We find that the nutritive particles differ according to the nature of the part, but Pus is similar in all Parts.

265 We do not find Pus globular when it is first thrown out, but filamentous, & it requires sometimes to produce this change, full 15 minutes when exposed to the air, this sets aside Sir D. H. Theory. Sir J. Phipps Theory seems to be the most rational & is not counterbalanced by Sir D. Home & Sir B. still it is strengthened by their Experiments.

266. In those Habits where there is great debility as in Scrophul. Constituti<sup>n</sup> we find Pus mixed with cancer matter, more particularly in glands going into Ulcers when in the cavities of the Body it is Flaky. In the Scrofulous Diathesis we often find the surface of the Ulcer covered with Blood, and we sometimes find where there are several Abscesses in a organ that the matter varies in each, this was the case in a Patient in whom Gulloper opened an Abscess in the Liver.

267. When it occurs in a part under our view in consequence of the sudden cessation of violent Inflamm<sup>n</sup> we find a great change take place, the part which was before now becomes hard, there is swelling & puffiness. The Heat is much heightened & the Pulse becomes weak, soft and irregular, there is great prostration of strength, there is generally a sudden cessation of pain & a peculiar appearance of the countenance, we cannot always rely on the Pulse but sometimes becomes natural when Gangrene is about to take place, sometimes frequent & irregular, but in general weak and soft.



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

265. Strictures on some of these opinions.—Mr. Home's arguments for Pus being a secretion†—examined;—and his position disproved from his own experiments.—Mr. Burns's idea (6 *supra*) shewn to be a gratuitous assumption, neither admitting of direct proof, nor countenanced by facts.—Remarks on the objections made to Sir John Pringle's theory,—and their irrelevancy pointed out.

266. Conclusion,—that 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

\* *Dissertations 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.



the latter, something peculiar in the *species* of inflammation, often connected with constitutional disposition (258).

### GENERAL CURE OF INFLAMMATION.

269. This resolves itself into a single or a double 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



270. When Inflam<sup>n</sup> occurs in the early period of life it is generally of the Tonic kind, & find that it rapidly increases & very soon terminates in Death if proper means are not used to prevent it. In the middle period the character of the Inflam<sup>n</sup> is generally Tonic & we find action & power nearly balanced; while in Age it is usually of the Atonic kind & accompanied with diminished Power.

271 In parts that are invariable and of importance to life we generally find that Inflam<sup>n</sup> rapidly increases and soon runs its course, therefore requiring our utmost efforts to suppress it.

B. The quantity of Blood to be taken away & the propriety of its repetition must depend on the Age and Constitution of the Patient, the effect on the Pulse, the appearance of the Blood, & the degree of pain in the part.

When there is Inflam<sup>n</sup> of some internal Organ it is doubtful how far it will be safe to have recourse to cold applications.

℞ Digitalis will be useful adjuvant to keep up and relieve the symptoms, but it will not be found to lessen Inflam<sup>n</sup> very much. Where there is great Irritability the exhibition of a good dose of Opium after bleeding will be attended with great advantage.

Purgatives will greatly assist, particularly the Saline Purgatives, by producing a copious discharge from the Bowels.

Altho the Blood be covered with a buffy coat, still if it be not cupped, we are not to push Depletion further (unless other causes render it necessary) for this is a sign that debility is coming on.

Sedative may be given so as to keep up humors & they will be found extremely useful after B. & the Astringent may be given in the common Decoction or being a Powerful Refrigerant.







272. Warm Applications as the Acet. of Ammonia  
& Spt of Wine, also Muriat of Ammonia,  
do Astingents, use the Acet of Lead or Sulphate of Lime.  
At the same time that you are using Applications  
to the Parts, you should give those Remedies which sup-  
port the Strength, as vegetable Series; sometimes it is  
necessary to give Stimulants at first, but we should be  
cautious in doing so, but in old Habits generally obliged  
to give Tonics & Stimulants. In Carbuncle & Erysipelas  
we are obliged to support the power of the constitution  
but in the latter there it requires caution.

We find that after repeated attacks of Erysipelas  
the Inflammation is generally of the chronic form.

In general the application of lead to Erysipelas  
will be improper as it is very liable to produce  
gangrene, but in the active stage in a full habit  
(in the country) it may be applied without any ill  
effect.

275. It will be necessary when Suppuration takes place  
that the Treatment should still partake of the Antiphlogis-  
tic plan, but when the Abscess is opened or bursts, we must  
give Remedies to support the Strength.

In Scrophulous the Remedies which give most relief  
are those which support the power of the Body, as, the Cold  
Bath, Bark, mineral Acids, & Acids, also the Muriat  
of Barytes, / ~~powder~~ / & Soda & Lime. The Muriat of Soda  
is used with advantage as a local application in the form  
of Ointment; we must be cautious how we give Mercury  
to cure Syphilis in a Scrophulous Habit.

Nitric Acid will not cure Syphilis, but it will suspend  
its action for a time. A stream of Carbonic Acid gas  
directed on a scrophulous Ulcer that is fastidiously covered  
this state. The Nitro-Muriatic Acid has been found  
useful in Scrophulous.



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. — *Conf.*  
 Arsenic ; — Carbonic Acid Gas, &c. *Steel.*

## 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 — 2d. 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 inductions. — 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. *Iron. Camphor. Puffin.*  
*McPerson.*



276 The Application of moderate counter-irritants will be of considerable use to keep up the power of the Symples together with Bark, &c. Carbolic Acid will quiet the irritability of the Stomach & enable it to bear more powerful remedies. Opium sh<sup>d</sup> be given in small frequent doses of  $\frac{ij}{4}$  - in every four hours until the dyspnoea is stopped. Dr. Ch. has found when the Anichona, Wine & Opium have failed the exhibition of Marsh & Annemone, (Dr. W. p. 106.) either with or without Opium has been very useful & sometimes put a stop to the dyspnoea; <sup>which with A. & A.</sup> Capocum may be given with advantage, particularly as it does not prevent the Patient taking a generous Diet. Sulphuric Ether ought not to be overlooked. Poultices will tend to relax the parts, and keep up the Phacelus if continued too long.

In dry dyspnoea we find covering it with any thing that will prevent the action of the Air, as a varnish of Pitch & Wax, will prevent it increasing.

A Charcoal Poultice will be found to check the Phacelus, and correct the septis. tendency.







280 If the Inflammation attacks the investing Mem:  
brane of an organ, the Pulse will be full & hard, if the  
Parachymatous substance, small & spread, but in  
Inflam<sup>e</sup> of the Bowels it is always small & wiry.

281 A familiar example of this is the pain in the  
Throat in Tonsillitis, also the disturbance of the  
Stomach in Nephritis; often Inflam<sup>e</sup> is spreading in  
the Lungs and the Patient will only complain of a tickle  
sensation in the Throat.



## 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.

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 sily;—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;—circumstances 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



203. You should observe whether the local or general  
Inflamm<sup>n</sup> begins first, for when the former is the case  
the Inflamm<sup>n</sup> is generally less acute.

A. Instead of the Blood being cupped & buffy, the  
coagulum be loose & the appearance of the blood on  
the repetition of V.S. will be hazy & ous.

We must not always be guided by the appearance  
of the blood, for it is sometimes covered with a coagulum  
coat a few hours before death.

B. When there is much Heat of the Skin & fullness of  
the Pulse, Blisters by the Stimulus which they prove will  
be pernicious, but when these symptoms subside after  
V.S. they will be useful.

C. The Application of warm fomentations in Abd. Inflamm<sup>n</sup>  
will be found advantageous & prove grateful to the Patient.

D. Purgatives must be given with caution in Inflamm<sup>n</sup>  
of the Bowels, for if given too early they will aggravate  
the Disease, but in most Phlegmasias they will be  
productive of great advantage, those of the saline  
nature should be given at first.

E. Ant. Diaph. given in small doses so as to keep  
up an action on the Skin, when combined with them  
will be useful.

F. Calom: Opium & Antimony will be found the most  
beneficial relaxing Drugs: we possess, &c. recommends  
it in Inflamm<sup>n</sup> of the Lungs & Bowels, but it cannot  
be given when there is secretion in the latter organs.

G. Digitalis may be given after the Inflamm<sup>n</sup> action has  
been relaxed by V.S. & Purgatives, to lower the Pulse.  
If it produces Sickening nausea off by the Bowels, it will  
enough to continue it.

The application of Cold to the Head in Phrenitis, will be found especially serviceable, but in Efflu. of the lungs or Abscess the application of Cold to the part would be extremely prejudicial.

L. The Q: D. may be given with great advantage so  
as to excite & keep up nausea.

S. L. St. will be extremely useful where there is any disorder of the Biliary secretion, or constant Stomach sickness.



285. The Cause giving rise to the Atomic form of  
Inflam<sup>n</sup>. are, Contagion, Epidemic Influence, & weak-  
ness of Constitution, either <sup>from</sup> excess in living, inhabiting  
crowded districts, & particularly frequent attacks  
of Inflam<sup>n</sup>. This is known by the Pulse being full  
& strong, the head, & the pain in the part being less-  
ened.

A. If we have recourse to general Bloodletting the  
parts will soon run into a state of Gangrene,

so we must therefore principally rely on local Bleeding  
with the Cupping glass. C. When there is any remaining  
& tenderness Blisters will remove it, sometimes they  
may be employed alone in this form of Inflam<sup>n</sup>.

D. Passive Inflam<sup>n</sup>. is often kept up by accumulation  
in the Bowels, therefore Alterative Purgatives are espe-  
cially necessary as Calomel Jalap & Rhubarb.

E. The big Venous Aest. the best Diaph. when the Power  
is still more defective we must give other, Camph<sup>r</sup> &  
Serpentin<sup>a</sup>. F. Calomel should be given alone when the  
Bowels have not been acted on, in small Doses, but when  
there is much heat, or a teasing state of the Bowels  
it may be joined with Opium.

G. The Warm Bath may be had recourse to with great  
advantage; Warm Emmentations to the feet will also be  
useful.

287 The Patient complains that he has some  
disturbance in his eye - the discharge of tears  
produces a scalding & burning sensation.

288 If gonorrheal matter be applied to the Lenticular  
adnates, it does not produce as violent a state of the  
ophthalmia, as the sudden suppression of the gonor-  
rheal discharge.



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).

## 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 *Psorophthymy* 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 Ophthalmia*);—Suppressed Gónorrhœa?—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:—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.—Remarks upon these, and upon some celebrated empirical applications.



289. B.S. must be had recourse to very largely in this Disease & carried to a great extent, and it should be continued until it makes some impression on the Disease, & it may be followed by local bleeding.

If B. persists taking it from the Temporal Artery, it has been recommended to open the vein leading to the main Carotid. Venetics so as to keep up haemorrhage for some hours will be found a good auxiliary to B. or they will prove useful when B. cannot be carried to any extent from the state of Patient. When the Inflamed Artery kept up, the application of leeches to the Scalp followed by repeated doses of Calomel, given to the young. B.S. will be highly beneficial.

Purgatives, the Saline Purgatives should be first given so as completely to evacuate the Bowels, followed by mercurial Preparations. Cold Applications will be useful adjuncts. Warm infusion of Digitalis as a Sedative with allay pain after the active treatment.

Pelladone will be found to prevent the adhesions which would take place from effusion of lymph.

Digitalis may also be given internally after B. to lessen the action of the Pulse.

290. " Producing a different appearance of the eyelids, viz. that of a detraction over the eye, while in the active stage it looks like a piece of raw flesh. The swelling of the eyelid which often takes place may speedily be removed by a leech.



293. It will be found to aggravate it, but local  
bleeding will be necessary to relieve the congestion of  
the vessels, some prefer compressing the eyelids, par-  
ticularly when the conjunctiva is affected.

Phos. cal. shd be applied over the scalp, & stimulating  
Purgatives will be proper, Scam. & Hyd. sabm. will  
be the best for Children. Opium in the form of Dover's  
Powder may be given in Chronic Ophthalmia, preceded by  
L.B. When we cannot deplete an Emetic may be  
given so as to unload the stomach & produce its  
general effect. such as Ipecacuen: with the tonic in strong

An Ointment containing cast of Zinc formed by Decom-  
posing cast of lead by Sulph. of Zinc, will be a useful  
Application, If we want a more powerful Astringent  
in solution of Alumina & Zinc will be best, it will be still  
more useful with a few drops of Spt. Camphr: when there  
are specks on the Cornea we want a more powerful  
astringent we may add a few grs of Sulph. of Copper,

The best Hyd. Extract. Lintus is a good Application  
but Opium may be dropped into the eye, it will produce  
pain but afterwards affords considerable relief. A strong  
Infusion of Tobacco produces the same effect and in some  
cases it affords more beneficial. Poppy Fomentations  
where there is much pain & irritability. The Tumes-  
cence of Bl. Inflammation, in that Chronic form which occurs in  
Scroph. Constitution also where it has been brought on by  
looking at small objects. Cicutas are one and are useful  
sometimes be found useful. Cinchona given in large  
Doses will occasionally put a stop to it, is much recom-  
mended in Scroph. Ophthalmia. Cold Bathing is a very powerful  
remedy in the chronic Habits, also Cold Applications to the  
eye in the commencement. Issues & Setons well adapted  
to prevent attacks of the Disease, and in Scroph. Con-  
stitutions will be productive of great advantage when the  
Disease exists.

Particularly if it assumes the intermittent form:  
The combination of Calomel /grs/ & Dover's Powder /grs/ taken  
every night & followed every third morning by a Purgative, will  
be found particularly useful if the Patient can bear it.  
When this follows the acute stage, Emetics may be given  
so as to keep up Reaction.  
An Ointment consisting of 1 gr of Oxymuri: Mercury & 3 grs  
of Hyd. Isthatis Oil will be a very powerful & useful App-  
lications of Cicutas, Hyosc. or Opium may be used with  
advantage as Fomentations Daley, Pain & Irritation.



294. When the Aq. Humour was let out by puncture and the Accumulation had been rapid, the Patients generally recover their Sight. <sup>Painless</sup>

Hypopyon, often follows the <sup>Painless</sup> Opthal. of Children & the Puerperal Opthal. The Aq. Humour is mixed with a Pus similar to Pus from Matter, which obstructs Vision.

When there is Opacity of the Cornea from the Effusion of Lymph, (if we observe the vessels protruding and going to the Opacity we easily divide them) <sup>and</sup> when the vessels are not disturbed, the application of Mercury will produce Absorption of the Lymph.

When there are specks on the Cornea in Scroph. Habit, we often find the Ley. High Central Pustules very useful but sometimes there is a brown speck which degenerates into an Ulcer & discharges an Ichorous Matter when the application of a Solution of Potash of Silver will be useful.

Mercury may be given as an Alterative, attention should be paid to the general Health, and Children should be purged with some Symp. & establishing a Drain will be advantageous.



Read Dr. Currie's Treatise on remitting & intermittent  
ting Ophthalmia.

295. When Ophthalmia assumes the remitting  
type we must have recourse to those remedies which  
are used in Agues, in the remitting form it will be  
found less stable, Dr. C. when he was affected with  
this form of Ophthalmia found relief from the Bark,  
in a second attack, & finding this succeed he applied to  
Dr. Wane who ordered the strict Antiphlogistic Plan  
without success, Dr. C. therefore contrary to his advice  
had recourse to Opium, & found great benefit from it,  
he took an hour before the evening exacerbation,  
He afterwards used it in his Practice and often found  
it prevent the attacks by giving in large Doses.

296. When the substance of the Brain is inflamed, the Pain  
is generally referred to a particular part of the Brain,  
it is usually of the atonic form, & the Patient afterwards  
dies Apoplectic.

When the Patient complains of ~~much~~ continued Headach and  
it is not relieved by remedies we must suspect that there is  
some Disease going on in the substance of the Brain.

297. Doubts have arisen, whether in Dysipelas it is a  
owing to an extension of the Inflammation rather than a  
toxic. it sometimes occurs from repelled Eruptions on  
any part of the Body, when it is generally of the atonic form.



294. Occasional consequences of ophthalmia;—sudden or slow increase of the aqueous humour (*Hydrophthalmitis*; *Hydrophthalmia*;)—thickening of the coats, and turbidity of the humours (*Hypopyon*);—general or partial opacity of the cornea (*Albugo vel Leucoma*).—Nature and treatment of opacity.—Ulceration of the cornea.

295. Ophthalmia, especially of the *atonic* kind, occasionally assumes an intermitting or remitting type;—Management necessary in that case, illustrated by examples.

### 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 cholagogue 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. trachealis*,—4. *A. parotidea*,—and 5. *A. maligna*, or *Scarlatina Anginosa*.



203 That arising from Contact in a person the Typhoid  
Type, altho it commences with acute Inflam. & Fever

299 Great difficulty has been found in separating the membranes from the Brain; Effusion into the Cavities between the membranes of the Brain, & they are sometimes studded with red granit, also a milky appearance of the Arachnoid Tunic, the hind allery substance finer than usual, sometimes fixed and Absorbed or liquefied in the substance of the Brain.

301. In the acute form, active b.s. or Blood taken from the  
superficial artery in Jugular Vein, &c. prepares Antivertory.  
also local bleed. by cupping Glans to the nape of the neck  
close to the roots of the Hair, or by leeches to the temples or  
along the Sutures. If blisters were used they should be applied  
to the nape of the neck after b.s. Saline Purgatives will be  
most proper in this stage, but as it is generally kept up by  
the state of the Bowels, Mercurial Purgatives will be proper after.  
Digitales to lighten arterial action after depletion.

Digitates to lifer arterial action after depletion.  
 Stimulus to the feet after the acute stage gone off.  
 Sometimes should be given in <sup>first to early convalescence</sup> ~~transitory~~ doses (after depletion)  
 to produce their general effects, ~~nothing~~ <sup>nothing</sup> materially aid to.  
 Those means which restore the strength & vigor of the  
 constitution as ~~proper~~ exercise, generous diet, ~~keeping the bowels~~ <sup>the bowels</sup>  
 & the cold Bath, will be necessary after the acute stage as  
 rapid off.

Rapid Off-  
There is one form of this Disease which arises from Pleu-  
reitis. It begins in the Acute form and has been treated  
and such, but by far the greater number have died; but now  
large doses of Quinine are given until the Delirium  
subsides, some Patients others supported by a moderate  
diet & small quantities of Wine, and with greater success  
than in the former treatment. Dr. C. has the Palo. Duvie  
attention should also be paid to the Bowels.

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303. Sometimes it terminates in suppuration in the Testis,  
occasionally in enlargement & elongation of them & the bundles.

304. Attacks of leucissey are more frequent in Spring and  
Autumn.

307. When it is merely local & it occurs in slight attacks  
as astringent fengle will frequently put a stop to it.  
In the acute form in young subjects O.C. will be as useful  
but in the chronic or mixed form keecher to the Throat will  
be sufficient, when the Testis are enlarged & relaxed they  
should be punctured; Blesties should be applied round the  
Throat. The Antimonial Seretics, followed by astringent  
fengles will often cut short the attack. Zingiber, in thick  
discharges enters into keecher at this beginning, but when  
there are Relaxes then containing any of the Mineral Acid  
will be more appropriate. Nettle mixed with the Simple  
Compound Dec. has proved particularly useful when there  
is a slight inflammation. Bleach on the Testis at the commencing  
but they will be useful in clearing the blood in Testis  
Ac. The Infus. or Decort of Bark with Acid together with  
an astringent fengle, as a solution of Alum, with Decort  
of Oak Bark or Infus. of Rous.



## OF COMMON INFLAMMATORY QUINSEY.

X 303. *Cynanche tonsillaris* of Cullen;—*Tonsillitis*.—  
 DEFINITION. Inflammation affecting one or both  
 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 py-  
 rexia;—and frequently ending in suppuration.

304. PREDISPOSING CAUSES.—Original constitu-  
 tional 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 at-  
 tack; but often of a mixed character, and in some per-  
 sons always *atonic*.—Erysipelatous species :—this gene-  
 rally 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*;—Venesection,—puncturing,  
 —leeches,—blisters,—purgatives :—Emetics,—diapho-  
 retics;—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, therefore, 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.

### OF THE CROUP.

X 309. The *Suffocatio stridula* of Home;—the *Angina polyposa* of Michaelis;—and the *Cynanche trachealis* of Cullen.—*Anglice Croup*.—Origin of these names.

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 ascertained; 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.



308. Dr. Bailey says to be successful in the treatment of this Disease we must bleed early at delicate intervals. Blisters should be applied about the Throat and the general Treatment of Inflammation followed actively.

We are unable to have recourse to Emetics, Sudorifics and Purgatives from the Patient's incapability of swallowing, therefore we must rely on Oils & Purgatives injected <sup>into</sup> the Rectum.

310. This Disease generally begins in the upper part of the Larynx and extends thence the Trachea into the Bronchi and their ramifications. In Children it is generally seated in the upper part of the Larynx.

As the Complaint proceeds the difficulty of Breathing is increased, a small quantity of Pus is expectorated in a portion of Membrane is brought up, the Pulse becomes quick and Hard & the Patient is generally cut off suddenly.

311. This Disease has been observed so early as Three Months but it seldom occurs before the period of weaning. If it be not checked in the early stage it generally proves fatal.

312. Children of a ruddy complexion and sanguineous Temperament are ~~more~~ liable to it, sometimes it runs in Families and in Children who have been weakened by previous Disease, also those who have been weaned early or been brought up by the Hand. But Children of a weak habit, light hair, fair skin & a scrophulous constitution are the most liable to this Disease.

313. From Dissection, an adventitious Membrane has been found lining the upper part of the ~~Trachea~~ <sup>Trachea</sup>, sometimes extending ~~into the Trachea~~ <sup>into the Trachea</sup> & the ramifications of the Bronchi but the Membrane is not always complete, sometimes patches of exfoliable lymph are found on it, at others a portion of it is separated so as to act as a valve & produce Suffocation.

A Piece of membrane shown <sup>that</sup> was coughed up by an adult, who was the Subject of Croup, he afterwards died and on dissecting his Body more of this membrane was found lining his Trachea, and lived spots were observed in the lining membrane of the Bronchi.



distinct species of croup: 3. *Stridulous*.—Scarcely any redness or swelling apparent on inspecting the larynx, and little or no difficulty of breathing, but the voice is hoarse and hoarse. The general treatment, therefore, nearly the same as in the first kind, but the situation of the complaint demands the use of more powerful remedies applicable to *A. tonsillaris*, and requires others to be employed to a greater extent.

## OF THE CROUP.

### 309. The *Suffocatio stridula* of Home; the *Angina*

*stridulans* of Michaelis; and the *Cantharis trachealis* of Cullen.

310. *Membranacea*. An inflammation of the membrane of the epiglottis and larynx, causing

great difficulty of breathing, particularly at night, which is attended with a peculiar hoarse, stridulous

sound, but little swelling of the epiglottis kind (175).

311. *Stridulous Croup* may be taken as a type of the disease, and the patient generally dies suddenly as

a few days—and the disease generally dies suddenly as

312. *Stridulous Croup* is a disease of the larynx, attended with a peculiar hoarse, stridulous sound, but little swelling of the epiglottis kind (175).

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318. The essential character of this Disease is an active inflammation of the Membrane lining the Trachea, attended with a peculiar rattling noise in the Cough and Fever of the Inflamed Type.

In the first attack we must bleed according to the age of the child. If an Infant about 3; when more advanced, at 5 or 6 years old, ʒi may be taken. Bleeding will be proper in all Cases. Emetics are extremely useful, when it has prevailed as an Epidemic it has been generally first had recourse to, when it is not very acute will frequently cut short the symptoms. Dr. C. has found the combination of Tartar Emetic & Calomel extremely useful. Sickness may be kept up for 2 or 3 hours. in the second stage they will also be useful; Potiatus externally to the Throat. Calomel Purgatives in doses of 1-2. 3. or 4. grs. Scumblers will be the best expectorant. Digitalis will be proper in the second stage if there is any Inflammation remaining. Calomel will be useful given alone, some Practitioners give this only after ʒi. Diaph. are not only beneficial in the latter stage, the warm Bath will effectually aid the Emetic &c if employed so as to produce fainting.

Inspiring the Steam of Hot Water will frequently afford relief, also the vapour of Aether when the Disease is of a spasmodic.

Dr. Archer has found the Decoct Senecae, ʒi to ʒij. useful in the latter stage, but Dr. C. does not think it advantageous on account of its stimulating properties, he has never tried it.

Tracheotomy is a doubtful remedy, but when the Patient must inevitably sink from Suffocation, it may be had, recourse to, but it more generally happens that the Disease extends to the Bronchitis, & ramifications, but two Cases have occurred where it was attended with success, therefore we should certainly try it when we have reason to think that it has not succeeded.

Bled from the Jugular Vein - Antimonials the Ipecacuanha so as to produce sickness and they will at the same time cut on the Bronchitis. In the 2<sup>d</sup> Stage Calomel joined with Digitalis proving gently useful.

320. Symptoms of Croup sometimes appear in those Labouring under Ulcerations of the Larynx. Sometimes however it occurs in the Acute form in Adults. Dr. C. had a Man under his care who had been discharged a few days before after an attack of Fever with this form of Croup, he died three Days after his second admission.

318. The best Diaphoretic, is the combination of Calomel, Opium, Antimony or Ipecacuanha.



315 The Cough is not attended with that noise in Larynx that it is in Croup, & there is no pain produced on inspiration. Sometimes it occurs with Measles when they are epidemic & assume the anapneustic form.

316. It does not appear to be capable of propagation by Contact.

316. The peculiar ringing noise has been attributed by some Physicians to spasm, but Dr. C. thinks it owing to the presence of the adventitious Membrane; sometimes it occurs in Persons not affected with this Disease, it may arise from dryness of the Trachea and it may be imitated by some Persons.

Dr. C. thinks that it does sometimes prevail as an epidemic; he also believes it may occur a second time, Dr. Cheyne relates Cases of its appearing several times in the same Child and each time with less violence. Read. Dr. Home, Cullen, & Williams account of this Disease.

317 When it assumes the spasmodic form it is not so dangerous as the Inflamed, it comes on in paroxysms, & the Fever is of the remitting type.

You will find that in Children who have had Croup, that when they become the subject of Larynx that it will assume the form of Croup.

318 Children are very liable to attacks of this form of Croup. the Pulse is not so hard, breathing less difficult, the sound of the Cough resembling the working of the piston of a syringe, and the symptoms remit.

Great Emetics first will be useful remedies, if it continues a fortnight to be treated as other Fevers, also a few Leeches followed by a Blister. Recourse should also be had to Calomel.



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; Venesection,—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*:—origin of these terms respectively.

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 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 *Pe-*



322. These symptoms increase for four days and then subside, sometimes however it falls on the Brain and it must be treated as a Phrenetic Attack is after that it is with the atonic plan.

323. In this Case in plethoric habits take away Blood. apply leeches, alter Purgers & Punctice, & give Dracunculid.

324. When it falls on the Lungs, sometimes it is necessary to apply leeches Punctices &c & keep it suspended. Should be dressed by keeping still in the horizontal posture.

326. In Pleuritis the Tongue will be covered with a white crust, but in Pneumia with a yellow coating. in the latter the Pulse is hard & obscure, but in the former strong, full & hard, it is accompanied with Epidemic Fever soft & weak. The urine in Pleuritis is scanty & thick & stained, but in Pneumia plentiful & deposit a sediment, in the latter the heat is greater than natural, sometimes the skin is soft & the heat not raised - but when the breathing is laborious the skin will become hot & dry & the Pulse soft & fuller - the stools constipated, a peevish hot & occasionally sickness.

327. a - hard Pulse and great pain on inspiration; b - Pulse full & obstructed, scarcely any pain on inspiration at a dull & sometimes on aching. The countenance having blue appearance from the obstruction of the small vessels. Pleuritis there is no interruption to the passage of Blood therefore the countenance will be red & like that produced in exercise. The Patient cannot lie on the side affected. In Pneumia cough is first dry, but soon followed by expectoration - Dr. C. has more commonly found the Inflammation confined to the Pleura than to the Pleura.



## Angina Laryngea, or Laryngitis.

An infrequent Disease, occurs most commonly in those who have been subject to other Anginous Affections. Symptoms. Rigidity of the velum Palati & uvula, followed by Inflammation resembling Sarcinosis of the Glottis & Epiglottis, accompanied with considerable swelling. The Epiglottis does not cover the Glottis so completely as in health, so that when any thing is taken, some of it gets into the Larynx & occasions a troublesome cough:—the tongue is thickened and swollen, uneasy sensation in the Larynx, thickness in voice, dysphagia not at first impeded, respiration difficult and laborious from the beginning, Fever erythematous.

Appearances on Dissection. There were two cases in St. Thomas Hospital which proved fatal. In one extensive Disease was found in the lungs similar to that produced by Pneumonia in the other extensive Disease of the Liver.

Treatment. This consists in early and active Depletion both general & local, followed by Blisters. also Phlebotomy this bids fair to give relief as the Inflammation is confined to the upper part of the Larynx & the Glottis is, we must give judicious Opium to the Bowels, and keep up an action on the Skin, therefore an Emetic may be had recourse to at the commencement to excite and afterwards to produce its general effect.





327. Inflam<sup>n</sup> of the liver often extends to the Diaphragm and produces Inflam<sup>n</sup> of the lungs on that side.

328. We generally find that when the lungs are affected from Sympathy, that the Lymphatics or by Pneumonia, & there is nothing but very numerous coughs up, you will also have the additional symptoms of disorder of the Bowels, sickness, bilious eructions, & inflammation of the Eye and pain produced by pressure on the right Hypochondrium.

329. When in the Med. It is said that the pain is felt under the Sternum, and extending to the Bronchi, and that there is not so much pain felt on inspiration. When in the Diaphragm: it is said that you will have Delirium but Dr. has never met with it (altho he has examined many who have died from it) as a symptom tending to show the Disease.

330 The active form of the Disease is more likely to occur between the age of puberty & the middle period of life, while Pn. is rather generally attacks old people. It is more common in Autumn & Spring and in temperate climates, also in the male than the female.

331 When Pleuritis prevail as an Epidemic they are often combined with Pneumonic Symptoms.

Pneum. Syphoid, begins with coldness, great prostration of strength, sunk countenance, excessive pain & trouble of sleep, cough, pulse seems full, but easily compressed, it generally terminates in four days. It has been the custom to give Camphor, Camassia & Stimulants in this form. Dr. Parr says he has not found that bark wine or the difficulty of breathing, with the laxatives or glysters shd be exhibited at the same time.



*ripneumonia*.—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 pleuriticae*)—peculiar quality of certain febrile contagions (*Pn. catarrhalis*,—*morbilliosa*,—*typhoidea*, &c.)—metastasis of acute Rheumatism, —of Gout, —Erysipelas? &c. (*P. rheumatica*, *arthritica*, *erysipelatos*? &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.

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 ad-



332. If the Patient survives 7 Days it will in general terminate favourably, if the Symptoms do not increase.

333. Pneum: not so generally attacks Patients of an advanced age, & those who have been subject to Pneumonia & Fluor alio than those who have lived intemperately & generally prevails in the spring when there is a cold & stormy wind.

334. When the symptoms are yielded in the expectoration is often streaked with blood. — At first the expectoration is mucous, after <sup>wards</sup> greenish, and it draws towards a conclusion, thick and white. We often find that the lungs are completely adhered to the P. C. when the Patient with much difficulty they cost of his life. Sources. Patients may recover when an Abscess is found. *Symptoms*. The Patient complains of chilliness, and is always able to lay more comfortably on the side affected. The cough is dry, which is brightened by turning on the other side. Hydr. thorax will be known by the difficulty of breathing, and the inability of lying in the supine posture, the Pulse is soft, quick & irregular, it is also generally accompanied with anasarca of the face & extremities, the Patient has great difficulty in changing his posture, and frequently awakes from sleep frightened under the idea that he is suffocating.

334 - We generally find that there is more than one  
abscess. The Pus is generally is carried off by it.  
it will be known by the Rigors which come on & the Pus  
being softer, and when the Abscess bursts a large quan-  
tity of matter is brought up. Then it ceases, until new  
is formed, when it is again brought up.

Empyema. We sometimes find however that there is  
a considerable quantity of matter in the lungs  
cavity of the Chest, without there being an Abscess in the  
lungs. When there is a fistulous in the side the matter  
should be let out by puncture, sometimes it bursts into  
the air cells and is brought up by cough.



335. The chief remedy we are to depend on is b.s. we are to be guided by the relief the Patient experiences while the Blood is flowing from the veins, when it occurs in the Active form we must be more cautious in the use of the lancet; Cupping & leeches useful & dangerous in active stage, in young Subjects leeches are preferable to cupping-glasses, in Puerp. both we must principally rely on them. Blisters should be applied immediately after cupping & their action kept up. The Bowels should be freely acted on in the active stage by Saline Purgers. Nitro will be useful in the common Drinks (3j-℥ij). The relaxing Diaphoretics are more to be depended on than Dry Stales as small doses of Tartar. Antimony.

In Puerp. both the remedies employed should be mild. Dr. C. has found a few ounces of blood by Cupping followed by Blisters beneficial.

2. Small doses of Squills with Liq. Am: Ant. <sup>antimony or</sup> <sup>Theriac.</sup> In Puerp. both, Seneca with Liq. A. C. or Benefar of Squills with Specie. so as to produce emaciating Effect.

In the active form when b.s. could not be had recourse to Dr. C. has found the combination of Calom: Antimony & Opium useful, also in P. both, but its effects must be watched. In the beginning gentl. Emetics will be useful by unloading the Bronchial system, (Squills or Antim.) In Puerp. both, Dracul. Seneca may be given, also Ammoniacum with Squills.

3. In Puerp. both it is often necessary in the beginning to allow the Patient a light nutritious Diet. sometimes to allay Dyspnoea, we give Squills & Ammoniac. To bring off the load of Mucus from the Bronchial system: when there is a diaphoretic tendency in the Chest Digitalis & Calomel will frequently increase the discharge from the Kidneys. When there is a tendency to Tubercles Stomachics are proper. Gent. Colomb. Myrrh or Cassia may be given as Laxatives, and Calomel & Squills as a Diuretic. It will often be necessary to change the Climate to restore the Patient to Health.

Diarrhoea is often occurring during the course of these complaints. chalk is the best remedy combined with the Dover's Powder if an Opiate is necessary. In young Persons where there is a tendency to haemorrhoidal enlargements, substituting an artificial discharge will be proper.



335. 1. When Inflamm<sup>n</sup> attacks the Membrane and not the Lungs, we often find that copious Bleeding will cut short the complaint, but in both cases it is absolutely necessary.

It sometimes happens from the congestion of Blood that you cannot at first get Blood from the arm, but by abstracting some locally, the Pulse will rise and you will then have the Blood flow on opening a vein in the arm.

Blisters ought not to be applied until L. B. has been had recourse to, nor then until we think the symptoms so far relieved as not to require its repetition.

It has been observed that when the Kidneys can be acted on that the Inflamm<sup>n</sup> will be more relieved than by a similar action on any other organ.

2. We have tried the mild Dec<sup>ty</sup> with Squills the most applicable to Pleur<sup>y</sup> & Asth<sup>a</sup> as it occurs in its most common form. When there is any difficulty in bringing up the Saliva, inhaling the Steam of W. Water with a little in Elderly Persons. Squills with Ammoniac<sup>um</sup> & Camphor<sup>um</sup> must be used, or with other Ammoniac<sup>um</sup> will be proper. When the Inflamm<sup>n</sup> in the Chest has subsided the Warm Juries will be advantageous as Infus<sup>um</sup> of Scarc<sup>um</sup>. & I have given it with Squills & Ammoniac<sup>um</sup>.

337. Dr. C. has not found Syncope so often attend this Disease at ~~the~~ the commencement as authors have mentioned.

The Patient is at first to lie on either side upon his back, the cough is always dry, and he can draw in a full breath without complaining of any particular pain, but by pressing on the left side pain will be produced, & there is generally some irregularity of the Pulse.

338 When it occurs Pleur<sup>y</sup> it is commonly produced by exposure to Cold aided by Moisture.

In the greater number of instances where pain leaves the extremities it will be transferred to the Breast.

Read Dr. Ford Davies



mitting of a perfect resolution,—By Venesection,—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.

336. 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 faintness, 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 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,







339. When it quickly terminates fatally, it is generally in Effusion into the Pericardium, sometimes in the deposition of adhesive matter on the surface of the Pericardium.

The case of a young gentleman related, who recovered after two years, by being kept on a double inclined plain & scurried & a milk sengerable, at the same time taking him into the open air.

340. If. b.s. does not relieve at the commencement we must repeat it too copiously afterwards, although you still find the Patient complaining of considerable Pain in the Heart. If he should feel afterwards much pain in the region of the Heart the application of Cupping Glazes will be preferable to b.s.

341. The symptoms will resemble those of Inflamm<sup>n</sup> of the lower lobe of the right lung when membrane inflamed. There will also be cough, but it will be dry & come on in paroxysms - Pain in the left Hypochondrium & left shoulder generally occurs in the chronic form.

343. The termination is also is not so frequent in the acute form as in the chronic, some cases however have occurred, When the Inflamm<sup>n</sup> attacks the membrane the liver contracts adhesions to the Diaphragm & sometimes when an Abscess breaks its way thro the Diaph. into the Lungs the Patient in general dies, but instances have occurred of their surviving. sometimes it makes its way into the Colon which will be known by the matter being found in the Stool when it points externally if the Matter be tolerably good, it may be opened. - Several mentions are made where the Matter was absorbed and carried off by the urine, and the Patient complained of great pain in his loins.





246. In acute Hepatitis we often have great Tachycardia, as in Pleuritis. In fact the pulse is a bounding heat in the stomach, and the Pulse is quite some approaching that of Peritonitis.

In warm climates more often connected with Dysentery. In Hepatitis the patient will complain of a catching pain in drawing in his breath, but in Pneumonia there is a sensation of something like a fullness as if he could not expand his lungs.

246. Injuries to the Brain sometimes produce it, particularly in warm climates.

247. If the Inflammation is not got under in the first few days, we often find that Suppuration will follow.



—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.—Mode in which these last operate ;—and enquiry why 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 venesection 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:—enquiry 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. Taraxici? &c. Remarks on these.

349. Examination of the opinion—that ACUTE HEPATITIS is a rare disease in Europe; with arguments to shew, that it is often mistaken for, and treated as, Pleuritis and Pneumonitis.—Proofs drawn from the complicated and peculiar structure of the Liver, and illustrated by morbid preparations, demonstrating, that it is subject to a greater variety of diseases than perhaps any other organ of the human body. Enumeration of several of these, with remarks upon their symptoms and treatment:—1st, Inflammation of the investing membrane, followed by adhesion to neighbouring parts.—2d,



348 We should bleed largely at first, and its repetition must be regulated by the relief affording while the blood is flowing from the vein, together with the circumstances noted in the syllabus, when it occurs in combination with other Diseases, it may then be a question how far B. will be proper, in warm climates even here we must have recourse to general and afterwards local Bleeding.

After <sup>the above</sup> we must employ local bleeding together with Mercurial, Cathartics, Blisters will also greatly assist us in reducing the Inflamm<sup>n</sup>. By purging with the saline Preparations we produce a large discharge from the Bowels and unload the Portal system by lessening the quantity of Blood to be circulated in the liver.

In hot climates Calomel in doses of gr<sup>s</sup> to  $\times$  may be given every four hours, and it does not act at all powerfully on the Bowels.

It appears that small doses of Mercury by exciting the action of the Lymphatic system relieves the congestion under which this organ labours.

In the chronic stage where there is irritability of the Stomach it is often necessary to add a little Opium, and when you want to act on the skin it may be combined with Antimony, or the warm Bath will be a good adjunct. When you want to introduce Mercury slowly into the constitution and to keep up the force of the Stomach, Bitters will be useful, as Colomb. Selt. Zingib. or Quassilla, Alkalies will tend to supply the deficiency of Bile. Ipecacuanha will aid in the back of the organ. The tartaric Acid either alone, or joined with the Mercurial forms one of the best remedies in the chronic stage in relieving Dropsy. They have also been used as a Bath, but it sometimes produces a purging when you are obliged to desist and also an eruption on the skin.

D. C. has given Calomel in  $\mathcal{D}$  doses but he did not find it more successful than smaller ones, neither was it productive of any bad symptoms; - It has been observed that where an abscess is forming it is difficult to produce Pyæmia, but instances have occurred where it was brought on more speedily, therefore we ought not to be too free in its exhibition when there is any tendency to Dropsy & in ill Cases of Dropsy Calomel should be given - Ipecacuanha & Senna will be proper here there is any tendency to Disease in the Lungs - The tartaric - Mercurial Acid may be tried where the Patient cannot bear the exhibition of Mercury -







Standards heat in the diseases of the Liver

349. By far the most frequent functional Disorder  
of the Liver <sup>are</sup> diminished, or irritated secretion of Bile.

350 Considerable burning heat in the Stomach,  
by taking in deep inspirations.

352 The erythema is that which usually occurs in combination with other Diseases; there is generally a peculiar appearance in the Face. We seldom find that fixed pain, small & hard Pulse, great prostration of strength which occurs in the Phlegmon: but there is generally a shifting pain all over the Abdomen, the skin is less hot & the bowels are seldom constipated.



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.—12th, 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.

350. 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.

351. Idiopathic Gastritis rare; but many of its symptoms occasionally attends inflammation of the liver, intestines, or kidney;—and also various fevers, especially Bilious Remittents, Yellow Fever, &c.—Examples illustrative of this in the case of the Liver, &c.

352. Division of gastritis into two species, viz.—(a) the *phlegmonous*, and—(b) *erythematic*:—foundation of this division, and marks of each species.



353. PREDISPOSING CAUSES not clearly ascertained.

354. 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.

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

356. 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 — venesection, — 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. — 3. Where offending matters swallowed are still present, — to evacuate, correct, dilute, or inviscate them; — and afterwards guard against their future consequences.

357. Means directed to fulfil the *second* indication. — Individual remedies especially calculated to answer the *third*, according to the nature of the hurtful cause, e. gr. whether *mechanical*, as powdered glass, &c. — *chemical*, as corrosive Acids or Alkalies, — Arsenic, — Copper, — Oxymurias Hydr. &c. — or *specific*, as certain acrid or narcotic vegetable matters.



354. When a Person has fasted a long time, he should not take any stimulating article but something that is mild - as a little milk &c -

Whether this Disease is seldom produced by external causes, as exposure to Cold; still we have Dr Parr's authority stating that it is sometimes produced by them

335 When it terminates in the formation of an Abscess, the pain will be less or lost, sickness & vomiting will subside, sometimes blood comes up with the food, and the Pulse is softer & more full.

When Arsenic is taken you invariably find that Aliments are produced more at the Sphincter Anus than at any other part of the alimentary Canal.

336 In the active form of this we must bleed largely. Following it by cupping &c. - Remedies that have been thought to reduce temperature by placing them in Ice or small quantities of Ice may be swallowed with advantage, particularly in the dysenteric & inflamed. Opium in the form of Glyster will tend powerfully to lessen the irritability of the Stomach after the active influence has been subdued. <sup>Opium may be applied externally.</sup> by the Hot Bath, Pomentations, Plasters & Sinapisms. Particularly when pain has resulted from the extremities also by topical bleeding, particularly in young & plethoric habits.

337. When any small substances are swallowed, as pins &c. produced by, we should give Diluents & emetics as soon as we can. When a coin is taken we should use our best efforts.

Arsenic betakes give an Emetic and encourage vomiting afterwards a purge to evacuate the Bowels and thus treat the influence of the Stomach. When Copper is taken Sugar will decompose it, recourse should be had to a solution of Sassafras and Spoon Salls; If Oxygen of Mercury be given it will reduce it & build up, and the same so by Lime water &c. When any quantity is taken in excess vomiting should immediately be excited by Sulphur. If Copper we must then treat it as before by the Stomach, by Warm Bath, mild bl. Opium Glysters and laxatives by the mouth.



*A. ... ..*

Alkalie Acid he taken, a large quantity of m

is fluid like the Fuchla to which it has much a

... are ~~not~~ within a cold & neutral zone  
... neutral but it is the case that

immediately act on the Stomach & Liver.

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## OF SPLENITIS.

359. Idiopathic acute inflammation of the Spleen is extremely rare complaint:—probable cause of this.—Symptoms characterizing it where it does take place.—Pain, pain in the side of the spleen, increased by pressure, and accompanied with tension, and heat of the

360. When this organ suffers from Congestion in Agues, abstracting Blood locally will be proper. If giving the Medicines adapted to cure Agues, it will generally be reduced to its natural size and regain its healthy state. When an Abscess takes place and it adheres to the Pancreas of the Glandula, it should be opened when it points.

In Chronic Diseases of the Spleen, alterative Doses of Mercury should be given, the Bowels kept regularly open, and the warm Bath had recourse to, and by such Treatments we are in general able to remove them.

## OF NIPERITIS, AND CYSTITIS.

## OF INFLAMMATION OF THE BLADDER, AND OF THE BLADDER.

361. The Bladder is a Muscular Sac, situated in the Pelvis, and is the common Reservoir of Urine. It is situated in the Male between the Seminal Vesicle and the Utricle, and in the Female between the Uterus and the Vagina. It is a Muscular Sac, and is covered by a double Coat, the inner Coat being the true Membrane of the Bladder, and the outer Coat being the Peritonaeum. The Bladder is supplied with Blood by the Artery of the Bladder, and with Nerve by the Nerve of the Bladder. The Bladder is the common Reservoir of Urine, and is the common Reservoir of the Seminal Fluid in the Male, and of the Vaginal Fluid in the Female. The Bladder is the common Reservoir of the Urine, and is the common Reservoir of the Seminal Fluid in the Male, and of the Vaginal Fluid in the Female.

362. Symptoms of NIPERITIS.—Pain in the region of the Bladder, often extending along the Urethra, and passing downwards of the thigh, with increased pain at the end of the Urine, the Urine is often bloody, and is often accompanied with Pus, which is sometimes called Hematuria.

359 Sometimes you have Chronic Enlargement from an Hydrum. An Abscess of the Spleen commonly attended the Ductum Fever, in most cases that terminated fatally it was more or less diseased. When the Spleen becomes very much enlarged the common termination of <sup>the</sup> Patient is in Dropsy.

360 When the Disease becomes profuse you should give small doses of Mercury which will prevent the Spleen becoming enlarged.

361 The Kidney is sometimes enlarged from Steatomata also from Indurated Sarcoma, an Abscess sometimes forms, when nearly the whole of the Kidney is absorbed, occasionally it contains Hydatids. Instances have occurred when there was a large abscess of the Kidney, nearly the whole of its internal surface being absorbed, and still the secretion of Urine remaining as copious as in a healthy state. I know mentions that he met with a Kidney that weighed 40 lbs.



## 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 in certain countries.

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**;—Venesection,—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.

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

369. **Irritation and gleeing of bladder** (*Cystirrhœa mucosa, vel Catarrhus Vesicæ*), sometimes occurs in delicate women, especially after lying in;—and chronic



362 Considerable Irritability of the Stomach, the Patient complaining of Nausea & retching, sometimes it is accompanied with pain similar to Colic, but it is generally fixed to the part which is near the Kidney, acute pain will be produced by pressure and it will be increased by leaning forward.

363 From the Inflamm<sup>n</sup> occurring in the cellular Membranes near the Psoa Muscles by there being no attraction of the Intestine or pain in the course of the Urter.<sup>r</sup> From Colic by the pain not being referred to the region of the Kidney, and there being no affection of the Urine, or Pus in Urine. It happens that in Enteritis you have that sickness in the commencement which occurs in Hepatitis, the pain is also referred to the fore part of the Abdomen and increased on pressure. In Hepatitis we have pain under the cartilages of the Ribs, but none of the Notice or Urter, and no restriction appearance of the countenance, no retching, but considerable pain produced by rotating the thigh.

364. Also burning heat in the region of the Bladder. The symptoms will vary according to the part of the Bladder inflamed - If it be Punctum, he feels a constant desire to pass his Urine, and never relieved; if the neck there is great pain in passing the Urine, and sometimes retention.



365. It will be distinguished from Rheumatism, by the pain in the latter shifting, & being increased by the Patients arising himself in bed. by want of nausea vomiting, there not being any change in the appearance of the urine, either in quality or quantity, or in the any situation of the solids.

366. It is doubted how far An: Diaph will be proper at first in consequence of the sickness, but that which is produced by them will be different from the other & cause considerable relaxation, therefore D.C. thinks they may be given with Opium, advantageous by when the irritability of the Stomach has been relieved. Opium, after 40, and joined with Nitrat. Potash in Succus Cereus will be extremely useful. The superlucor: Soda water will be efficacious in allaying the irritability of the Stomach.

367. In Denteritis, this symptom so nearly resembles that of Nephritis, that there will be considerable difficulty in distinguishing them, D.C. met with two Cases where he was deceived, but in general the pain in the latter is more severe than that of the former, having distinct semiforms.



### OF 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 constipation,—and followed by vomiting, and tympanites.

374. When the Intestines & Peritoneal Tissue are inflamed the patient often dies in 4 Days, the Pulse will be from 120 to 140, the Tongue white, anxious countenance, if small Intestines, sometimes not so if large, at the beginning. The pain will be increased when it extends to the muscular coat, and the Patient will be anxious in the bent position, sometimes it will go on for 4 days before the diagnostic symptoms show themselves, and thus it is that Patient using improper means & relieved of the Pain, as drinking Spirit, often fall a sacrifice to it, as the Disease proceeds the Tongue becomes brown, the heat is excessive, the Bowels tense, sometimes a semiprimum takes place at this time, the Bowels being open, followed by an increase of all the symptoms the Patient will live on for 8 or 9 Days.



369 Catarrh. Vesicae sometimes occurs in young persons from exposure to cold and leading an idle life, in two cases, in young thephands, which fell under Dr Cury's notice he found that it gave way by keeping the Bowells open and exhibiting the Uva Ursi.

When it is symptomatic of enlarged prostate, pain is felt in the perineum, ~~that~~ <sup>and</sup> it is produced before the urine flows, which comes away in drops, sometimes there is suppression. If of Scherius lateri the symptoms resemble those of stone in the bladder but by the bearing down, pain in the back extending to the perineum and then resembling labour pains, also by the running down the thighs, you will in general be able to distinguish it. Besides the antiphlogistic treatment we may use injections with advantage. It is doubted by some whether blisters should be used from the suppurating they sometimes produce, after bleeding when the symptoms did not give way Dr C. has found them advantageous.

In Cystitis, Uva Ursi together with mild alteratives, Medicines, mild cathartics, Stimulants, as Spt. Sassafras, Bals. Copiaia or R. Lythra, beginning with 30 Drops increasing to 60. The Warm Bath with sometimes succeeds where other Remedies fail.  
Uva Ursi with Mineral Alkali.

373 Enter. Phleg. Pain very severe, Synocha, Pulse quick, small & wiry, vomiting & costiveness.  
Ent. Erythem. Pain not so acute, Fever less violent, Pulse full & hard, no vomiting at the beginning, & relaxed state of Bowells.



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*),—of the Mesentery (*Mesenteritis*)—and of the Peritonæum (*Peritonitis*), — almost peculiar to lying-in women :—as constituting a part of Puerperal Fever, therefore, and 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 as it affects the substance of the intestines (*Enteritis phlegmonodea*), or their internal villous coat (*E. erythematica*):—symptoms distinguishing these.

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,—calculus 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.

379. **TREATMENT.**—The indications are—1st, To lessen or check the inflammatory state by Venesection—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



375. Popper gives pain in Dientitis, but relief in Colic, and in the latter the Muscles of the Abdomen are seldom drawn in, & the Belly seldom inflated, the pain too is generally confined to the Navel. The Pulse will enable us to distinguish it from Hepatitis, in which the Pulse is full and hard, whereas it is small & wiry in Dientitis.

376. When Gangrene takes place, there is a cessation of pain, the Pulse becomes soft, quick & irregular, and the Patient falls into a tranquil state, sometimes however convulsions take place before Death.

378. In Rheumatism the Inflammation more frequently attacks the mucous membrane of the Intestines, than the Peritoneal covering.

379. When it originates from exposure to cold, &c. and the strict antiphlogistic plan will be necessary, sometimes after B. &c. the Patient feels relieved from the pain &c. but it will return again in irregular exacerbations, therefore we must not relax our endeavours to subdue the Inflammation. We must be guided in bleeding by the relief the Patient experiences, the degree of pain & the state of the Pulse; the local abstraction of blood will be greatly assisted by Blistering, which ought not to be used at the commencement, but after free bleeding extensive blistering over the abdomen will be extremely useful. Dry Italic cannot be used at first, but afterwards we are obliged to use it to open the Circulation.





380. When the Patient is of a full and Plethoric Habit we must be extremely active in our Treatment, but when it occurs in old persons of a debilitated Habit and the Patient has been subject to frequent attacks of the Disease we must be cautious in the use of the lancet, and in general Local Bleeding, Purgatives, as small doses of Mercury, and the Hot Bath will be sufficient.

381 The Ioduro Iodine  $\frac{3i - 4j}$  is a dangerous remedy, therefore you should be very cautious in its use, D.C. has seen a Patient with asthma. In intra-vascular the mechanical distension of the intestines with water may sometimes tend to remove the spasm; Dashing cold water on the Abdomen D.C. thinks a hazardous and unproven remedy.

382 Attention should be paid to the Bowels and Diet proper exercise must be allowed, and it is necessary to be particular in keeping the Body warm with proper Clothing.



2<sup>d</sup> The Warm Bath at the Temperature of 100.  
will be attended with a good effect & the Patient  
should afterwards be placed between Blankets.

When there is great sickness & O.S. has been fully  
employed. Calomel & Opium will be highly bene-  
ficial; Dr. C. has seen this Remedy ~~have~~ prove exte-  
mely useful after the Reduction of a Strangulated  
Hernia when sickness & vomiting remains.

When there has been no sickness they may be joined  
with small doses of Sweet's Powder.

3.<sup>d</sup> Cathartics should not be given before O.S. has been  
fully employed, but when the Inflammatory symptoms  
begin to give way the Saline Cathartics will be  
found useful, but mild injections may be previously  
used with the view of removing any morbid collection  
in the large Intestines, and if there is none, they  
will act as a mild Laxative to the Intestines.

Dr. C. has seen Cathartics joined with small doses of  
Opium given at the very commencement when the  
Patient only complained of Colic & pain, and they  
have prevented the disease coming on.

But if the Disease does not depend on Scybala, or any  
morbid colluvies locked up in the Bowels we may  
with safety & free give Purgatives for two or three Days.  
In Putriditis the Bowels are generally open, therefore we  
may employ Purgatives together with O.S. with advantage.



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.—4th, 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, according to the greater or less degree of *atonic* character which the disease bears,—to the particular circumstances of the case,—the causes inducing it, &c.

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

382. Management necessary during the convalescent state, to secure a perfect recovery ;—and afterwards, to guard against a future recurrence of the disorder.

### 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.

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 sensitive 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 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 ?—*Female*



386 Sometimes however the smaller Joints are attacked.  
We generally find that Rheumatism occurs in the earlier  
periods of life, Rheumatism in the middle, & Rheumatism  
in the latter, and in Persons who are much debilitated  
by previous Disease: It is most common in Spring when  
there is an unsettled state of weather.  
It does not afford any relief, but tends rather to exhaust the  
Patient's strength.





of a hot water bath, the Pulse has been relieved  
and the patient is now in a more comfortable position.

393. After the hardness of the Pulse has been relieved by  
Purging the exhibition of the Bark will be attended  
with the most beneficial effect.  
The combination of Tartar Emetic, Colomel & Opium has  
been given with advantage at Night. Here there was a  
regular exacerbation of pain in the evening and this  
followed by a purgation the next morning.  
The Vin Colchici is best adapted to Cases where there is  
much internal Inflammation but where this is not the case the  
Bark will be preferable & will under the Patent life save  
a host of future Attacks, it should be given in substance  
every six hours.



390. That which attacks particular joints is generally owing to a draft of air blowing on the part.

391 In foot the small joints are affected, in Rheumatism the large. Rheum. occurs at an early period of life, but later, Rheum. more frequent in Females; Persons who live well are liable to joint Rheum. more likely to be produced on external exciting cause, as exposure to cold, joint not ushered in by so much fever as Rheum. and generally accompanied or preceded by a Stomachic Affection, while Rheum. is sudden in its attacks, joint less liable to metastasis and does not shift its situation so often as Rheum.

There will be some difficulty in distinguishing Rheum. a-topia from Syphilitic pains, but unless there is any Syphilis in the system it seldom attacks cylindrical Bones, and in general follows the dissection of Muscles and is continued to the joints. Joint seldom attacks Females before the cessation of the Catamenia.

392 The most frequent metastasis of Rheumatism is to the Heart & Pericardium.

393. U.S. in young & plethoric Subjects, but it must <sup>not</sup> be carried to the extent recommended by Dr Boerhaave. Leeches to the part will relieve the Effusion & sometimes completely remove it. Dr. does not approve of Dr. Hagerstr. mode of exhibiting the Bark, but after S.S. has been employed & the attack appears the remitting form, it will be extremely useful; Phorb. & Calomel, or Colocynth & Calomel given as Purg. & sudorifics have been condemned in this Complaint as it is generally attended with Perspiration, but if the Antem. profuse given they will be found to produce a more healthy perspiration. Colchicum Dr. has seen attended with more success than the usual Diet of griv. Digitalis &c.

Drury used to recommend V.S. followed by smart Purg. afterwards Calom. Ant. & Opium at bed time, and the big American Diet with Vin. Ant. & the Digital. during the Day.

\* 3 or 4 of the Vin. Colchic three times a Day



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.—General character of rheumatic inflammation; and an examination of the humoral doctrine respecting it.

392. **PROGNOSIS IN RHEUMATITIS**—in general favourable as to life; but sometimes metastasis suddenly takes place to the brain, chest, or stomach, and proves quickly fatal:—instances of each of these.—Tendency to relapse.—Symptoms denoting a favourable termination.—**RHEUMATAGRA** generally tedious and difficult of cure; and in scrophulous or cachectic habits, sometimes ends in a state of the joints very analogous to white swelling.

393. **TREATMENT OF RHEUMATITIS**;—Venesection; caution against the Boerhaavian notion respecting it.—Leeches.—Blisters?—Purgings,—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 phthisical habits, and when combined with syphilitic taint.

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. Calomelanos cum Antimonio*.—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 Asellii*, &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. Of the choice and management of individual remedies, according to the circumstances of the case;—and account of the composition of some boasted empirical articles, e. gr. Essence of Mustard,—Mustard Pills,—Guest's embrocation, &c.

399. Observations on the most effectual means of guarding against rheumatic affections, by proper clothing,—exercise,—friction, <sup>after the</sup>—cold bath, &c.

#### OF THE GOUT.

400. GOUT a general term, including, like Rheumatism, a number of morbid affections differing greatly



398. If there is much pain and heat in the joints, taking  
away a small quantity of Blood will be found useful,  
but we must principally rely on leeches over the joints,  
followed by Pomentations; Mistures will be also proper  
afterwards; Iron Bitters will be necessary to support  
the strength, as the Bark with the Vol. Mint is offensive,  
it is sometimes given alone, &c. &c. with some success.  
But in Chlorotic females the Bark in combination with  
Steel will be better; Ammoniac or S. Mather's Lint. being  
diffus. Stimul. will be applicable to elderly Persons and torpid  
Habits. When we suspect there is a Syphilitic Taint a  
mild mercurial course will be proper, as Pil. Plume & Decod.  
Lecorae &c. but particularly in Scroph. Habits. The Sudatorium  
is placing the Patient in a heated Room; Douches is pouring  
cold water from a height and afterwards employing Frictions,  
this is a useful remedy particularly when there is Oedema.  
Salt Brine will be very beneficial in Scrophulous Habits.  
A milk & Vegetable Diet in the first attacks, but in Old Persons,  
and in Scroph. Habits, a small quantity of Meat must be  
allowed. When we find Persons particularly affected by the  
change of Weather they should go to a more uniform Climate.  
~~After the hardness of the Pulse has been relieved by bl.~~  
~~During, the exhibition of the Bark will be attended with~~  
~~the most beneficial effect. The combination of Cast. Astring.~~  
~~Salomel & Opium has been given with advantage at night~~  
~~when there was a regular exacerbation of pain in the~~  
~~torment by a Paralytic, the next becoming~~  
Mercur. & principally rely on Mild Draughts, and the best  
emmenagogue is the Puls. Specul.

399. Flannel should be worn next the skin and in  
Summer Calico. Exercise should be taken regularly  
but in moderation; After a Person has been labouring  
under Rheumatism, he should begin with a Tepid Bath,  
and gradually open the Heat until he is able to bear  
the cold Bath, which will be very useful in preventing  
relapses.



397. The *Ammon. Hoffmanni* & *laudanum*; the best form  
for exhibiting the *Ammon. acid* & *Moradadi* is the *Infus.*  
*armadae* (comp). When there is any eruption on the skin  
the preparations of Sulphur will be useful. Dr. C. has  
given the *Ol. Sassafras* in doses from  $\text{℥ss}$  to  $\text{℥i}$  diluted  
with five times its weight of Honey with advantage,  
in the obstinate forms of *Ischias*, for as it acts on  
the bladder its effects much to be watched. Dr. Bardsley  
has given *Powder's Mineral Solution* in obstinate forms  
of the complaint with success where other remedies have  
failed, but it is not a remedy which should be preferred.  
The vapour Bath will often succeed where the *Lepid*  
has failed. Dr. C. recommends the combination of Camphor  
& *Ol. Sassafras* in the form of *Emulsion* (see *Emulsion*)  
applied over the part & renewed once in 24 hours.  
The juice of the *Briary Root* has been found successful  
as a *Rubefacient*, it produces an eruption frequently.  
Champhooing, that is gently squeezing & even beating the  
part affected, while in the warm Bath, has been recommended.  
General Dietition is one of the most useful remedies we  
possess in this disease and also to prevent a relapse.  
Electricity should not be employed if there is any inflammation  
going on in the joint, the *galvanic cure* will be  
more advantageous.  
It is essentially necessary that attention be paid to  
the Bowels.



both in their symptoms and seat, but all arising from the same primary cause.—The action of the antrum,

—origin and meaning of the term, &c.

401. Sometimes denominated from the part it affects,

—as, *antrum maxillare*, *antrum sphenoidale*, &c.

—the seat of the disease, &c.

the great one, — generally preceded by acute inflammation, — not rarely with

effusion of the contents, — followed by symptomatic sy-

mples, — and going off by the great one, — or by the

swelling, and redness of the skin, &c.

—scarcely ever attended with fever, — the only symp-

tom being the pain, which is usually attended with

the most violent kind of headache, — the seat of the

of the disease, which is usually attended with

of the disease, which is usually attended with

402. *Paranasal Cyst*: — Origin, —

—often hereditary; — situated in the middle of the

403. *Excysting Cause*: — Occasional cause is

401. Podagra when in the Foot, Anagra, in the arm,  
and Chonagra in the Hand.

402 The Joint is generally acutely painful, and swollen  
there it, in old persons generally attended with Acidity.  
The Disease has usually a regular evening exacerbation  
and it commonly occurs in the Spring & Autumn months.  
When it occurs in young persons and it is the first time it  
makes its attack in the morning (about 2 or 3) without any  
previous illness.

403 Rheumatic Joint seldom attacks young Persons,

404 Sometimes the Affection of the Stomach is Inflamed  
at others what is called the Ice Bolt, this is a dangerous  
symptom. The Bladder is often affected with Catarrhes  
 Vesicae. It will often be difficult to distinguish between  
these and the Diopathic forms of the Complaints, but  
they are generally of the passive Character.



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.

401. 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.

402. 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.

403. 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.

404. MISPLACED GOUT.—At other times, instead of the extremities, the stomach, brain, lungs, intestines, kidneys, or bladder, become affected with disturbance of function, which immediatly gives way upon the inflammation appearing in the extremities.

405. 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.

406. 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.

407. 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.

408. 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 ;—difficulties attending them singly,—and conclusion that Gout is a compound disease.—Conjectures respecting the nature of gouty inflammation ;—its analogy to phosphoric combustion shown ;—and application of this to explain many difficulties with respect to the causes, symptoms, and cure of the complaint in different cases.

409. 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, illustrated by striking cases ;—with strictures on the opinion of Dr. Heberden.

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



407 One of the most common forms of Atonia is  
is Diarrhoea, also Colic.

When it attacks the lungs &c it is mild or with acute  
Inflammation.

408 Dr. L. inclines to Dr. Cullen's theory that it originates  
from some alteration in the secretory function.

more or spirit;—sudden vicissitudes 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.

407. *Dr. Keil's account of the general disposition of the*

*Gout from Rheumatism (191) contains much interesting*

*information. The symptoms of acute gouty inflammation*

*are, erythema, tumour, heat, pain, tenderness, and swelling,*

*and, in some cases, suppuration, and abscess.*

*It is not uncommon for the inflammation to be confined*

*to the joint, and to be attended with a great deal of pain,*

*and to be attended with a great deal of tenderness.*

*The inflammation is attended with a great deal of heat,*

*and to be attended with a great deal of swelling.*

*The inflammation is attended with a great deal of pain,*

*and to be attended with a great deal of tenderness.*

*The inflammation is attended with a great deal of heat,*

*and to be attended with a great deal of swelling.*

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*and to be attended with a great deal of swelling.*

*The inflammation is attended with a great deal of pain,*

*and to be attended with a great deal of tenderness.*





412. In Strong & Robust Subjects, Dr. thinks that Phos. Lite. with moderation will be extremely useful at the onset, particularly when it is a newly acquired Disease, but when the Patient has been long subject to it not so.

An Emetic may be resorted to when it comes on after a full meal to unload the Stomach: as a Cathartic give Elix. Colic. & Hyd. submer. at the same time some Alkaline Tincture as Magnesia to correct the Acidity in the Primæ Viæ & as Magnesia Tincture of Rhiz. Some & Laidam. The Temperature of the Room should be 60 Fahrenheit. The application of cold water is a dangerous remedy unless it be in a Strong & Robust Subject when it may be used without much risk.

In the Atomic form the vapour Bath & Steam Therapy will be found useful particularly to Persons who are frequently subject to it, but in the Acute stage it will be injurious from its causing an accumulation of Heat. Dr. Sutton states that he has exhibited Opium with Elix. Tonicum with advantage, but other Phys. have tried it without any success. After the Bowels have been freely opened you may give Opium with Diaph. as Pate's Special. Anti-Tonic will be proper in Persons who have been subject to it.

414. In Young Persons we should direct complete abstinence from fermented liquors, animal food &c. but in elderly Persons who have been frequently subject to this Disease a small quantity of plain & dried animal food should be allowed, with Light Wines, as they, or if this turns Acid in the Stomach, a little Spirit.



411. 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—

412. IN THE PAROXYSM,—to moderate the violence of the inflammatory symptoms,—and conduct the disease with safety to its natural termination;—By Venesection?—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 various cases of its fatal effects related.—Remarks on the opposite plan of—vapour bath,—oiled silk,—fleecey hosiery, &c.—External applications,—Soap plaster or Cerate,—Native Oil of Camphor, &c.—Opiates;—tonics.

413. 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.

414. 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.

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

416. 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 ;—Mr. Welles's remedy.—Eau Medicinale de Husson.

#### CATARRH.

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

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

419. *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 :—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



414. Icterus is one of the most powerful remedies we have to prevent the ill effects resulting from this Complaint; a bandage either of Bladder or Calico worn on the joints which have been affected will also tend to prevent its future attack.

Too long a continuance of Bitters will be prejudicial as they prove narcotic; The common garden Tansy is one of the most harmless bitters that can be given & Burgundy has used for a long time with advantage.

In weak & debilitated Stomachs Cascarella is the best, Gentian and Columba are sometimes given.

Nuxvomica is the best antacid that we possess in this disease as it unites with the Acidity in the Prime Vicia and acts as a Purgative.

Boerhaave's fourth Medicine is a useful warm Laxative. ℞. Rhei ℥ij. ℞. Senna ℥ij. some Cardam. & Licium seeds digested in a pint of Proof Spirit.



415 The best mode that we can adopt for their removal is to keep the parts warm with Poultices, and when they ulcerate to dress them with some mild Ointment and apply *Prunivatic Acid*. Sometimes they are seated in the Cellular Membrane, more frequently in the Bursa mucosa, even in the joints unless the Septa ulcerate. Dr. has seen them in the Cellular Membr. in the middle of the Arm; The Composition of Chalk Stones is Lactic Acid with Soda the former being in excess -

416. The Comp<sup>d</sup> Powder of *speciosum* will be a safe Purgative when there is any eruption on the skin the Decoction will be better. A Table Spoonful of Mustard Seed will be a very good warm Purgative. Sugar Tea drinks instead of common Tea will be found a useful warm stimulant and has succeeded in preventing attacks of Gout. Le Duc's specific is supposed to be the Sulphate of Zinc. Buzaglo's method of cure, consisted in using violent exercise of the part affected. The Chinese Painsooner Gout Medicine which was much used formerly is *Guaiae*,  $\frac{3}{4}$ ; *Rhei*  $\frac{1}{2}$ ; *Cream Tartar*  $\frac{3}{4}$ ; *Singil*  $\frac{3}{4}$ ; *Sulph*  $\frac{3}{4}$ ; *Oil*  $\frac{1}{2}$  - The *vin Colchici* is lately brought into notice and supposed to be similar to *Edison's Medicine* it is frequently found to be productive of a good effect. Dr. C. says before he has recourse to any of these Remedies he should open the Bowels with some Purgative. He has taken the Eau Medicinale but he found it produced a numbness of the part affected therefore he was obliged to repeat it, altho it quickly relieved him -





419 Eruption is a favourable symptom and is generally attended with a remission of all the symptoms.

420 Cataplasms seldom produces its effects in less than a Week or ten Days.

422 When the Inflamm<sup>n</sup> extends along the Bronchi & its Vanification, b. must be had recourse to, as it is very likely to give rise to Phthisis in Persons predisposed to it, also laxatives & Diaphoretics, <sup>afterwards</sup> Blisters and opiate combined with Draught given at bed time which will generally increase the secretion & produce a determination to the Skin. When the Disease assumes the Chronic form particularly after the former affection, Diet is Respectant, as Scum, in old Persons Cinamoniacum and Senega, Demulcent with Antacid dissolved in them will be useful; when there is much difficulty in bringing up the expectoration & Dyspnoea the use of Ether should be inhaled.

423. When it attacks Old Persons it often proves fatal in this Complaint local Bleed. & Blisters will be more safe than b. but in young Persons when the Disease attacks the lungs b. must be had recourse to.

426. Phthisis Pulmon. has been known to run thro' its course without being accompanied with any profuse expectoration.



tongue ;—evening exacerbation and morning remission of fever.—Eruptions about the nose and mouth.

420. 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.

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

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

423. 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.

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

## OF PHTHISIS PULMONALIS,

### OR CONSUMPTION OF THE LUNGS.

425. Derivation and meaning of the name.

426. CHARACTER ;—Cough, hectic fever,—and puriform (266) expectoration,—accompanied with ge-



neral emaciation and debility,—and succeeded by colliquative sweats, often alternating with diarrhœa.

427. 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. Consideration of this point.

428. The symptoms that more commonly occur, are—Cough, either frequent, and teasing, 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 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 apthæ of the fauces, and occasional delirium, often precede death.

429. PREDISPOSING CAUSES ;—Original, and often hereditary tendency ;—marked by irritability and weak-



420. Sometimes only a constant weak and venal  
Pulse, the Patient also complaining of dyspnoea  
slight dyspnoea on taking exercise, or it may come  
on at night.  
Often observe a peculiar dusky red colour on the back  
of the head <sup>extending</sup> up the arm and to the tip of the finger.  
The flush on the cheeks coming on after meals or  
at night.  
Cough after meals which causes the food to be brought  
up after which the Patient is easy.

Some suppose that Apthae do not take place but when  
there are ulcerations of the mucous membrane lining the  
intestines, but this is not the case as Dr. C. has found from  
dissections.

*Acute Phthisis Pulmonalis in Dr. Jones's Lectures*

the system by the action of the various organs, and the system is thus affected by the action of the various organs.

437. The system is affected by the action of the various organs, and the system is thus affected by the action of the various organs. The system is affected by the action of the various organs, and the system is thus affected by the action of the various organs.

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442. The system is affected by the action of the various organs, and the system is thus affected by the action of the various organs. The system is affected by the action of the various organs, and the system is thus affected by the action of the various organs.





Calcuttinae

429 seldom occurring in Butchers and in those whose employment necessarily exposes them to the vicissitudes of the weather and consequently makes them hardy -

It is not improbable that if a Person threatened with consumption, before any Disease takes place in the lungs, changes his occupation for one which requires more exertion, and exposes him more to the inclemency of the weather, that he may prevent its coming on.

431 Calculous matter may remain a considerable length of time in the lungs without producing any symptoms, but when it ulcerates into the Bronchial Tubes it causes Cough and is thus brought up -



ness 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;—and why 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 pre-



parations, 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. Account of the different opinions entertained respecting tubercles. Their true nature, and their variety, illustrated by preparations ; and the different appearance of the *sputum* explained from thence.

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. Tests proposed to determine the purulent nature of the expectoration :—inutility of them shown, and obvious characteristic marks pointed out.

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

438. THE TREATMENT OF PHTHISIS will depend



232 In Consumptive Phthisis the early symptoms resemble those of Pneumonia, the Patient generally complains of a dull aching pain in the lungs, also Vigor, when the Abscess bursts he expectorates Pus, we find also that more matter is expectorated in one situation than in another, thus if he lays down for some hours he is not troubled, but on rising up a copious expectoration takes place, the Patient lays on his side affected.

The symptoms of the Catarrhal form are a cough, a hoarse, thin and dry expectoration, afterwards purulent, the Patient will be able to expand his lungs fully and drawing in air, and can lay equally well on either side, generally dies from the copious expectoration, sometimes there is disease of the lungs.

The Tubercular Phthisis is very insidious in its attack, a Pulmonary left there is, Cough, Dyspnoea at night, little, teasing and harassing cough, sometimes however more, slight expectoration, sometimes mixed with blood, slightly haemoptysis, pain produced by laying on the side affected, and by drawing in the breath, also difficulty expanding the lungs.

The Catarrhal form is more under our control than the Tubercular, sometimes under one remedy, it gives way by a free expectoration, a case related where Quina was given three times a day to allay the cough and Chloroform of Rufus Rose was administered with a view of moderating the symptoms, and in a month the Patient recovered.

The Tubercular form will sometimes appear to give way to remedies, yet we generally find the Pulmonary symptoms, the Dyspnoea will be brought on by exercise and there will be inability of expanding the lungs.

236. From Catarrh, by the cough which is dry and attended with a large amount, not always however, but the coughs in the Phthisis will generally allow to decide. From Consumptive, by the cough being first dry, <sup>afterwards</sup> the Patient expectorates a large quantity of matter which he spits gradually, it admits of cure, the Pulse at the same time being soft and from Impure, the Patient being only able to lay on the side affected, for when on the other it produces cough which is dry, sometimes the matter purulent.

237. Tubercular Phthisis sometimes remains many Years before it terminates in Death.



433. Tubercles do not appear to be Glandular, but according to Dr Bailey are formed in the Cellular <sup>texture</sup> ~~substance~~, altho their vascularity cannot be seen, still they must be so, for how could matter form in the middle where it otherwise?

434. Sometimes the Chills return in the middle of the 3rd fit; when the sweating stage comes on it does not as in Intermitte<sup>nts</sup> relieve the symptoms, but generally excites the Patient.

Mr Hunter was of opinion that Hunter's Fever was in consequence of the Irritation produced by long continued local Disease. But it is most likely to be owing to Debility produced by long continued Disease. I have often <sup>seen</sup> that Female who have it brought on by long suckling their Children very long, by giving suck to them, & then the system that they recover. After fever very frequently comes on after eating.

435. Dr Gouge's mode of ascertaining whether the expectoration be purulent; putting it between two pieces of plate glass and looking thro them at a distant candle when you observe different colours with the candle in the middle, first red, then green and insidiously & gradually more or less bright.

Dr G thinks the appearances will decide, at the beginning it is often surrounded by a clear mucus, in the tubercular form there will be a large quantity and if the Disease has existed a long time it will emit an unpleasant odour.

On agitating Pus in water it becomes flocculent, not so mucous when remains firm.

When the expectoration is of an ash colour there is generally considerable Disease in the lungs, which will prove fatal.

436. But we after find Dr P's is brought into action by Sarcina.

6. More frequently however we find that there are several Concreta in the lungs and it terminates in Phthisis.

In Phthisis: Sarcina the lungs are only affected from Irritation the cough coming on in Paroxysms, and the expectoration consisting of a thick copious mucus sometimes tinged with purpureous blood, at the same time the Patient will complain of a dull heavy pain in the right side - and is to be -



a. In scrupulous Habits, where there are frequent slight attacks of Inflam<sup>t</sup>. the insertion of an Issue will be useful.

Dr. Saunders gave the Symp<sup>t</sup> next time with Specu-  
liti in Boluses with great advantage. In the second stage  
Dr. has seen the Symp<sup>t</sup> with Citric Acid useful.  
It may also be given in a Bolus with the Saline Dr. having  
an excess of Alkali.  
Lichen bland. in the form of Decoctum will be a useful Pectoral.  
Lime Water & Milk will frequently check Diarrhoea.  
Bleeding should only be taken when the Patient is free from  
the hectic exacerbat<sup>ion</sup>. An instance mentioned of the good  
effect of the change from a sparse to a generous Diet, the  
Patient having completely recovered, but when there is any fever  
or occasional Inflam<sup>t</sup> taking place, or much irritability we  
ought not to allow this kind of Diet. Milk will be rendered more  
easy of Digestion by mixing it with Lime or Soda Water. App<sup>le</sup>  
Milk is considerably lighter than Cows and contains more sac-  
charine matter. Stomachs consist of Muris Milk mixed  
with a small quantity of Wine and it is equal to App<sup>le</sup> & Milk.  
Symp<sup>t</sup> increases the viscosity when there is much Meat  
taken. - Dr. of Manchester recommends it joined  
with Lute. Honey be given with Steel / Rins & Rins  
- cure of Anomalous ~~from~~ occurring in Phthisical P.  
Dr. has given it in chronic Ph. joined with Bark in the  
Saline Dr. with an excess of Alkali.  
When there is an irritation in the Bowels the Lichen  
cannot be taken.



C. When there is no hereditary tendency and it appears the Catarrhal form, or when we have reason to expect that there is Disease in the lungs, as Hemorrhoids, Bloodletting should certainly be had recourse to; but in Persons predisposed to it we should only induce occasional small Bleeding. The late Dr. Sympson of New York states, that a venal quantity of Blood taken away from himself produced Delirium, and he thought that it being frequently repeated kept off the Disease for some time. D.C. thinks local Bleeding preferable in Delirious subjects; Dry Cupping has been recommended where blood could not be employed or Blood heat treated locally.

In the Catarrhal form Diaph. & Purg. will be extremely useful. Vinegar has lately been brought into notice it is given in the following form - R. Vinegar ℥ss. Oz. Zij. Symp. &c. s. s. with a Rub. of 1/2 of an Ounce of Bouillon Acid, - Sulf. of Iron & Illium. When there is a hot & dry skin much thirst or shall generally be disappointed if we apply a Plisty.

B. The Infusion will be the best form of administering the Digitalis. The Prussic Acid has lately been brought into notice, it acts powerfully on the Heart & Arteries, but does not appear to be superior to Digitalis. Opium may be given in small doses and in the mildest form. Acetate & Hyoc. when they are sufficient to abate Irritation will be preferable to Opium as they do not produce Constipation. Sassafras may be given where we have any suspicion of suspection or of phlegm. If there is any eruption on the skin, or if it is too Breathing an Air composed of 1/2 of Hydrogen to 15 of Atmospheric Air has been tried with success. In the Catarrhal form inhaling the Steam of warm water will afford relief; when there is any Phlegm in the Chest inhaling the vapour of Aether will be useful.

When there is considerable Irritation attended with slight Inflammation Opium in the form of the Extract or Symp. of Poppy will be extremely useful.

Carbonic Acid gas being a powerful oxidative may be employed advantageously?

D. We often find that during the progress of P.T. this is that first symptoms of Inflammation attack the Chest, and Patients are often unrefreshed with a troubling Diarrhea.



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.—Refrigerents—Nitre?—Crystals of Tartar;—Acids;—Infus. Rosæ cum Sulphate Sodæ vel Magnesiae.

B. To lessen irritability both local and general;—by Digitalis:—Acetas Plumbi?—Opiates;—what kinds best,—most effectual modes of administering them.—Cicuta.—Hyoscyamus:—Sarsaparilla.—Breathing different kinds of factitious or modified air.—In-haling 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, throughout, 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 CAUSES, —a susceptibility to



339. When there is an accumulation in the Bron-  
chial cells, sometimes with fine considerable relief  
Read has given them in the Catarrh of the throat  
with advantage, also occasionally in the  
conical & tubercular Ph. the Sulph of Lime & Treaca-  
ncha will be the best remedies.

440. The best medicine for checking the coll. sweats is the  
Diluted Sulph. Acid, where there is no tendency to Diarrhoea,  
it may be given in the Infus Rose, or with some mild Tonic.  
If you are aware that these are coming on, you may prevent  
them by waking the Patient just before and giving him  
some mild nourishment or some Pater.

The Asthenic most commonly used for the Diarrhoea are  
the preps. of chalk with Opium, where there does not succeed  
and this depending on ulceration of the intestines small doses  
of Calomel & Opium should be given. Meads Milk is also given.  
For correcting the Pater - The carbonic Acid gas has been given  
in the form of the Selz or Soda water; The vesicular Bubbles have  
been inhaled. A syringe with sugar has been used.  
When an Abscess of the Liver ulcerates into the lungs the Pater will  
be excessive and very difficult to correct.

If this is accompanied with derangement of the hepatic system  
the Diluted Nitric Acid should be exhibited.

Dr Home states that inhaling the carbonic Acid gas has been  
successful in correcting the Pater, he also mentions that when  
the Patient has a troublesome Diarrhoea that the Starch  
Bread will be useful.

443 The Patient sometimes complains of nausea  
& sickness which will distinguish it from common cold.

443. When it appears as an Epidemic the Fever is accompa-  
nied with Prostration of strength and assumes the Typhoid form.

The Fever is not mitigated on the disappearance of  
the eruption as in Small Pox, but on the contrary gene-  
rally aggravated.



439. In the Catarrhal form when the Patient is  
suffering under the extreme expectoration, the Bath  
will be a remedy essentially useful; and it may be  
given in the Cornical form in conjunction with  
the Saline Dr. but in the Tubercular Ph. it never  
agrees as it produces strictures across the Chest &  
Dyspnea. When we find Ph. connected with Inflammation  
derangement or disorder of the Bowels Mercury  
will be proper, also when connected with a Syphilis  
treated, but it must be exhibited with caution.

Let the worst air the Patient is that in which it commences  
the Climate best suited for Persons in this Disease is that in  
which there is the least range of Thermometer. such as Malaga  
Purgatory and Hastings.

Dr. Baillie strongly recommended riding on horseback, this  
is forbid by later Physicians. Swimming will be found to  
loosen the Pulse and is extremely useful where the Patient  
cannot go to the Sea or enjoy sailing or bear a voyage.

Patients ought not to lounge in bed. If Amusement is  
combined with exercise it will be productive of much  
greater advantage.

and that the Patients should take as long journeys as  
possible. So that horse exercise may be useful in the  
Catarrhal form of Phthisis, when the Bowels are  
disordered; but riding in an open carriage is the  
exercise best suited to Phthisical Patients.

It has been recommended by Mr. Key Junr. to purge  
the Chest with Linseed & Water as he found great  
benefit arise from it in himself. but a Brother of  
Dr. tried it without deriving much advantage.  
but where there is any weakness of the vessels about  
the Chest Dr. thinks it may be advantageous, he also  
considers the shower & cold Bath useful.





446. From Catarrh by the eruption appearing on the fourth  
Day, and in general more sneezing & discharges.  
From Scarlatina by the eruption being less florid, and being  
raised above the skin and not appearing so soon, the blush  
on the cheeks is deeper, in Scarl. there is swelling & redness  
of the fauces; in Rubella the fever is Synocha, in Scarlatina  
it is Synochus.

447. From the period at which the eruption makes its ap-  
pearance, for it has been observed that when it shows  
itself late, the Disease has generally been severe.

449. A. It has been asked whether it may not be done  
by the cold affusions, but it is a remedy we must be  
very cautious in using from the great tendency to  
Pulmonic Affection. But we may begin with the  
Mist. Amygdal. as a cooling Diluent.

B. But the best prevention is keeping the Bowels regu-  
larly open and the Patient moderately warm.  
Frequently there is an alternate determination to  
the Bowels & lungs.

C. If the cough remains troublesome, and the Pulse  
is hard & strong, B. will be necessary in Robust  
Habits, if not Digitalis, if accompanied with hardness  
of the Pulse then Opium will be proper.

Phthisis is sometimes connected with Pleasies and  
in Scroph. Habits the insertion of an Issue will be useful  
in guarding against the Disease.



the specific contagion, almost universal under puberty, but gradually diminishing afterwards; and perhaps always greatest in sanguineous, irritable, and plethoric habits.—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 Venesection?—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 blood-letting;—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 diarrhoea 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 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 py-



450. We do not find B. is always necessary, but in full and plethoric habits we must have recourse to it.

When the diarrhoea is not very frequent we may consider it as nature's mode of carrying off the Complaint. When it continues for a long time and produces great prostration of strength, Asthenic & Spasmodic will be necessary, and when they do not succeed it is generally connected with incipient Peritonitic disease. Dr. L. mentions a case when it continued twelve months after measles, and he removed it, by giving the Pule Thera Grap with small doses of Mercury and keeping up the strength by its Tonics, and a mild generous Diet. When it alternates with diseases of the Chest taking away a small quantity of blood will be found necessary.

When Catarrhis has taken place, even when from the improper use of cold, the warm Bath, &c. will be the best remedies.

A good adjuvant is the occasional use of the warm Bath. When Delirium takes place we must apply leeches & cold lotions to the head, & give Purgatives & Diaphoretics.

453 Vomiting only occurs in Adults as a primary symptom.

The spots are usually surrounded by an areola, and they generally appear white before they suppurate which commonly on the eighth day.

In Adults, it commences with profuse sweats; in Children very frequently with Convulsions. There is generally swelling of the face which increases until the 11<sup>th</sup> day but then subsides & attacks the hands & feet.

454. In the distinct form, the violent pain in the joints will distinguish it from common attacks of even -



450. When Measles occur as an Epidemic, the fever generally assumes the Erythroid type, when C.S. would be indicated. But in full & Plethoric Habit, where there is any Pneumonic affection accompanied with tightness across the chest & dyspnoea, then C.S. will be highly beneficial. When the Disease assumes the putrid character, Anusmias, Cyanosis & skin, D.C. thinks will be preferable to the Bath, accompanied with Blister & local B. & relief to local congestion.

451. When the Disease has assumed the erythroid form Dr Parr has given Cinchona to great extent with perfect success. but Dr C. prefers giving wine, Stimulating Diaphoretics & generous Diet.



455. Other denudations of the eye - in which the cornea is removed, and the eye is left open.

456. Corneal opacity - in which the cornea is opaque, and the eye is blind.

457. Pannus - a growth of the conjunctiva over the cornea.

458. Cataract - a opacity of the lens.

459. Glaucoma - a disease of the eye, characterized by increased intraocular pressure.

460. Strabismus - a squint, or a deviation of the eye from its normal position.

461. Amblyopia - a weakness of vision, or a partial blindness.

462. Nyctalopia - a night blindness, or a deficiency of vision in the dark.

463. Hemeralopia - a day blindness, or a deficiency of vision in the light.

464. Presbyopia - a far-sightedness, or a difficulty of seeing near objects.

465. Myopia - a near-sightedness, or a difficulty of seeing distant objects.

466. Astigmatism - a defect of vision, in which the rays of light are not focused equally in all directions.

467. Hypermetropia - a far-sightedness, or a difficulty of seeing near objects.

468. Emmetropia - a normal vision, in which the rays of light are focused exactly on the retina.

469. Anisometropia - a defect of vision, in which the two eyes are not equally refractive.

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454. The eruption frequently appears on the second day in the confluent form, the Pustules are irregular at their Bases, first flattened and afterwards hollow in their middle; they are also known in consequence of being yellow; the secondary fever comes on the eleventh day. Ptyalism must be considered as an unfavourable symptom, sometimes Petechia & Haemorrhage occur towards the termination. On the eleventh day the symptoms become more aggravated, & it is from this time to the 14th day that the Patients are generally carried off.

455 The Variol. Cryst. is the form which usually occurs at the second attack or that which follows vaccination; the Pustules do not mature on the eighth day, but fall off in scales.

456. Sometimes convulsive fits which generally subside when the eruption appears. Epileptic fits sometimes occur in Adults which must be considered dangerous. The symptoms lessen when the Pustules vesiculate. The Pupils sometimes appear like a shining inflated Bladder.

If at this period the Diarrhoea is urgent it frequently carries off the Patient; <sup>& the Confusion</sup> sometimes a complete attack of Fever occurs, if there is much Dyspnoea, it is a sign that the lungs are affected. The Bowels should be kept open at this time.



rexia,—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,—petechiæ,—bloody urine,—and other marks of a highly *atonic* and *septic* state.—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 mature.—Secondary fever—coming on when suppurative process completed. \*

457. PREDISPOSING CAUSES ;—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 :—proofs of this.

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 pointed out ;—and a different explanation offered.

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 : 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



457. When appearing early in winter it generally assumes a severe form.

459. Towards the latter part of the Spring is the season in which it appears to be the most mild. Paying attention to the Bowels, and keeping the Child on a spare diet, will generally ensure a mild form of the disease.

461. It will be distinguished from Measles by the Catarrhal symptoms being wanting which usually usher in this last Disease, and in Scalding there is an affection of the Throat occurring at the commencement whereas in Small Pox it does not come until the eighth day.

The severe pain in the Head & on all of the back will generally distinguish Small Pox from the other Exanthemata.

If Small Pox & Measles occur together, we generally find that the latter will overtake the former during its course, and afterwards the former will make its appearance & go through its course.

462. The Disease will generally be violent if there is much eruption about the Face.





a confluent eruption. - General bad signs - fever continuing high after eruption complete, especially with delirium, coma, &c. - pustules coming to fill, or becoming - their having a pale or livid base - intermediate erythema, &c. - golden subsiding of the pustules and pustules of the face, &c. - subsequent eruption of the hands and feet - Danger from subsequent eruptions.

463. THE TREATMENT OF SMALL POX necessarily very different, not only from the general toxic or stonic form it assumes, - but from the changes that take place in the successive stages of - primary fever, -

463. A Solution of Tartarized Antimony is the best Emetic we can give - Mr. Tutton used Bordeaux a combination of Calomel & Tartarized Antimony as being the preferable mode of exhibiting Antimonials. In strong Spasmodic Habit, when there is much Fever and Heat of skin, it will be relieved by the cold Effusion.

464. When convulsions occur after the eruption give Benishona, if in a Spasmodic Habit must bleed locally. If the eruption does not appear give Stimulating Decaph. If they look unhealthy give small doses of Calomel and attend to the Bowels - When they flatten give Cathartic Stimulants. When there is a great accumulative venous and troublesome affection of the Throat give Emetic. When the Patient is restless and there is nothing accounting it a full dose of Opium will be proper, but if there is any eruption about the Head we must first bleed locally and afterwards apply Cold. When the secondary eruption takes place if the Bowels are not open we must purge. Sydenham recommended small doses of Calomel his favourite remedy Paroprie - when it assumes Inflamed form. &c. but it is seldom if ever safe to bleed. This period, we must generally rely on Purging & if the attack is casual and assumes the Typhoid form we must order injections, and give Anale.



462. Troublesome affection of the Eyes, sometimes total blindness.

462 Ophthalmia, Icterus Presentoria, glandular enlargements, or eruptions on the skin are often the result of this disease.

463. A. When the liver denotes an active Inflam. & state, or in robust & plethoric constitutions, &c. will be necessary, but it must not be carried to any great extent, as it may cause Dropsy. The combination of Calomel & Antimony is the best Purgative we can employ.

B. Stimulating Draught will be preferable to Cathartics previous to the maturation of the Pustules.  
C. prefers Urine to Liniments - when there is any soft tendency the mineral acids, in the form of Rhus. Rosa if there is no diarrhoea; when the eruption is more violent and there is restlessness, Conf. Opii will be proper. Carbonic Acid taken into the Stomach in the form of sweetened Legions proves a powerful Stimulant. & as an Emmetic we may give equal parts of Antem. & Specae. Urine, & as a Purgative Calomel with Rhubarb. When the Disease assumes the putrid form, we must give the most stimulating remedies as Camphire, Ather. Serpentinaria &c. also Wine as part of the Diet which should be of generous nature.  
When there is an unhealthy state of Bowels accompany with Haemorrhage, the Acid Sulph. Dil. in the Rhus. Rosa & this guarded with Opium will be the best remedy & of the our great advantage derived from it.

464. When connected with Inflam. of the Throat, Blisters will be proper. When the secondary Pox is ushered in by rigors it is considered by Authors as dangerous. It is often accompanied with the Diarrhoea which relieves the other symptoms, but if it be violent we must moderate it, by giving first a little Calomel & following it by Astringents & Anodynes, & if much prostration of strength the best Stimulants, &c.



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—Venesection;—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, Angustura, &c.—vegetable and mineral acids;—Wine;—Camphor;—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 sleep-



less, 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.

### 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



465 It has been recommended to wash the Eyes with cold water, or with milk & water. Dr. thinks a light Brind Water Poultice preferable, and if there is <sup>is</sup> flow of the Eye to the lid locally -

To prevent the Pits remaining after the eruption, it will be best to open the Pustules early; some apply Punct. have the parts washed with milk & water with this view, or moistened with oil -

But when they form in the Cornea there is generally a slight obstruction to vision.

466 Dr. Hudson states that the Pustules seldom exceed 100. They appear earlier than those of Small Pox.

467 In History of a full Habit it will be necessary to exhibit a Purgative -

has, or troubled with cough;—when the secondary

466. *Haemorrhage* remains with quickness of the Pulse particularly in Adults; it will be right to take away a small quantity of Blood.

When there is any tendency to P<sup>h</sup> this is a Glan<sup>d</sup>ular Enlargement, the insertion of an Issue will be the best Preservative.

### OF THE CHICKEN POX.

467. *SYNONYMA*.—*Varicella*, Call.—*Varicella* P<sup>o</sup>—*Herpes*:—*Chicken*, *Chicken*, or *Swine* Pox.

468. *CHARACTER*:—A specific, contagious disease, the disease occurring heretofore during life, and communicable by inoculation:—febricula of the synocha kind, followed by few and scattered pustules like Small Pox, which vesiculate at top, then dry into crusts without suppurating.

469. This disease is slight in general, as not requiring 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 naturally, or by inoculation.

### OF THE VACCIOLE, OR COW-POX.

470. *SYM.* Cow-pox, Gloucestershire;—Pox-pox, Norfolk;—Shingh, Ireland;—Kiss-pox, America;—Various disease:—*Varicella*.

471. *CHARACTER*:—A specific, febrile (?) disease, occurring but once during life,—communicable with





471. Sometimes when the Disease arrives at its height, there are slight febrile symptoms, loss of appetite &c. On the 4<sup>th</sup> Day the Pustule is four lines in diameter, on the 8<sup>th</sup> surrounded by a red areola, on the 10<sup>th</sup> flat, sometimes it rises in the middle, on the 12 begins to grow Dark Decline, and on the 20<sup>th</sup> entirely disappears leaving a permanent cicatrix.

472 Dr is of opinion that this is a disease originating from the animal from whence it takes its name, & not from the press of Kora's heels.

473. It has been found that out of 3200 who were inoculated for this Disease only 1 Died.

Small Pox is much more liable to bring on other Diseases than the (var. Pox. If a Patient be vaccinated when the S.P. is already in the constitution, it will overthrow the latter Disease if it be early enough, if not it will mitigate it considerably. It very rarely happens that any eruption but the fluid at any other part besides that which received the matter - two cases however ever occurred when it was otherwise.

473. The imperfect Pustule will be a conical shape, it runs <sup>arrives at maturation in 6 or 8 Days.</sup> its course quicker, the efflorescence is not circumscribed but appears as a general inflammation. It is so vivid as in the true form <sup>disappears in 2 Days.</sup> but, it is also hard at its base, its contents are not clear but opaque.

The British test of constitutional affection is to inoculate the Patient a second time on the sixth Day, and if the true Disease exists, the Pustule from the second inoculation will arrive at maturity as soon as the other.

Mr Pearson says that if you vaccinate on the 7<sup>th</sup> Day that the pustule will die away after the efflorescence takes place.



certainly 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, being *equine* or *vaccine*, discussed;—and the improbability of the former opinion shewn, both from analogy, and the result of numerous experiments.

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 ino-



culatation, 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,—the 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. *Ερύθημα*, 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;—extending or changing place irregularly, and often occupying a large surface;—commonly going into numerous watery pimples or vesicles, which oftenest terminate in resolution and meally 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, *Sideratio*,—the trunk of the body, *Ζώνη*, *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 gas-



474. The Matter should not be taken after the tenth  
or eleventh Day, neither should it be diluted. Heat also  
destroys its properties, and the lancet on which it is  
taken should be perfectly clean; care must be taken  
not to break the Pus tube when it appears: the Disease  
will not take place if there is any other existing in  
the system, in inserting the matter care should be taken  
not to produce Blood.

477 Sometimes it will occupy only one half of the  
Face, a regular line extending down through it.

When suppuration takes place, the Pus which forms  
is seldom healthy -  
Sometimes it continues for 7. 14. or 21 Days. In general  
it is irregular in its termination, it usually lasts 8 or 10  
Days.

478. The Delirium which occurs is considered by  
Galen as an extension of the Disease and not a  
Metastasis.

Gould was a bold writer on

2475 When the Efflux is considerable a Poultice may be applied, and a Purgative administered.

If the scabs should remain longer than usual and become painful, applying a small quantity of  
 Citron ointment will generally be sufficient, to  
 produce a separation of the scabs.

produce a separation of the scars.  
An instance has occurred where the Axillary Glands  
inflamed & suppurated





481. Phleg. Inflamm. is more red, permanent and circumscribed. It is painful to the touch and it is deeper seated; while in Erysipelas the redness disappears on pressure and it is so deeper here. The pain in the first is throbbing, but in the other burning; the Inflamm. occupies the cellular space in Phlegmon, while in Erysip. it is more superficial. It is also more prone to metastasize than the Phleg. Inflamm.



tritis (*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 erysipelatosæ*,—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 ERYSIPELA-TOUS 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. Humoral pathology of the disease discussed; and inquiry how far the inflammation may arise from a combination of certain principles, analagous to the process of combustion.

483. PREDISPOSING CAUSES; — Peculiarity of constitution or habit,—depending chiefly, perhaps, on 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 spiritous 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 spiritous 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 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



L 84. This Disease is most frequently Epidemic  
when the weather is close and damp.  
D. Willan has communicated the Disease by Inoculation.

L 85 The evanescence of the Inflammation, and its  
spreading to the surrounding parts, together with the  
appearance of vesicles on the second day will sufficiently  
distinguish it.

Erysipelas is generally attended with acute symptoms,  
and the skin at first is perfectly smooth. In some of the  
Erythematous we have swelling of the face in the beginning  
of the disease, but it comes on suddenly and is general, the  
skin is usually rough owing to a papillary eruption.

Animal and Human sources.—Hydrophobia.—  
Preceding attacks of the same disease.

484. *Exciting Causes*.—Infection, or exposure  
to the scorching rays of the sun, especially under violent  
sunburn;—occasional excess in spiritous or sweet  
fermented liquors;—certain articles of food and drink  
particularly affecting individuals;—Mercurial infection;  
—various local applications, e. g. Cantharides, Blue  
ointment, Rhus toxicaria, &c.—stings or bites of  
venomous insects;—puncture of flesh in some persons;  
—burns, and scalds;—contused or lacerated wounds,  
especially in tendons, ligaments, and membranous  
parts;—the use of mercury;—infection with virus  
of erysipelas from the blood of a patient.

485. *Prodromic Symptoms*.—Erythema, or  
inflammation of the skin, which is the first stage of  
the disease.

486. *Diagnosis*.—The disease is distinguished  
from other eruptions by its rapid progress, and by  
the formation of abscesses.

487. *Prognosis*.—The disease is generally  
fatal, but sometimes terminates in recovery.

486. When it occurs late in life, in debilitated consti-  
tutions, it is very likely to terminate in Gangrene.  
When it is produced by Mercury, it is generally very  
severe, also when it attacks tendinous parts.

487. *Treatment*.—The treatment is  
according to the circumstances of the case; but chiefly  
consists in the use of mercury, and in the use of  
both locally and generally. The primary treatment  
consists in

A. To lessen Inflammatory Action, whether local or  
general, by the antiphlogistic plan, carried up to the  
highest degree.

B. To remove the virus of erysipelas, by the  
use of mercury, and by the use of antiseptics.



A. Suetis will be extremely useful in the commencing  
stages & generally a large quantity of Bile is brought  
up; & I usually order them. When there is much sickness  
up & discharge of green Bile from the Intestines, small  
doses of Calomel with Opium & Chalk will be very beneficial.  
When there is much sickness & irritability of the Stomach  
the application of a Blister over this Organ will generally  
serve it.

1. The Camphorated Spirit of Wine will be a useful  
Application. When there is any tendency to dyspepsia  
the big. Plumb. Sub. D. will be found to hasten it.  
Those Lotions which contain Opium or big. A. A.  
will be serviceable before the vesicles burst, & the  
Application of Cold Water will be advantageous.  
In the excretory form & that which is likely to  
run into a state of dyspepsia, the mild dry warm St.  
will be grateful.

29. This is inflammation around the vesicles, which does not  
begin until <sup>usually (2 or 3)</sup> ~~the~~ days after the Fever; there is fre-  
quently a succession of them, sometimes beginning small  
& increase to the size of Hazel Nuts. They seldom suppurate  
but grow out a thin skin. They sometimes appear on the  
ears. They are generally produced by improper Diet  
combined with great anxiety of mind.

Vesicles appear in succession in various parts of the  
face. - Dr. does not think this is a contagious Disease.  
He has never found it so. Authors who have written  
this Disease recommend supporting the system  
with a large dose of Mercury, also the Decoction of Wood



A. In young Persons of Plethoric Constitution and in the country it is often necessary to employ the lancet, the quantity taken away must be such as to bring it equal to the power which is to circulate it.

Leeches are sometimes requisite when there is congestion in any organ, also cupping glasses - The Saline Purgatives will be proper during the Inflamed stage, but when it assumes the catarrhic form Calomel will be preferable. If the Inflamed symptoms continue the Antimonial Diaph may be given, but in old Persons the big: Ammoniac.

B. When there is great determination to the Head and Typhomania comes on early, a Blister should be applied to the nape of the neck. When there is no congestion in the Brain active Salinum or small doses of Opium will be useful. To allay Irritation on the Stomach the effervescent may be given with Opium.

C. When the best application will be water with a small quantity of Vinegar.

When the vesicles break to prevent the Discharge coagulating the skin Pipe clay or Arrow Root may be sprinkled on the part.

438. When the Disease occurs in large Towns and Hospitals it is generally Epidemic and assumes the Typhoid Type - as here as in the Country it is commonly in the active form - the sporadic Disease usually assumes the active character.



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 Venesection?—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, Serpentina, 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; with some particulars respecting Pemphigus not noticed by writers.



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 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



490. There is no intolerance of light, which will distinguish it from Rubella.

491. When Dacryoc occurs it is generally about ten days after the eruption.

492. In the mild form of the Disease the Tongue is usually covered with a white fur then which the Papilla protrude. In the malignant form it is covered with a dark yellow. As the Papilla also protruding this being a diagnostic symptom of this Disease. When it is covered in by Dacryoc & entering it generally terminates fatally in a few days. When it attacks the Throat & Trachea it is also frequently fatal.







493. If an efflorescence takes place on the below Pustul.  
Pustulæ, without any affection of the Skin, or if the efflores-  
cence appears on the Skin without Fever, we do not find  
that the Person is secured against a future attack of the  
Disease, and the Patient is capable of communicating  
the Disease to another; D. Raby too states that he has  
met with the Disease a second time in the same person.

494. In Plethoric Habits it is generally ushered in  
with severe symptoms, in Scrophulous Children  
we find the Throat particularly affected.  
It is commonly more severe at the latter end of Win-  
ter & beginning of Spring.

495. In Measles the Patient is first attacked with  
Catarrhal. symptoms, not so in Scarlatina: in which the  
Pulse is always quick, small & weak & the symptoms are  
more than of Typhus, the Cough in Measles is more severe  
and attended with expectoration, in Scarl. there is stiffness  
of the neck & throat, the eruption appears much sooner, about the  
second day, and it is of a bright scarlet colour.

In Dysentery the skin is smooth & well, it begins from  
one point & spreads, but in Scarl. the efflorescence is in blotches.

In Purpura the spots are distinct and it is accompanied with  
fever, it also begins on the arms & legs - which are oval or round.

In Ecthyma the eruption is in purple spots with ~~red~~  
white <sup>in the center</sup> Top, and there is no affection of the Fauces.

In Aphthæ the Fauces are covered with <sup>white</sup> ulcers which are irregularly  
surrounded by inflammation, the Tongue is also affected and there  
is not so much fever or heat of the Skin.



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 described by eminent writers, from an early period to the present time; with its variations at different times, and the probable causes of these;—tending to reconcile the dissimilar accounts given of it, particularly by Sydenham and Morton, 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. Clarke, 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 varieties of Scarlatina from Measles,—from the Purpura,—Erysipelas,—Urticaria,—Apthous 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,—particularly articles that may be employed in the latter mode: regulation of bed-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 arte-



§ 6. When it occurs as an Epidemic it most unfrequently attacks Women in the Puerperal state, and it has almost invariably terminated fatally.

§ 8. I. C. can seldom be had recourse to - but an Emetic is generally been found a useful remedy; Dr. Withering being partial to them, he used Ipecac. & Tart. Antimon. His method has generally been followed, he gives two in 24 hours. When this Disease is ushered in by Bilious vomiting & Decrepitude, Emetics can seldom be had recourse to & they increase the Irritability of the Stomach. Purgatives are recommended by William & Rush, they were formerly considered to be prejudicial. I give Calomel & Rhubarb, or some other mild Purgative; Saline Purgatives are not advisable as they will tend rather to diminish the Strength of the Patient from the profuse discharge of fluid, whereas they do not bring away the follicles. Dr. Withering has advised Calomel & Antim. Powder, the Bowels were very much disordered. Cases have occurred in this Hospital consisting of Purging of green Bile, when this is the case Dr. Withering has recommended Calomel & Kali Vitriolatum - Dr. Ferrius of Hierapoli has recommended cold affusion - says when used it should be early and frequently repeated until the Heat abates - Dr. Gregory recommends it. Abtusion is not so efficacious, but it may be substituted. They of Bath placed a child in wet sheets and allowed it to remain there until the Heat was abated. Linseed may be added to the water with which the Body is sponged and it be found more grateful - see other side.



Light. B. the bed clothes should be light and in summer  
in general a sheet will be sufficient. Cold air should  
be avoided but the temperature of the Room kept at 55.

c. Diaphanities are not very useful in the beginning, but continued with Calomel may be given if there is no Purging - Cold Diluents will be more grateful than Dephlogisticants.

Lipid;  
 & Digitalis does not appear to be proper in the early part  
 of the Disease, but afterwards it may be advanta-  
 geous; Opium should not be given unless there is frequent  
 vomiting or troublesome Diarrhoea

3. In young Plethoric Subjects, it may be necessary, but it is seldom <sup>except in the young</sup> admissible. Scantatives is sometimes associated with an affection of the Chest, Pericardium, and here it does not appear to be attended with that advantage it is on other occasions.

as on other occasions,  
a. Authors state that when the disease is cut short  
by an Emetic that the Constitution is not occurred against  
a future attack. - Where there is Bilious vomiting, & Purging  
you should give something to keep up a steady action on the  
Bowels & be cautious how you <sup>change</sup> the Diet here, you are all doses  
of Aloes will be given here with advantage.

c. The most grateful diluent that we can give is either of the acids largely diluted, and they will be preferable to water. - *Acidum* when there is any di-*horis*

of Big State may be given when there is any disposition to quarrel.

c. If there is any labouring under Congestion, Cupping  
Glysters &c. must be applied.



ries to the stimulus of the blood, — by Digitalis, —  
Opium, — or (c.) if necessary, lessening the stimulus of  
the field than its quantity, and perhaps quality, — by  
Venesection, — Leeches, &c.

499. B. In the more acute and advanced stages of  
the disease, it is necessary to remove the morbid matter  
from the system, by the use of the lancet, or by the  
actual issue, &c.

500. C. Throughout the disease, to watch and relieve  
the patient, by the use of the most appropriate  
remedies, &c.

501. D. Sometimes, Inflammation of the Ear, &c.

502. E. Sometimes, Inflammation of the Throat, &c.

503. F. Sometimes, Inflammation of the Lungs, &c.

504. G. Sometimes, Inflammation of the Liver, &c.

505. H. Sometimes, Inflammation of the Spleen, &c.

506. I. Sometimes, Inflammation of the Pancreas, &c.

507. J. Sometimes, Inflammation of the Bladder, &c.

500. Fomentations, which contain Alcohol, &c.  
applied to the Stomach & Bowels, also to the lower  
Extremities, will often be found useful in miti-  
gating the active Delirium & urgent Symptoms.

501. Sometimes Inflammation of the Ear & the des-  
truction of the Tympanum & Bones of the Ear.  
Sometimes Children are harassed by a kind of hectic  
fever while the glands are going into a state of  
suppuration, occasionally they discharge a large  
quantity of matter containing flakes of adhesive  
matter. When there is Ulceration present, treat-  
ment of Calomel & Digitalis & Opium should be given,  
either with Blisters to the Chest & Abdomen.



499. Alcohol Capsicum and Cinnamon have been  
given as below joined with Bark

The mineral Acids are particularly indicated.  
Dr Wilson recommends the <sup>super</sup>phosphoric Acid.  
Dr L has always given this Muriac Acid with  
benefit; and Dr Boiss has found the Dil Sulph. Acid  
in Infus Rosae equally advantageous.  
The formula that Dr Wright has found useful is com-  
posed of ℥ij Capsicum. ℥ij Salt, <sup>infused</sup> in Boiling water  
and ʒss of Vinegar. <sup>added</sup> atable spoonful of this is sufficient  
Ivan O'Connell. This is particularly applicable to slow  
phlegm cases. A gargle consisting of Decoct of Bark Bark  
& Logwood with some Alum and Dil Sulph. Acid will be  
found beneficial.  
It may be used as a Gargle & taken internally

500. When there is Pulvis Vomiting a Blister may be  
applied to the Pit of the Stomach. Spasmodic fever in the  
form of Eructus. Difficult respiration is sometimes owing  
to a collection of mucus in the Trachea, more frequent. It  
however to the extension of the lungs, as in the Asth-  
matic lungs will be proper here to apply Blister to the  
Throat. If active & sanguine leeches & blisters to the  
back of the lungs. Blisters and when there is no  
congestion. Opium may be admissible. Diarrhoea is fre-  
quently connected with some disease of the liver, Dr gives  
small doses of Mercury with Chalk mixture.  
If Pneumonia occurs we must be guided by the Pulse  
When there is Vomiting the effluvia Dr with an excess of  
alkali & a few drops of Oil Olive may be given. If the difficulty  
respiration is owing to the extension of inflammation leeches on the  
lungs & blisters.  
501. Sometimes it is followed by Rheumatism & if  
it is neglected you will generally find that Anasarca  
will follow. Sometimes the swelling of the Pericard &  
Subcutaneous glands will form a suppuration, some-  
times permanent Drops will remain.  
Furunculous Disease are frequently followed this  
complicated them Dropsy.  
Read Dr Mills Account of the disease in Scarlatina  
in the London Chirurgical Transactions



ries 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 *Venesection*,—*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,—diarrhoea, &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.

*Sulphuric Acid poured on Sulf. of Iron  
fumes, also in bottles have been tried in  
— School without effect, also the continued  
frequent use of Gargles, fumigation with  
vinegar and free ventilation. Still many  
Authors of respectability state that they  
have used the Sulph. Acid &c. with advan-  
tage for this purpose.*



## OF CHOLERA.

503. Origin and meaning of the term  $\chiολερα$ .—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 co-operation 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* miasma:—certain epidemic influence of atmosphere.

508. OCCASIONAL or EXCITING CAUSES. Sudden refrigeration after excessive heat;—drinking largely of acid, or fermenting liquors;—eating cold, sour, or unripe



185 Sometimes the Disease comes on with sickness  
and vomiting of Bile and soon accompanied with  
diarrhoea, at other times it is preceded by great pain  
and distension of the Bowels owing to an accumulation  
of Flatus, it is now & then attended with troublesome  
nauseas. The Pulse is small, frequent and irregular,  
the temperature of the skin <sup>is sometimes</sup> greater than natural, anxiety  
about the Precordia, and spasms of the Diaphragm.  
Sometimes it runs its course in a few hours and proves  
fatal.

Many when at Calcutta had an attack of Cholera  
and he suffered intense pain in the abdomen for  
several days & nights without having any sleep, but the ad-  
ministration of hygieine consisting of two ounces of  
salt in a pint of water brought away a large quantity  
of viscid Bile which soon relieved him.  
This Disease is seldom so violent in this country as the  
other that are warmer, sometimes however it termi-  
nates in 24 hours. It is seldom ushered in by Fever,  
the temperature of the skin being cooler than natural.  
The Patient is sometimes harassed by distending  
menstrua.

## OF CHOLERA.

503. Order and meaning of the term cases.—SYM.

506. When Poison has been taken, the Patient complains of violent pain and heat in the stomach & throat constriction and distending pain about the chest, there is hæmorrhæa & swelling of the face, also more hæmorrhæa in the <sup>Hyper</sup>æsthetic Region & severe Cardiac pain, but there are no spasms of the lower Extremities or muscles of the Belly—

## 508. OCCASIONAL OR EXCITING CAUSES. Sudden

refrigeration after excessive heat;—drinking largely of acid, or fermenting liquors;—eating cold, sour, or unripe



limbs,—raw vegetables,—or any food difficult of digestion.—Dietetic practice or purgatives.—Pain of the mind.—Retrospection of Rupture, Gout, &c.

500. PROXIMATE CAUSE. Stiffness and excessive secretion and excision of small bile, causing violent spasms in the stomach and intestines, and profuse watery discharge from both orifices.

501. The Proximate Cause of Cholera is a morbid action of the stomach and intestines, which is attended by a profuse watery discharge from both orifices.

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510. Sometimes the Disease proves fatal in 2 or 3 Days in Patients of a weakly constitution. If it continues 3 or 4 Days the Patient generally does well, and if it lasts a Week he soon recovers.

The unfavourable symptoms are Convulsions, violent cramps of the Muscles of the Belly & Extremities, Stic-  
couple, extreme prostration of Strength & the Pulse be-  
comes feeble and intermitting. - on the contrary when the  
Discharge becomes more healthy & less in quantity, if  
there is a gentle diaphoresis and the spasms are less  
severe, they denote a favourable termination.



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 diarrhoea, 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 the *kind*, and repetition of 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 embrocations.—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; with remarks on the treatment most likely to lessen its general fatality.

#### OF DIARRHŒA.

517. Origin and meaning of the term.—SYNONYMA. *Alvi-fluxus*;—*Lienteria*;—*Cæliaca*;—*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,—pre-



515. This is best done by keeping the Patient on  
moderate Diet, & the Bowels regularly open

16. Op. is necessary in Plethoric Habit & in Euro-  
peans. - The Patient generally suffers from severe  
cardialgia. Opium should be given. Colonic has  
been exhibited in doses of  $\text{ʒi}$  or  $\text{ʒss}$ , but it is the most safe  
& useful practice. It may be advantageously joined  
with Opium. The warm Bath with also a good

acid:—arsenic potentia.—Aq. sulph. elution:—other alkaline remedies.—Hæm. effluvia.—&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 complications.

515. Treatment proper during convalescence, to prevent a second disease from establishing itself in other shapes (510).—Probable means of avoiding future attacks of the disease.

516. Description of the diarrhœa of the infantile period, which may be distinguished by its peculiarities from the diarrhœa of the adult period, and its management.

## OF DIARRHŒA.

517. Origin and meaning of the term.—SYNONYMA. *Albi fluxus*.—*Leucorrhœa*.—*Colicis*.—*Enteritis*.—*Purgis*.—*Loosness*.

518. CH. OF INTERMITTENT DIARRHŒA:—Usually frequent, liquid and rather copious stools, generally more or less feculent:—without vomiting, violent pain, or primary fever:—and not depending on weakness of the sphincter ani.

519. Structures on the nomenclature placed assigned to it by Dr. Cullen.

520. Diarrhœa not only varies considerably as to its character, but is a common or accidental affection upon many diseases both acute and chronic, general and local. Hence the necessity of carefully ascertaining its time, progress, duration or repetition, pre-





520. Cholera is a vomiting & purging of bilious matter.  
Dysentery is an increased discharge of <sup>mucous</sup> ~~serous~~ from the  
glands of the intestines, without pain or vomiting - and  
Dysentery is an inflammation of the mucous membrane of the  
intestines accompanied with mucous or bloody evacua-  
tions, great pain and tearing Tenesmus.

521. When the Stools are fetid, it is an indication that there  
is something remaining in the intestines requiring removal.  
but by exhibiting a Purgative at first we may reduce the  
strength too much, therefore we should moderate the discharge  
a little, and then give medicines to correct and bring away the  
fetid accumulation.

D. Colicæ. This is generally accompanied with  
disorder of the Stomach & Bowels & is an obstinate  
pain. - When Blood is passed from the small  
intestines it will be mixed with the Faeces, but  
if from the large unmixed, it may either flow  
out, or assume a regular form from the fluid  
part being absorbed. If the Stools are very ba-  
lony and produce griping, it is an indication  
to exhibit something to get rid of it.



ceding 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 (*Cæliaca*);—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 Calomba,—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



there is a loaded Tongue

24. When it occurs towards the conclusion of Fevers when the Pulse is full frequent & soft, there is a gentle Diaphoresis which is usually more beneficial, therefore it should only be moderated. In Dantition generally owing to an increased secretion of Bile and is to be considered favourable, and only requires slight moderation. As Worms are the cause of Diarrhoea, our indication is to remove them. In Phthisis we find it alternating with colligative sweats, which in all cases be checked. Sometimes it is accompanied with hot skin and alternating with sweating. Dr. has found this Disposition to be connected with inflammation of the Intestines. Just it is a salutary Discharge: If it occurs early in small Pox it must be looked upon with our friends.

26. a. When it is accompanied with Jaund. Operates with remedies which determine to the Skin; when it has continued some time and it is lowering the Stomach they should be joined with Tonics, as Columba, particularly if it be accompanied with Bile. Dr. C. prefers Cassia Columba if not to any other. Rhus Columb. sometimes increases the Discharge in Phthisical Cases. This is particularly applicable to Chronic D. as it checks the Discharge without producing Stomach Diaphoresis. R. Rhin. gr. x - xv Pulv. f. l. l. Opio. f. xv Dr. has found this succeed when others have failed. Sulph. Zinc is a Tonic as well as Astringent and does not increase Heat, often found useful in Dantition, joined with Opium in a Symp. Alum. loses its astringent effect if given in too does as gr. x but on the contrary produces a Discharge from the Intestines, it is from this reason that it has been given in Colic with Opium. The preparations of chalk with either Opium will be found the most useful Astringents. Dr. has known the Resin cleared, stay on the Stomach when other Tonics would not. Zinc is useful in the colligative D. attendant on Phthisis. When the Discharge from the Bowels mixed with Blood, and the indication is immediately checked, Alum. the Symp. Rosa will be the best remedy. Dr. does not think the Carb. Plant. or useful as Alum. Astringents are improper in the first attack of Diarrhoea, but after the Purgatives should be given afterwards they may be administered either alternately or alone.



B. When the Diarrhoea arises from putrid Effluvia, &c  
recommended an Emetic to be first taken. Where there  
is any acidity in the Stomach &c in the Bowels, Alkalies  
joined with the other remedies will be advantageous.

B. In Leucorrhoea, an Emetic will be found particularly  
useful, as it is often followed by Fever. When there is  
sickness in the Bowels it is generally owing to an accumu-  
lation of viscid Matter which should be removed by  
Purgatives, where Strictures are looked upon the Bowels,  
which is known by the pain, they should be joined with  
Opium, otherwise they come away without producing  
a sufficient effect. Glysters will frequently prove useful  
in removing Colic in the lower Bowels and more so  
if joined with Opium. When an active remedy has been  
taken an emollient Drink should be given to soothe the Bowels.  
Where there is great Heat in the Discharge, or it be mixed with  
Blood, antiseptics will be proper, &c gives the Sulph. Acid in  
form of Rufus Rosae with a few Drops of the Black Drop



When there is dyspepsia with acidity the combination of Soda, Rhei & Colombar will be a very useful medicine. In cases of obstinate D. of bowels over the body with Plummer a most advantageous addition is most extremely necessary to pay strict attention to the Diet and of late it has been found that it is better keep Patients on a very light Diet particularly Children

#### Of Dysentery: or A Dysentery

§22. Origin and meaning of the name.

§23. Characters. Violent griping, tenesmus, and

straining at stool, attended with frequent scanty and

bloody discharges from the intestines.

§24. Causes. Dysentery is generally produced by

irregularity of diet, or by the use of purgatives

and is highly contagious.

§25. Treatment. The first step is to regulate the diet and

to remove the cause if it can be ascertained.

§26. Prognosis. Dysentery is generally cured in a few days

but sometimes it continues for weeks or months.

§27. Remarks. Dysentery is a very common disease in

the tropics and is often fatal.

§28. Examination of its alleged identity with Rheum.



When accompanied with an Affection of the Stomach & Intestines will be proper, when of the other Description when it assumes the chronic form it is only to be conquered by attention to Diet - Lime water & Milk will be useful. When there is Acidity in the Stomach given the Prep. of chalk. When there is great Irritation of the Bowels and the Matter remains to be evacuated the Harsh Oleo. & Opium will be best. In the Dysery. D. of Children owing to Dentition. &c. strongly recommended Rhine Soda & Columba. In Chronic D. Rheumatism the Caustic will be useful either with or without Conf. Op. Dec. Lini is a favorite remedy as a Tonic, it is most proper as a Drink. The Puls. Dover is the best Diaphoretic. a Farinaceous Diet is the most proper. Baked wheat Flour rolled hard & baked hard, grated into Milk has been found lately very good diet.

At the same time I will write to give some Mercur. Purga. at night.  
527. **Diarrhoea** It is often attended with deficient secretion of Bile and it will not give way if this be not attended to. therefore you shd give small doses of Mercury with Tonics & Laxatives.

529. It is said that when Dysentery is accompanied with Fever, that it is contagious, but I doubt this, altho D. Gallen & many other Authors state it to be so.

530. When it occurs as an Epidemic, it is generally accompanied with violent Syphoid symptoms, but in the sporadic form it is usually associated with Symp. Cholerae. We do not find that the Patient complains of pain, unless continued violent pressure is made on the Abdomen. In warm climates Dysentery frequently follows Suffering.



and B are combined, so must the remedies be either 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,—gestion.—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 diarrhoea, 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 Intermittent, Remitting, or Typhoid fever,—with Hepatitis, —Enteritis, &c.

531. Examination of its alledged 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; illustrated by a comparison of the symptoms in each.

—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 analagous 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.



531 Dr. considers Dysentery to be an Inflamm<sup>n</sup> of the mucous membrane lining the Intestines, she has generally found it confined to the large.

532 In Cold Climates the Inflamm<sup>n</sup> is generally confined to the large Intestines, and if the Patient survives the acute form, the whole part goes into a state of Ulceration, sometimes mixed with Induration and Congestion in the Liver and Spleen. Dr. has never seen the small Intestines diseased. Chronic D. occurring in Persons who have lay in warm Climates is generally owing to disease of the Liver produced by Intemperance in living - warm Climates Dr. said that the Inflamm<sup>n</sup> extends to small Intestines also, as well as the Ulcer & Stricture. 533. The Caecum is more commonly diseased when it arises from functional disorder of the Liver. Dr. find that Children will not complain of pain unless any pressure is made on the abdomen.

534. Anshelm states that he has known Dysentery caused by Dysipelas taking place







536 In Dysentery the stools are mucous or bloody, or both  
there is distressing <sup>burning</sup> tenesmus, and pain felt on pressure  
on the Hypogastric Region -  
In Dysentery the discharge is faeculent and pain or tenesmus  
In Dysentery the Intestines the Bowels are open, and the stools  
<sup>faeculent</sup> ~~faeculent~~, no tenesmus & the Pulse full and hard.  
In Cholera the pain is shifting, the muscles contracted, and  
obstinate constipation. In Cholera there is vomiting  
and Purging of bilious matter. In Hemorrhoids  
the pain is confined to the Rectum, when blood is passed  
it is generally in a large quantity,  
purging produces no increase but on the contrary  
relief.

537 When it occurs in a Person who has lived long in a  
warm Climate, it generally proves fatal, and if the  
Patient passes a large quantity <sup>of blood</sup> it is unfavourable  
unless the Heat is not removed - also when it  
follows the long use of Mercury, or occurs as an Epidemic.

538. A. B. is only necessary in Dysentery when it occurs  
in the Inflamed form - but it must not be carried to the  
extent it is in Enteritis. As it is generally accompanied  
with tenderness of the Bowels, leeches may be applied.  
but Blisters have been found more serviceable than  
Local Bleeding.



535. PROXIMATE CAUSE. Inflammatory state of the mucous membrane lining the great intestines, with constriction of their muscular fibres.—Difference of the pain, in *acute* and *chronic* stage.

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 viciid 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 venesection?—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.) Emetics,—(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 Intermitting, Remitting, or Typhoid fever, &c. (530) ; and mischievous effects arising from the indiscriminate use of Astringents and Stimulants.

540. Remarks on particular remedies alledged 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.—Variety in the appearance of the stools, indicating the probable *degree* and *mode* in which the



B. Punties are a powerful and useful remedy in the beginning of this disease, unless it is accompanied with Cholera, from their action on the Skin and Bowels, in the & flans from where V. could not be employed & L. has given <sup>Hydrocyanic</sup> in doses of six grs repeated every six hours, it first produced vomiting and then Stup haemorrhage and acted on the Skin and Bowels. Purgatives of an oily nature should be frequently used and they will be assisted by mucil. Diluents.

4. When the Fever assumes the Inflamed Stage the preparations of Antimony will be the best Emetic, but if the effluvia, then Peccuraria is better - Sweating the Body in Flannel has been found advantageous, it gives a support to the Bowels and keeps up an action in the Skin - Dr. Ferguson states that a combination of Calomel and caecuraria never fails of curing dysentery, he gave it in 4 doses of ʒss. I gave 2.3ss. - giving four hours in till it acted the mouth -

5. To give five grs of Calomel twice a Day to a Patient in Hospital who was rapidly sinking, and when the attack became affected the Patient got well -

6. Bitters will be necessary to keep up the tone of the stomach when the Process of Digestion gives way -

7. I found that the combination of Calomel with Antimony or opium prove most beneficial to the Dropsy who had Dysentery their return from watering - but the Calomel alone was too strong -

8. Dr. F. does not rely absolutely on Peccuraria but gives a few doses of Calomel with Tonics after it.

9. J. Pungit has given the bit. Carb. succ. in doses of ʒss. -

10. Quist. Sod. & Sae. has been given in hot climates & found a very useful remedy, but Dr. F. has not experienced much advantage from it in this country.



In the Dysenteries which occurred in the Island  
of Caylon, Dr. Darg gave a full dose of Opium and  
he found it relieved the Comma and thus allowed  
the Bowels to act. Opium when given in large  
doses will frequently instead of constipating the  
Bowels produce a contrary effect.  
Opium alone is improper in the beginning of  
this disease in this country, but if combined with  
Purgatives, sudorifics or Calomel they will be ex-  
tremely useful.

D. D. has frequently observed a great degree of looseness  
in the Stools, & here such is the case Antacids, as  
the Alkalies, or alkaline Salts are necessary

539 When combined with Intermitting & Remitting Fever, we find  
that the Dysentery is considerably aggravated during the  
Exacerbation of the Fever, therefore we should endeavour to check  
it or prevent its return.

539. When combined with Intermittent Dr. D. prescribes  
a full dose of Opium joined either with Sudorifics or  
Mercury. When attended with Remitting Fever. Mr.  
Kempson's Treatment will be best. And if with Typhus  
we must not carry our Remedies too far, we give small  
doses of Mercury with Opium & Sudorifics, also small  
quantities of Urine. If it is combined with Scurvy give  
animal Acids and Subacid Fruits &c.

Altho we may check the Discharge for some time  
by the use of Astringents, still we shall find that it  
will return with increased violence.



542. Where there is much pain in the region of the  
Liver the application of Lapping Glasses will be proper.

545. Mercury is a remedy that will be found extremely  
useful in Chronic Dys, but it is doubted how far it may  
be proper for Persons who have resided long in warm climates  
in which it has been recommended to keep the Bowels open  
by the Mineral Saline Waters. Dr. has generally given Mercury  
in the cases which have occurred in this Hospital, where the  
Bowels were not gone too far into a state of debilitation.

The Mineral Acids have also been advantageously employed  
in I. Painful the Dil. Salph. & the army above with  
success. The mild subacid Ferri. will be found an extremely  
useful remedy and Diet when the Bowels are only in a  
light state of debilitation.

In general we find that pushing the Mercury too far,  
introducing it too speedily will be prejudicial, as it  
weakens the constitution exceedingly, but this is not inevi-  
tably the case as an instance is mentioned to prove the  
contrary. but the safest plan is introducing it slowly,  
the same time strengthening the constitution by Ferri &c  
when the Patient is of an excruciating Habit, the exhibition  
of Steel may be advantageous.

Improper restriction of it  
by Sauvages and Vogel, to signify one particular discharge



541. Dysentery may be called Chronic, when the Acute  
pain in the Bowels subsides, and the Heat of the  
Skin & thirst are relieved, the Pulse becomes healthy  
and the Tongue clear & the Appetite begins to return.

When the Intestines are going into a state of Ulcera-  
tion we frequently find the stools streaked with  
Blood, and there is a small quantity of Pus mixed  
with them, and there is increased pain in the Bowels  
when the Ulceration is more extensive than when it is  
less resembling washed meat are mixed with the stools.  
When the small Intestines are diseased, there will be  
nausea, purulent stools, and pain in the Epigast-  
rium as well as the Hypogastrium Region.

When the stools contain very bad matter there is much  
offensive odor, we have an indication to give a gentle Purga-  
tive this is often connected with Ulceration of the Intestines.

The Spleen is very often diseased in Chronic Dysentery and much  
more frequently there is general suppurated.

543. In the beginning we generally find that there is violent  
Somnia produced by an accumulation of Scybala, this  
may be relieved by a gentle Purgative as. Pl. Ricini with a few  
drops of Laudanum added to it. When the Dys. is accompanied  
with Dyspeptic symptoms the Pulv. Stom. & Soda will be beneficial  
either if combined with Spessanthera.

544. Opiate Frictions will be proper when there is Ulceration  
of the Rectum, or a piece of solid Opium may be introduced  
into the rectum and allowed to remain.

545. Broths containing a small quantity of vegetable  
acid will be proper, also whey. So much Pus as has  
been passed a small quantity of wine should be allowed  
stimulating lesions are always prejudicial.  
The warm Bath with friction will be advantageous in  
preventing future Attacks.



intestines are disordered;—e. gr. simply mucous (*Dys. alba vel mucosa*), streaked or tinged with blood (*Dys. cruenta*)—ragged,—scyballous, &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. Rhab.—Pulv. Rhab. 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 co-operating 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 discharge



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.—The universality of this definition shewn.

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 actions;—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 *Hæmorrhæa* 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 *Hæmorrhoids*;—from the kidneys or bladder *Hæmaturia*;—from the uterus *Menorrhagia*;—&c. &c. 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*, RHINÆMORRHÆA; from the Lungs,—*active*,



550. A discharge of blood sometimes takes place early  
in continued fevers and is salutary, but we must not  
confound it with that which occurs in the latter stages of  
fever and which is extremely difficult to stop and will be  
very prejudicial.





Haemorrhoids, or piles, are a common disease, and are often attended with great pain and inconvenience. They are situated at the extremity of the rectum, and are composed of a collection of blood vessels, which are enlarged and inflamed.

554. *Appendix of the Rectum.*—The appendix of the rectum is a small, fleshy, and often enlarged, process of the rectum, which is situated at its extremity. It is composed of a collection of blood vessels, which are enlarged and inflamed. It is often attended with great pain and inconvenience, and is a common disease. It is situated at the extremity of the rectum, and is composed of a collection of blood vessels, which are enlarged and inflamed.

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554 We find that the Blood which comes away is much longer in coagulating than ordinary and that it has rather a viscid appearance. In Effluvia the extremities of the Schalants are constricted, whereas in Hemorrhage they more readily transmit the Blood, and there is certainly an increased action in them.

We may have Hemorrhage produced by the Passions of the Mind without any alteration of the Solids or Fluids.

In determining the nature of the Hemorrhage we must be regulated by the force of the Circulation, more than by the colour of the Blood -



HÆMOPTORRHAGIA,—*passive* HÆMOPTORRHŒA;  
—from the Uterus,—*active* MENORRHAGIA, *passive*  
MENORRHŒA; from the intestines,—*active* HÆMEN-  
TERRHAGIA, *passive* HÆMENTERRHŒA, &c.

552. Approach of *Active* hæmorrhage marked by 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;—and reasons for believing, that spontaneous hæmorrhage, both active and passive, proceeds in a great degree from an assignable cause hitherto overlooked.—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 Sanguinous 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:—Dr. Cullen's explanation of the mode in which periodical bloodletting occasions plethora, objected to, and another offered.—Original mal-formation 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 developement 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: Expts. of Dr. Darwin, confirmed by Dr. Simmons and Mr. Cline, proving, that it does not act by rarifying expandible air in the blood. Dr. Darwin's conclusion, of its inefficiency as a cause of hæmorrhage, refuted; and its effects explained and illustrated.—Violent muscular efforts,—as running,—lifting great weights,—long and



555 When there is any original malformation  
of the Chest, the Patient is generally very liable  
to Hemoptoe.

with different exterior character, and thus seemingly owing to particularly weak vascular structure of certain parts.—But when hæmorrhage is profuse, it is attended with a feeling of heat, and a sense of fullness, and a stopping of natural or customary discharges. Cullen's explanation of the mode in which periodical hæmorrhages occur is shown to be untenable, and another is offered.—Original 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 excessive 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 correspondingly 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. g. External heat; motion that it acts by expanding the blood, &c.—its true mode of operating shown.—Diminished pressure of atmosphere,—as on ascending high mountains: Expt. of Dr. Dargwin, confirmed by Dr. Simpson and Mr. Chas. proving, that it does not act by rarifying expandable air in the blood. Dr. Dargwin's conclusion, of its inefficiency as a cause of hæmorrhage, refuted; and its effects explained and illustrated.—Violent muscular efforts,—as running,—lifting great weights,—long and





558. The Degree of Danger Depends on the slowness of the discharge of Blood, for the extent to which the Hamorrhage may go if it come away slowly is very great, without being fatal.

561. The Temperature of the Room should be kept as cool as the Patient can bear without danger by sprinkling the floor with water. We may often stop Haemoptoe by unbuttoning the Patients Clothes & exposing the Breast to the cold air. Dr. Bat. recommends the whole of the Chest to be kept wet with Cloth dipped in Camph. mixture. The Patient sh<sup>d</sup> make use of very cold Drinks, as Ice cold water, you may produce this by a mixture of Rum. Armon: & Nitro in water. Also Nitro largely diluted. ℥j. to ℥ij. In Rum. from the Lungs Dr. thinks Nitro may be given freely and with advantage, but not so in that from the Stomach & Bowels, for the Vegetable Acids will be preferable and more useful.



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 spiritous liquors.—Use of Opium in apoplectic diathesis.—Doubts respecting the alledged 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 ; —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 poten-



tial 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? — Facts tending to shew the influence of the Hepatic function upon the mass of blood (554); illustrated by cases, proving the remarkable success of remedies directed to remove certain morbid states of that function in hæmorrhage.

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.



B. B. S. is the most important remedy in Practice.  
It is absolutely necessary to pay strict attention to the  
state the Patient is then in, and to the Habit of Body -  
before we employ the Remedy, for it frequently is used  
to improperly, and it is often carried so far as to increase  
the Haemorrhage, and such debility is produced as that the  
Patient eventually sinks -

A Case which Dr. B. attended of Haematemesis, in which the  
Haemorrhage was excessively active, every thing was done which  
could be thought of, but in vain, when Dr. Young whose Patient the  
lady was, as it was impossible to stop the Bleeding coming on,  
just before it came away employed the lancet, which comple-  
tely succeeded in putting a stop to the Haemorrhage.  
The Haemoptoe Blood should only be taken away in small  
quantities at a time. The abstraction of Blood by cupping flaps  
is to be much preferable to leeches and they will relieve more  
effectually if applied immediately after onset.  
Opium may be given  $\frac{j}{4}$  to  $\frac{ss}{4}$  in Powder. If of the Symples or  $\frac{j}{4}$  to  $\frac{ss}{4}$   
the first this must be regulated by the effect it produces.  
A. Plumb. may also be given with Opium -  $\frac{j}{4}$  to  $\frac{ss}{4}$  of  $\frac{ss}{4}$  to  $\frac{ss}{4}$  of  
L. Plumb. This is an extremely useful Sedative in uterine Haem.  
In active Haem. we have no proof of a morbid state of the Blood.

Opium will do more than keep up an action on the skin,  
it will take off any particular irritation if a part, is peci-  
liar in Haemoptoe the irritation produce of coughing is relieved,  
care must be taken not to bring on such profluvium as to  
allow the matter to collect in the lungs.

If the Haemorrhage occurs from an Accident an Opium should  
be given in a full dose to allay irritation; Spiritus will be more  
effectual if combined with potent remedies and relaxing Diaph-  
oretic Haem. they are often necessary to allay passion.

63. In Spistaxis it is seldom necessary to bleed, unless it is  
accompanied with Inflamm<sup>y</sup> symptoms. The most effectual  
means of putting a stop to the Bleeding is by mechanical pressure  
a dozel of lead introduced into the Nostril.

Haemorrhage from the Uterus when they are not constipated  
Infus. Rosa. Opium or Infus. will be one of the best remedies,  
the Infus. Ros. & Alum. if they are confined it should be joined  
the same Neutral Purg. Salt.

Haemorrhage is one of the most powerful remedies in  
stopping the discharge is the application of cold water to  
the Pubes.



B. If there is a source of fulgur remaining after we have employed Cc, the local abstraction will be necessary.

Aut. Humb. this medicine should not be given before the Hemorrh. begins to subside.

6. If the Hemorrh. occurs after a full meal, an Emetic will be extremely useful to empty the Stomach of its contents. the Emetic D. will produce a much more powerful effect on the system than any other remedy.

But in the very beginning when there is a full & hard pulse Emetics are not applicable, unless it is to remove any cause of Irritation from the Stomach. When however the hemorrhage is bordering on the Passive Character I have never seen them produce any increase, on the contrary often put a stop to the Hemorrh. thus far after the Hemorrh. effort has subsided I have used Emetics employed, small doses of Opium. or as to excite & keep up Vomica will be extremely useful.

The Saline Purgatives with rectis are considerably scarce discharge from the Bowels & therefore considerably relieve the Patient; but if there are any morbid obstructions locked up in the Bowels a few grains of Calomel should be first given & afterwards some Saline Purgative.





565 In the passive form of Haemorrhage the Pulse is scarcely affected, & the heat not increased, but there is a sense of ~~fullness~~ <sup>fullness</sup> in the part.

A. The application of flets should be regulated so as to act as a stimulus rather than a powerful sedative. Purgatives of Calomel & ~~other~~ <sup>Salts</sup> ~~are~~ <sup>are</sup> ~~not~~ <sup>not</sup> ~~to~~ <sup>to</sup> ~~be~~ <sup>be</sup> ~~given~~ <sup>given</sup> ~~in~~ <sup>in</sup> ~~the~~ <sup>the</sup> ~~case~~ <sup>case</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~active~~ <sup>active</sup> ~~form~~ <sup>form</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~disease~~ <sup>disease</sup> ~~when~~ <sup>when</sup> ~~there~~ <sup>there</sup> ~~is~~ <sup>is</sup> ~~expulsion~~ <sup>expulsion</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~bowels~~ <sup>bowels</sup> ~~the~~ <sup>the</sup> ~~active~~ <sup>active</sup> ~~form~~ <sup>form</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~disease~~ <sup>disease</sup> ~~may~~ <sup>may</sup> ~~be~~ <sup>be</sup> ~~given~~ <sup>given</sup> ~~so~~ <sup>so</sup> ~~as~~ <sup>as</sup> ~~to~~ <sup>to</sup> ~~act~~ <sup>act</sup> ~~on~~ <sup>on</sup> ~~the~~ <sup>the</sup> ~~bowels~~ <sup>bowels</sup>.

B. In Haemorrh. from the Stomach & Bowels small quantities of lemon are generally given in Infus. Rosa. & Hamptoe pulp Juice combined with a small quantity of salt Juice & Infus. Rosa. ~~may~~ <sup>may</sup> ~~be~~ <sup>be</sup> ~~given~~ <sup>given</sup> ~~as~~ <sup>as</sup> ~~a~~ <sup>a</sup> ~~powerful~~ <sup>powerful</sup> ~~remedy~~ <sup>remedy</sup> ~~in~~ <sup>in</sup> ~~the~~ <sup>the</sup> ~~active~~ <sup>active</sup> ~~form~~ <sup>form</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~disease~~ <sup>disease</sup> ~~when~~ <sup>when</sup> ~~there~~ <sup>there</sup> ~~is~~ <sup>is</sup> ~~expulsion~~ <sup>expulsion</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~bowels~~ <sup>bowels</sup> it is given with Opium; gentle laxatives should be given every two or three days. When the Haem. is taking place from the lower part of the Bowels you have it in your power to use cold Appli<sup>cs</sup> as the Infus. Rosa. weak Infus. of Galls, Oak Bark &c. When there is Prolapso the application of Pl. Bini Juice with lime water D.B. has found ~~useful~~ <sup>useful</sup>. The Argem. Extract. & Carb. Part. are very powerful external astringents. D.B. has often seen hemorrhaging doses of Ipecac. check Haemorrh. when other remedies have failed.

C. D.B. has generally had recourse to Ipecac. with advantage, in the Catarrhs very much reduced when he gives the more Stimulating Diaph. as Anemones.



## 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 common to 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.

B. To induce contraction and coagulation in the mouths of the bleeding vessels:—by Astringent remedies internally.—Alum,—Kino,—Dec. Salicis,—Maltese Styptic,—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—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

*Jones on Hæmorrhage*



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 alledged 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 *Rhinæmorrhæa*,—*Hæmoptorrhæa*,—*Menorrhæa*,—*Hæmenterrhæa*,—(Sp. Melæna, Hepatirrhœa)—*Hæmorrhæa petechialis*;—and *Hæmaturia*,—illustrated by cases.

### OF HÆMORRHOIS.

569. Derivation of the name.—SYN. *Hæmorrhoids*, —*Angl.* Piles.

570. 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*.

571. Division of hæmorrhoids 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.—Strictures on Dr. Cullen's definition, which considers it as always an *active* and *constitutional* hæmorrhage; and reasons for believing that it is very often *passive* and *local*.

572. PREDISPOSING CAUSES. Original laxity of the hæmorrhoidal vessels.—Plethora:—suppression of menstrual or other customary sanguineous discharge.—Inactive and sedentary life.—Melancholic temperament:



D. The mineral Acids combined with the vegetable  
Tonics &c. will be extremely useful & in Hemorrh from  
the Bowels much preferable to heating Chalybeates.

367. Dr. Rush mentions the good effect of Rum. Soda in  
Hæmoptoe, but Dr. L. has tried it without producing any parti-  
cular effect, except keeping the Bowels open -  
Serpentine is an extremely useful remedy - particularly in  
capricious Hemorrhage from the Kidneys, but it must be used with  
caution. The Milk of Iron Murist, has been recommended in Hæmi-  
orrh from the Bowels. Dr. L. has generally given the vegetable Acids.  
When it is owing to an accumulation in the Primæ viæ we must  
use gentle laxatives as Ol Olive & Rhin.  
Hæmatemesis the Iava Urin is a remedy we may give more readily  
than the Balsams.  
Menstrua. Puncta are too apt to keep the Bowels confined.  
which should always be avoided.

370. You will find the pain progressing, soft and very  
sensible to the Touch;

371. Where they take place in the active form they  
are generally preceded by pain in the Head  
about the origin of the Arteries which is relieved  
when the Blood flows.

bleeding; — exercise; — cold;

### Of Hemorrhoids.

559. Derivation of the name. — *Syn.* Hemorrhoids.

560. Character. — Discharge of blood from the

anus, immediately before or after the stool; — generally

attended with pain, and partial tumours, which

may be external or internal.

561. Distinction between the external and internal

hemorrhoids. — The external are situated outside the

anus, and are attended with pain, itching, and swelling.

562. The internal are situated inside the anus, and are

attended with a sense of fullness, and a desire to stool.

563. Causes. — The causes of hemorrhoids are, in general,

constitutional, and are attended with a variety of symptoms.

564. Symptoms. — The symptoms of hemorrhoids are, in general,

attended with a sense of fullness, and a desire to stool.

565. Treatment. — The treatment of hemorrhoids is, in general,

attended with a variety of symptoms.





575. In Melana the Blood is mixed with the Stool.  
not so in Piles.



—hypochondriacal and gouty disposition. —Advanced age (556)—The hæmorrhagic habit formed by repetition, disposes to future returns.

573. 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.

574. 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.—They occasionally suppurate, and discharge externally; and when they do so within the rectum, are perhaps the most common origin of *fistula in ano*.

575. DIAGNOSIS. Symptoms distinguishing Hæmorrhoids from Dysentery,—and from Melæna.

576. 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.

577. 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.

578. 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, (572-3), and the particular state of the tumours (574).—As far as it is either an *active* or a *passive* hæmorrhage, and *dependant 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.

579. The special indications then, are—

A. To lessen or remove as far as may be, such exciting causes (573) 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:—Aq. Plumbi 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.

580. Remarks upon certain articles of the stimulant kind which prove particularly beneficial in chronic



A. If it be attended with the hemorrhagic effort  
the cooling & mild Purgatives will be proper as the  
Conf. Linnæ & Sulph. or the Plant. Officin. Great atten-  
tion should be paid to Diet the Rye bread toasted is a  
very useful article of Diet. When connected with  
induration or disease of any Viscus the Mucous  
Pess. may be given as an alterative, or in a full  
dose & very light followed in the morning by a gentle  
Purgative also local Bleeding will be proper.

B. When there is much pain produced by evacua-  
ting the bowels, sitting over the steams of hot water  
will afford relief. When the Inflammation remains after  
using the tool, leeches & cold applicats will be proper  
In some, but in others we require the opposite plan  
as in inflammation & suppur. etc. When it is accompanied  
with pain & Inflammation Opium may be applied exten-  
sively & continued into the Rectum - The Symp. again  
will be preferable to Opium when given internally  
& Dashing cold water over the part will often be atten-  
ded with a good effect. One of the best applications is  
Powder. Gum. Zij. Lig. Plum. Arab. Zij. Lib. Oil. Zij.  
made into an Ointment with Zij of Hoglard.

the general strength impaired, or any of the important viscera be involved.

578. THE TREATMENT, — (as to hæmorrhoids 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, (572-3), and the particular state of the tumours (574). — As far as it is either an active or a passive hæmorrhoid, and dependent upon a corresponding condition of the vascular system at large, the several indications already given (551, 556), 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





580. Thirty Drops of the Bals. Capivi may be given  
three times a day on sugar. Pils Pitiscane very  
beneficial in chronic Piles. 2 three times a day.  
They will restore the tone of the Hemorrhoids & act  
gently on the Bowels.

582 In addition to <sup>the Patient</sup> Capitudo you will have a mar-  
ked paleness in his Countenance, the sym.ptoms may  
go to such an extent that the Gums will protrude  
beyond the mouth, the Teeth become so loose that they  
may readily be removed, & the patient become worse than  
when phlegm is produced. Haemorrhages may take  
place either from the Bowels, Nose, or Lungs. The last  
of these may be so great that if you find daily he  
is lying in the horizontal position & apparently  
at comparative ease, if you suddenly raise him  
in bed, he will die in your arms. The reason of  
this is obvious from the excessive debility, congestion  
of blood takes place in the lungs so that the  
Heart cannot act.

584 Whatever tends to debilitate the constitution,  
thus the most indurated & stunted in the ship are the  
most liable to this Disease



hæmorrhoids;—Bals. Copaibæ,—Ward's Paste, &c.  
 —Management necessary when the rectum is prolapsed.  
 —Circumstances under which extirpation of the tumours becomes adviseable.

## OF SCURVY.

581. Origin and meaning of the name.—Scharbock, Teut.—Vague and dissimilar ideas attached to the term *Scurvy* as often used in common, and not unfrequently in medical language: its strict and proper meaning.

582. 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.

583. 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.

584. 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.

585. 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 situa-



tion,—especially when combined with moisture, and foggy atmosphere.—Excessive fatigue,—or idleness and inaction.—Depressing passions.—Foul air, especially from stagnant water, marshes, &c.

586. 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.

587. 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 oxygene in the system.

588. 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.

589. 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 Cap-



587. I kind of idea of its being owing to luxury of the  
solid is generally believed, but not that there is any  
excess of ~~fluidity~~ <sup>phlogiston</sup> in the blood. &c.  
S.B. thinks with Schilman that it is the action of  
the body that are disturbed, thus we look for it in  
the nervous system.

tion—especially when combined with moisture, and  
 fever suspended.—Excessive fatigue,—or idleness and  
 inaction.—Depressing passions.—Foul air, especially  
 from stagnant water, marshes, &c.

§86. 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.

§87. Account of the different theories which have  
 been offered to explain the phenomena of the disease,  
 and determine its nature; particularly with respect to  
 the parts primarily affected, the fluids, &c. of the system.  
 §88. Gradual diminution of vital power in the system, &c.  
 §89. Deficiency of oxygen in the system.

§90. 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 modes of cure.—Illustra-  
 tion of these principles by a comparison of Scurvy  
 with Hemorrhag, petechial, and the putrid mela-  
 in which the latter has been successfully treated.

§91. 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 parti-  
 cular case.—The vast importance of this both in the  
 prevention and cure of Scurvy, shown, in the striking  
 difference between the state of Lord Anson's and Clap-



33. Dandruff: A condition of the scalp, or  
of the hair, which is due to the action of  
the sebaceous glands of the body.

A. Instead of Butter, he allowed them Sugar & some  
Trout. In Drinks they had sweet root, from 1 to 6  
grains daily, this is a powerful preventive of Scurvy  
but of little use when the disease is already present.

B. we not infrequently find that this disease  
is dependent on disorder of the liver, more so on that  
of the digestive organs.

590. We generally find that the secretions of the  
skin is checked, the bowels are generally consti-  
pated, & the quantity of urine lessened, sometimes  
of a high colour, & others containing some of the  
red Globules, it also emits a peculiar unpleasant  
odour - The vegetable Diaphoretics of the class  
Strychnina are particularly useful, the best  
purgatives are the vegetable preparations -  
the combination of Squills & Calomel with Sugar  
of Tartar is a very excellent Diuretic.

591. The Mineral Acids. Dr has found useful in  
Hæmorrhæa Petechialis, not so in Sea Scurvy.  
Wine is a doubtful remedy. Vinegar is a powerful  
preventive of the disease. - When the disease  
exists this brought on in consequence of the deficiency  
of vegetable food, nothing is equal to fresh berries, lemon  
& vegetables, combined with some Mineral Acids  
& support the strength, and paying attention to those  
organs which are deranged.

592. The best applications are from the class Astring-  
ents, as Cold Rose and Sulphur. the Cerat.  
Rosæ & Lav. Dress of bark Bark & where Poultices  
are necessary in consequence of the hardness of the  
edges those of the vegetable kind will be the best,  
as the Farina & Liniment.



tain Cooke'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 take place more remarkably in some individuals than in others.

590. 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 (589), for relieving urgent symptoms, and expediting recovery;—under the heads of diaphoretics,—laxatives,—and diuretics. — Of the earth bath, and its operation.

591. 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.

592. Remarks on the external treatment of Ulcers when occurring in actual Scurvy, or in a scorbutic diathesis.

## OF DROPSY IN GENERAL

593. DEFINITION. A preternatural accumulation of serous or gelatinous fluid, in the cellular membrane, or in other cavities of the body.



594. Division of dropsy into *Genera* according to its 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,—HYDARTHROS:—(8) in the eye,—HYDROPTALMIA:—(9) in the spinal theca,—HYDRORACHITIS, Syn. *Spina bifida*.

595. 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.

596. 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?*

597. EXCITING CAUSES. Scanty, poor, or indiges-



595. We generally find that in addition to the  
loss of balance between the exhalants, & absorbents,  
that the property of the fluid is altered, therefore  
that can the absorbents have to do with this, but  
we should certainly attribute it to an increased  
secretion or action of the exhalants.







597. The Abstraction of the Glutinous part of the Blood  
is being a Dropsy, as it is not only that part  
of it which nourishes the Body, but it also  
possesses an particular property, that of  
keeping the red particles & serum together, so  
that when this is removed the serum will flow  
off at the readiest outlet. &c.

D.B. thinks that in one hour the urine may  
be so far diluted, that a Patient suffering from  
Acute Urine may become comparatively easy.

The reason why Dropsy so often follows Inter-  
mittent & Remittent Fevers is, that Abstraction  
of the Abdominal Viscera (particularly the Liver)  
is often produced by these Diseases.



rible 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 operation 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 Acites.—Mechanical injuries, as blows, sprains, &c. often cause *local* hydropic effusion.

598. 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*, perhaps, 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 spiritous liquors: their *modus operandi*.

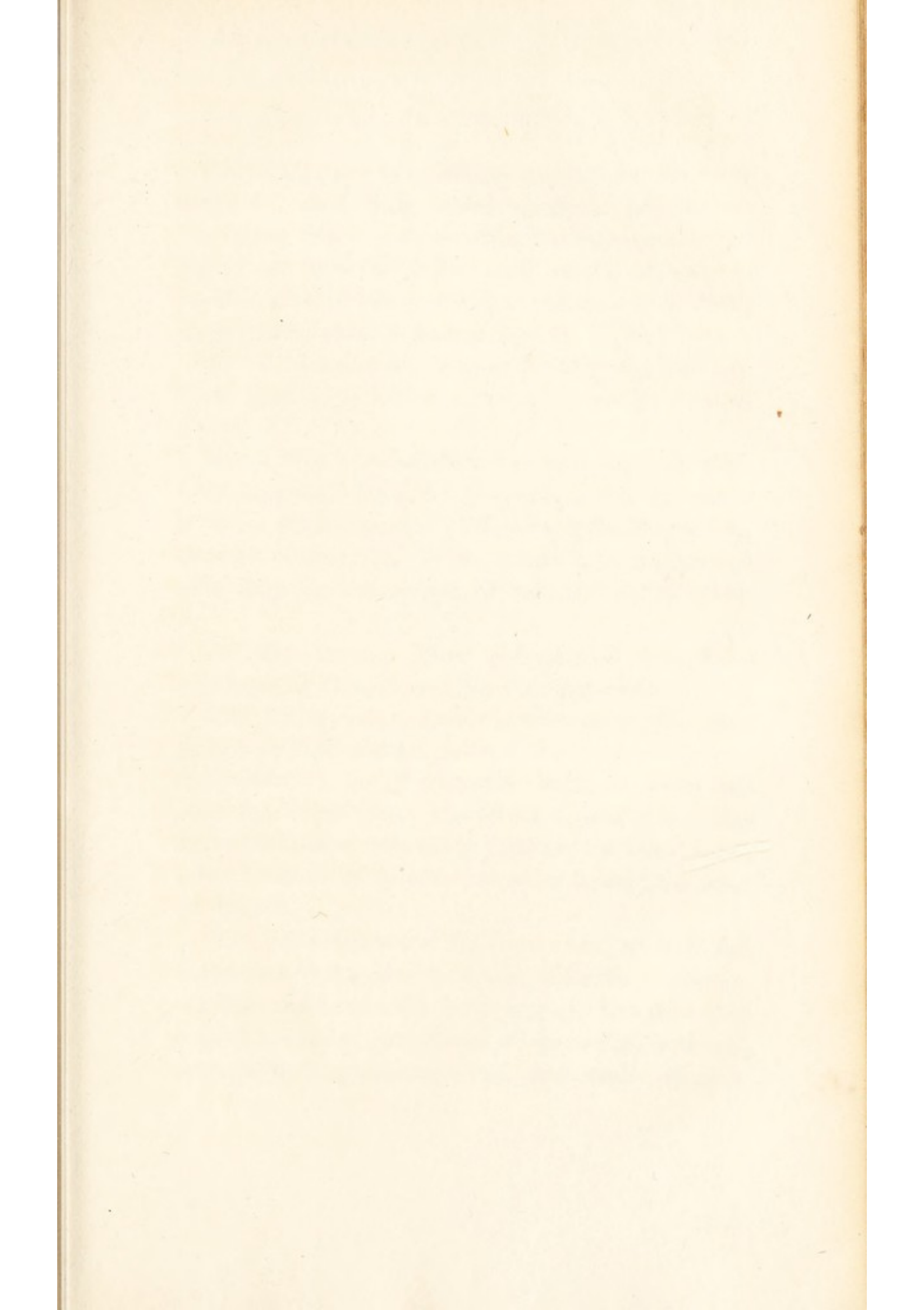
599. Obstruction to the free passage of the blood—alone sufficient to produce dropsy, beautifully illustrated by the expt. of Lower:—why compression of both Arteries and Veins, and even of the Arteries alone, should have the same effect,—explained in various examples, both of local and general dropsy.

600. 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.



601. 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 ;—foetor 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.

602. 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 dependant parts.

603. Division of Anasarca by Nosologists, into different Species or Varieties, according to its alledged Cause.

604. 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.

605. DIAGNOSIS. How distinguished from Leucophlegmatic Obesity, and from Emphysema.

606. 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.

607. 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.

608. Description of a particular species of **Œdema** attendant upon Hepatic disease, occasionally observed in this country, but unnoticed by authors.

### OF ABDOMINAL DROPSY.

609. Division of this into *Ascites*, or *Peritoneal Dropsy*—and *Encysted Abdominal Dropsy*.

610. CHARACTER OF ASCITES. A uniform, tense, and nearly inelastic swelling of the belly, accompanied with fluctuation.

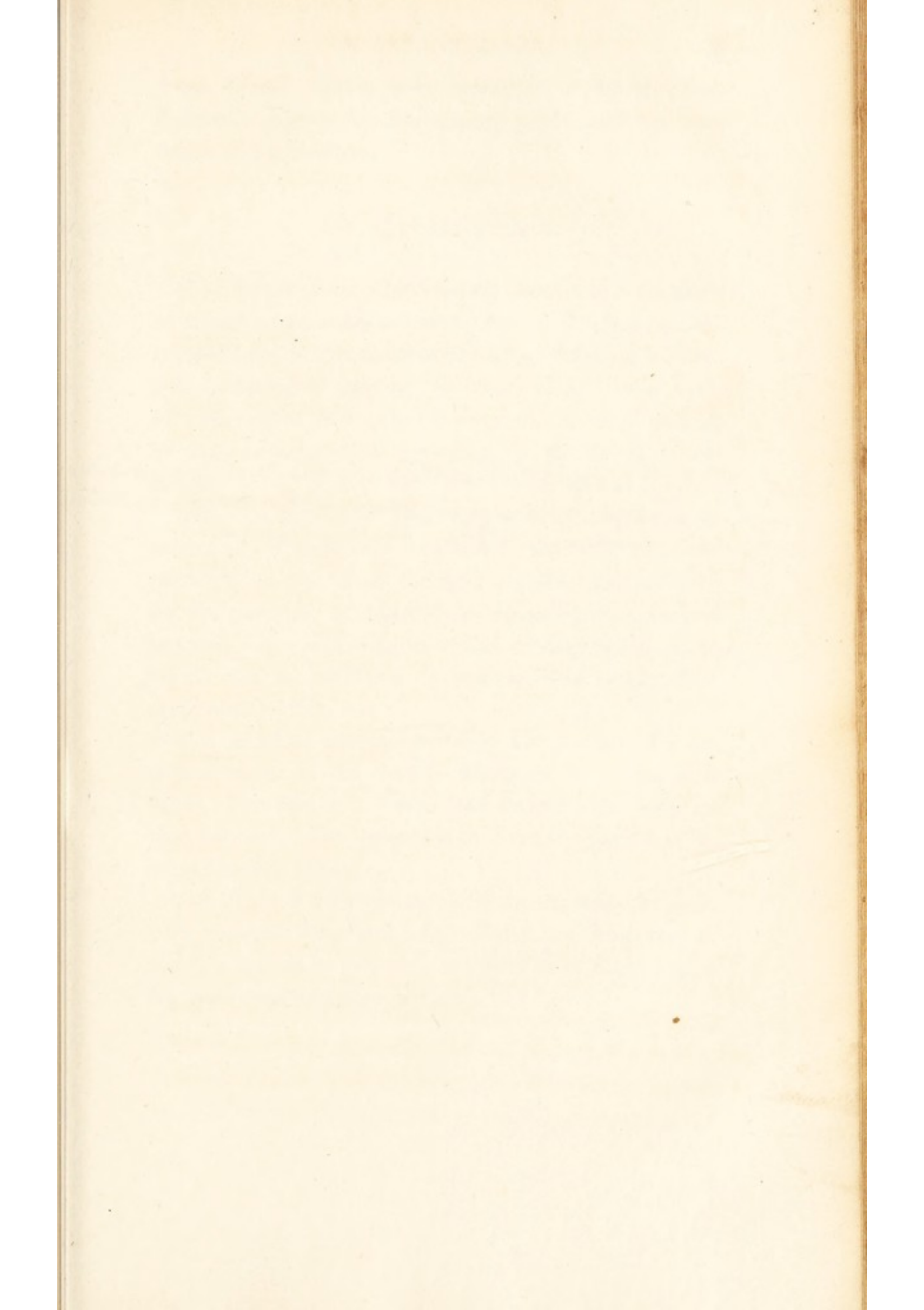
611. Symptoms generally ascertaining ENCYSTED ABDOMINAL DROPSY;—the swelling in the latter being at first local,—often attended with pain;—fluctuation being obscure or altogether imperceptible;—dragging uneasiness on turning in bed, &c.

612. 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.

613. Under what circumstances Ascites and Anasarca are simultaneous or successive.—Modes in which Ascites and Encysted dropsy respectively destroy life.

614. Of the delicacy and difficulty which occasionally attend the diagnosis between Abdominal Dropsy and Pregnancy: and of the marks which serve to distinguish











616. If Difficulty of Breathing is produced immediately  
in response to Cold you may generally consider that  
the Patient labours under Hydrothorax.



them.—Fatal effects from mistaking enlarged Liver, Spleen or Kidney for Ascites, and performing the operation of paracentesis.

### OF HYDROTHORAX.

615. 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.

616. 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.

617. 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. Test proposed by Avenbrugger; and its improbability shewn.

618. THE PROGNOSIS IN HYDROTHORAX generally unfavourable, and why:—instances, however, in which a partial or complete recovery took place, under the most unpromising symptoms.



## OF CHRONIC HYDROCEPHALUS.

619. Division of Hydrocephalus into two distinct and widely different forms of disease, viz. the *acute* and *chronic*.—Reasons for considering only the latter under the general head of Dropsy, and for treating of the other separately.

620. CHARACTER. Obvious and uniform enlargement of the cranial vault in young children, with defective ossification of the bones, and consequent openness at the sutures.

621. The disease usually connate, perhaps congenitate. Examples of it in the early foetal state.—Progress of the complaint, and the effects it produces.

622. Appearances on dissection;—and difference between the seat of this, and of a species of Hydrocephalus often terminating the life of insane adults.

623. THE PROGNOSIS. Why *universally* unfavourable.

\* \* \*

624. *Hydrocele*, *Hydrorachitis*, and *Hydrophthalmia*, as falling almost exclusively under the Surgeon's management, referred to another place.

## GENERAL CURE OF DROPSY.

625. 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.

626. 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



22. We generally find that there is effusion into  
the substance of the brain extremely distended, &c.  
as seen an instance where it was not thicker than  
membrane.

## OF CHRONIC HYDROCEPHALUS.

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620. CHARACTER. Obvious and uniform enlargement of the cranial vault in young children, with defective ossification of the bones, and consequent opening at the sutures.

621. The disease usually remits, perhaps cicatrizes. Examples of it in the early fatal state.—Progress of the complaint, and the effects it produces.

622. Hydrops as distinguishable from Hydrocephalus, and the part of the head of a species of Hydrocephalus often terminating the life of many adults.

623. Two Kinds.—Why universally incurable.

624. *Hydrops, Hydrocele, and Hydrocephalus*, as falling almost exclusively under the Surgeon's management, referred to another place.

## GENERAL CURS OF DROPSY.

625. 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.

626. 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



27. In the commencement, when it is not owing  
to any fixed cause as disease in any of the viscera,  
it is usually in itself, but not if there is much  
difficulty of breathing or determination to the Head.  
instead is a very good Linctiv.

626. It is generally considered as a doubtful  
remedy, & is usually condemned, when it is con-  
sidered with deficiency of circulation & weakness of the  
Exhalants it certainly would be improper. but when  
it commences with increase of circulation marked  
by a quick & hard Pulse, & it arises from exposure  
to cold when overheated by exercise, it will be extremely  
necessary and will be found to relieve the symptoms,  
but it must be employed with caution.

628. If you wish to evacuate Bile, Scammon & Calomel  
will be the best Purgative. Elettarium is more active  
than Jalap, but it ruffles the system too much, the  
best way of giving it, is by rubbing down with  
(2) of the Symp. of Tartar & giving 4 or 6 hours. A very  
good combination as an occasional Purgative is ʒss of  
the Symp. of Tartar & six grs of Calomel. the former  
may also be taken largely diluted with Water pro  
potu ordinario.

A broad Belt shd be worn & drawn tight as the fluid  
is removed by Purgings.

629. When there is much febrile heat, Lites and the  
Saliv. Diuretics will be proper, but when there is much  
coldness & Torpor the stimulating Diuretic as horseradish &c.  
The combination of Scilla & Symp. of Tartar given in  
the Symp. Coluber. &c. &c. has found extremely usefull  
in obstinate forms. Digitalis like Tobacco succeeds  
best in the Hydropic Diathesis, or when it is produced  
by relaxation of the Exhalants, it is not necessary for  
it to excite venous & produce its Diuretic Effect.  
but it will be sufficient to give a dose about twice a day.  
When there is a deficiency of Bile then Kali with Infus.  
herb. will be proper the herb supplying the place of  
Bile & the former correcting Acidity.



corresponding evacuants, viz. Emetics,—Cathartics,—Diuretics, and—Diaphoretics; — or *directly*, through new outlets produced by Punctures, Blisters, &c.

627. 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.

628. CATHARTICS; are among the most powerful anti-hydropsics:—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. Jalapii Comp.—Pulv. Scam. cum Calomelane.—Gambogium.—Elatarium.—Pil. Nitratis Argenti?—Saline Cathartics,—Supertartras Potassæ.

629. 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;—attempt to explain its diuretic effect upon a new principle:—management necessary to render it safe.—Opium? occasionally operates as a diuretic.—Diluted acids, and mild saline neutrals;—Nitro,—Acetas Potassæ, &c.—*Stimulant Diuretics*; Tinct. Cantharidis,—doubts and cautions respecting its em-



ployment.—Infus. Sinapeos, Armoraciæ, et Dauci Sylv.—Decoct. Petroselini, cacuminis Genistæ, folior. Cynaræ, &c.—Turpentine and Balsams,—Cerevisia Pini,—Aq. Picis;—Æthers, &c.

630. **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.

631. **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: Ammoniac Acetatis, &c.—Methods of exciting local diaphoresis,—Vapour bath,—Oiled Silk,—Cabbage Leaves, &c.

632. The quantity of discharge by **EXPECTORANTS** too small to encourage their use for the purpose of evacuating through the lungs.

633. **FRICTION**,—anciently much employed; why perhaps too much neglected now:—Testimonies in its favour.—Its operation explained:—adjuvants to it.

634. **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.

635. **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.



32. The best remedy of this Clap is Squile.

33. It is in few cases that we should say Friction was unperformed. If it is to be useful it should be frequently repeated. In Dropsy of the Anasarca where there is obstruction to the return of blood gentle pressure from below upwards will favour it, <sup>friction</sup> Camphor and Oil of Turpentine will be the best adjuvants. 34. In Anasarca it should be used on as to excite shocks in distant parts of the body at the same time. In Ascites it may be employed. We cannot hope for any advantage from it in Crania Dropsy until the fluid is evacuated.

employment.—Infus. Sassafras, Armoniac, et Dauci Sylv.—Decoct. Petroselin, cicutinis Coniata, folior. Cymra, &c.—Turpentine and Balsams.—Cerevisia Pini.—Aq. Pici;—Æthers, &c.

630. 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.

631. 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.—Bain. tepid.—Pulv. Ipec. Comp.—Vinum Antia. Opium, —Liq: Ammoniac Acetate, &c.—Methods of exciting local diaphoresis.—Vapour bath, —Oiled Silk, —Cabbage Leaves, &c.

632. The quantity of discharge by EXPECTORANTS too small to encourage their use for the purpose of evacuating through the lungs.

633. PLETHORIC DIAPHRASES. A plethoric state of the system, with a full and healthy action of the diaphoretic organs, is the most favourable condition for the use of diaphoretics. In such cases, the diaphoretic may be used with confidence, and the quantity of discharge will be increased.

634. DIAPHRASES IN DROPSY. In dropsy, the diaphoretic is indicated, and the quantity of discharge will be increased.

635. MANOEUVRE. 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.



187. *Diagnosis of Enteritis*—the discharge  
 is usually watery, but may be bloody, or  
 contain mucus, or be accompanied by  
 blood. The stool is usually soft, and  
 the patient complains of pain in the  
 abdomen, and of a sense of weight  
 and fullness in the bowels. The  
 tongue is coated, and the pulse is  
 increased. The temperature is  
 raised. The patient is usually  
 restless, and complains of  
 nausea, and of a sense of  
 oppression in the chest. The  
 bowels are usually relaxed, and  
 the patient complains of  
 a sense of weight and fullness  
 in the bowels. The stool is  
 usually soft, and the patient  
 complains of pain in the  
 abdomen, and of a sense of  
 weight and fullness in the  
 bowels. The tongue is coated,  
 and the pulse is increased.

188. *Treatment of Enteritis*—the  
 patient should be kept at rest,  
 and the bowels should be  
 kept open. The diet should be  
 light, and the patient should  
 be kept cool. The bowels  
 should be kept open by the  
 use of cathartics. The  
 patient should be kept at  
 rest, and the bowels should  
 be kept open. The diet  
 should be light, and the  
 patient should be kept cool.

636. If this to be useful it should be employed early. In Hydrothorax it is useless, not so in Anasarca, it is astonishing the quantity of fluid that escapes from a few punctures in the cellular membrane and the relief afforded, but then again serious Inflamm<sup>n</sup> is very liable to ensue from punctures, the farther we go from the Heart the greater will be the danger. D.B.

Paracentesis should be employed in Ascites when the Breathing becomes affected and the foregoing Remedies have been used ineffectually. When a Patient is very much exhausted it will be necessary to give him a small quantity of any stim<sup>ulus</sup>. There is no reason why Paracentesis should not be employed on one side of the Chest. We should begin puncturing a little below the scapula and go on if fluid accumulates lower, when Inflamm<sup>n</sup> takes place the discharge will stop, we must then have recourse to Tonics.

637. A more gentle way of producing a discharge is by capping the limbs in flannel, over which Oil Silk is applied, this acts as a vapour Bath, the Flannel inducing perspiration and the Oil Silk confining it.

638. By combining Alkalies with Tonics we shall not only keep up the tone of the system, but also produce a discharge. In weakly constitutions we are obliged to have recourse to stimulants, such as the stimulating Diaphoretics joined with the simple Bitters.



636. DIRECT METHOD OF REMOVING THE EFFUSED FLUID (625);—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. Doubts respecting its employment in hydrothorax:—why inadmissible in hydrocephalus.—Dangerous proposal of injecting liquids into the thoracic or peritoneal cavities.—Puncturing in Anasarca;—necessary cautions respecting the part, the mode, and the circumstances of the case, in which it is performed, so as to avoid inflammation or gangrene.

637. 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.

638. To fulfil the second indication (B. 625), 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 occasioning the loss of balance between exhalation and absorption; *e. gr.*—(a.) general debility operating more especially upon the Exhalent vessels;—(b.) weak inflammatory action (600);—(c.) obstruction, from congestion of blood, from torpor, or from change of structure, in any considerable viscus, as lungs, liver, spleen, &c.

639. 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.

640. Means suited to (b.) and (c.);—blisters;—Mer-



cury, combined with Opiates, and Antimonials;—Cicutæ,—Extr. Taraxici? &c.

641. 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.

642. A due attention to the principles delivered above, will readily point out the particular means especially adapted to the individual kind (594) or species of dropsy.

### OF ACUTE HYDROCEPHALUS.

643. Reasons for considering this disease separately and particularly.

644. SYN. *Hydrocephalus internus*, WHYTT;—*Apoplexia Hydrocephalica*, CULL.—*Hydrocephalus acutus*, QUIN.—*Phrenicula*, RUSH.—*Hydrocephalitis*?

645. 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.

646. 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



40. Local Bleeding is the only means we can have recourse to in reducing Inflammation; the application of Blisters can be found more useful: L.B. will sometimes only be advantageous when followed by small doses of Mercury combined with Diaphoretic, as the Pil. Scilla Comp. When we wish to produce the Diuretic effect of Iodine we must give the fresh juice, therefore in the form of Decoction. Dr. C. has not found it particularly advantageous.

Umbilicata has been lately introduced, it may be useful substitute where the Iodine is indicated.

43. As it is generally following acute Inflammation.

46. It is more or less acute according to the Degree of Obstruction of the Crævium; If the Intestines are not formed the symptoms are very rapid in their progress. We generally find that there is obstinate costiveness and it is commonly accompanied with more disorder of the biliary system, than any other disease, except that of organ itself.

646 In this Disease we often find the Evacuation  
of greenish colour, resembling spinnage or Lard,  
sometimes amounting to Cluckers, & a partic-  
ularly putrid odour and as tenacious as bird Lard  
but it must be remembered that you may  
produce the same appearance in the Nostis  
of a healthy Child by the exhibition of a dose  
of Calomel.

647. A dose of Calomel will not only  
will readily point out the particular insect especially  
adapted to the individual kind (or) species of dropsy.

### Of Acute Hydrocephalus.

648. Reason for considering this disease as acute  
and particularly.

649. Sx. Hydrocephalus internus, Warty;  
Apoplexia Hydrocephala, Cist. — Hydrocephalus  
acutus, Quix. — Phrenitis, Ruau. — Hydroce-  
phalus?

650. Character. Acute, — Insidious — In-  
cessant, and pain of the head, and intolerance of light,  
accompanied with irritability, confusion, and vomiting,  
and followed by actual effusion of pus, — distention  
of the papilla, — delirium, and various convulsions, or  
comas chiefly affecting persons under puberty, and

651. Particulars. Acute, — Insidious — In-  
cessant, and pain of the head, and intolerance of light,  
accompanied with irritability, confusion, and vomiting,  
and followed by actual effusion of pus, — distention  
of the papilla, — delirium, and various convulsions, or  
comas chiefly affecting persons under puberty, and

652. Prognosis. According to the degree of  
distention of the papilla, — delirium, and various convulsions, or  
comas chiefly affecting persons under puberty, and

653. Treatment. According to the degree of  
distention of the papilla, — delirium, and various convulsions, or  
comas chiefly affecting persons under puberty, and

654. Remarks. According to the degree of  
distention of the papilla, — delirium, and various convulsions, or  
comas chiefly affecting persons under puberty, and



647 In the first you have the constipation  
of the bowels and vomiting. In the second  
the increasing great difficulty of breathing &c.  
and in third, increased quickness of the  
Pulse, alternate chills & colligative  
sweats &c. &c.

In the 2<sup>nd</sup> stage the Pulse is remarkably slow, there is  
operculation of the eyes are severely movable & high.  
in the 3<sup>rd</sup> Difficulty of Breathing resembling the apoplexy  
in Stentor. &c.

648 Dr. B. has found on taking off the skull  
cap, transparency of the vessels of the Dura Mater  
and sometimes a deposit of gelatinous sub-  
stance on the Membranes, but no thickening of  
them. A post-mortem accumulation of  
serum in the cavity of the ventricles, varying  
considerably in quantity, sometimes only  
an ounce at others so much as to distend the  
ventricles exceedingly; also increased vascularity  
of the medulla oblongata, a deposit of con-  
solidable lymph and frequently the colour  
of this part altered. The character of the serum  
collected in the ventricles differing from common  
serum in no other respect but not coagulating  
by heat.

Dr. C. has found the Brain firmer than usual.

The first of these is the fact that the  
 government has been unable to secure  
 the necessary funds to carry out its  
 policy of non-interference in the  
 internal affairs of the country. This  
 has been due to the fact that the  
 government has been unable to secure  
 the necessary funds to carry out its  
 policy of non-interference in the  
 internal affairs of the country.

The second of these is the fact that the  
 government has been unable to secure  
 the necessary funds to carry out its  
 policy of non-interference in the  
 internal affairs of the country. This  
 has been due to the fact that the  
 government has been unable to secure  
 the necessary funds to carry out its  
 policy of non-interference in the  
 internal affairs of the country.

The third of these is the fact that the  
 government has been unable to secure  
 the necessary funds to carry out its  
 policy of non-interference in the  
 internal affairs of the country.



*only curable stage, from the manner in which the disorder fatally terminates.*

647. 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*.

648. Account of the morbid appearances after death, explaining the circumstances of par. 647 ;—with strictures on the propriety of the different names (644) that have been given to the disease ; and a new one offered:  
PARAPHRENITIS HYDROCEPHALICA.

649. 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.

650. OCCASIONAL OR EXCITING CAUSES,—whatever can produce considerable pyrexia of the inflammatory kind, in children predisposed 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 alledged, 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.

651. OF THE PROXIMATE CAUSE. General view of the disease, and comparison of it with Phrenitis in adults (300),—leading to the conclusion (supported by



the means of cure acknowledged to be the most effectual), that the affection of the brain, though the immediate cause of death where the case ends fatally, is yet, in general, only A CONSEQUENCE OF INFLAMMATORY IRRITATION; WITH DIMINISHED OR ALTERED FUNCTION, OF THE LIVER.

652. 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.

653. PROGNOSIS,—even in the FIRST stage (647) *doubtful*;—in the SECOND *very unfavourable*;—and in the THIRD *uniformly hopeless*.<sup>x</sup> Particular circumstances denoting one or the other of these.

654. TREATMENT.—This, to give a tolerable chance of success, must be decisive,—be entered upon early,—and pursued with vigour. The chief indications are—

A. To diminish the inflammatory action of the brain directly, by venesection, leeches, cupping, blisters, and digitalis,—according as the symptoms are urgent, and as the case partakes most of the *tonic* or *atonic* form.

B. To take off congestion or irritation from the Hepatic system, by the use of purgatives, but especially by the employment of MERCURY, so as to empty that organ, and to restore its free secretion and excretion.

C. To aid these (A and B) by the use of—Opiates, —Antacids, —Diaphoretics, —Diuretics?—&c. &c.—Directions for the management of these means respectively.

*If blisters be applied, it should be after  
iv. let. &c. have been employed: Dr. Lewis  
has found great benefit to arise from  
them, but Dr. Bailey he has seen them pro-  
duce great mischief. But if they are use-  
ful at all it is when effusion has taken  
place into the ventricles.*



51 Dr. Babin admits, that the liver is affected, but cannot be considered as the primary cause of the Disease nor effect of it.

In the Fever to which Children are particularly liable you will have that peculiar affection of the Head which is found in pure Acute Hydroceph. or much or as much as to make us <sup>hesitate</sup> ~~conclude~~ in our decisions; but if the Fever is generally found that a dose of any Mercurial has active influence remove it. When we find the Head extremely acute, and coming on in paroxysms we may generally conclude that it is symptomatic of some other organic affection.

3 x Dr. B. is not disposed to admit this, as he has seen the very worst cases recover.

52. A. If you are called in at the commencement and on enquiring into the state of the case you find it one of pure Hydroceph. and your Patient is of Phlogistic Diathesis, you should treat it the same as common Inflamm.

The quantity of blood to be taken away must be regulated by the age, sex, and state of the Patient. In an Infant: by Leeches. In a Child? By Cupping Glancing to the nape of the neck. In a still more advanced period and suppose it to be a Patient of greater constitutional power, draw blood from the arm to the amount of 3x - xij or even more.

B. We consider this as one of the most important indications in the cure and what we greatly rely on. The best form of Mercury is Calomel and if it be not sufficiently powerful <sup>as a Purgative</sup> you must add some Camomile or Gam Bogi until the Bowels are fully opened. To take off the congestion in the Head, Cold affusions will be useful, also the application of cold evaporating lotions, or Ice, if it cannot be procured tincture of Iodine in Water with the addition of crude sal Ammoniac may be substituted. R. Tinct. ʒij: Muc. of Ammoniac. Water ʒss. for an Evap. lotion. R. Sulph. Atthor ʒij. or ʒijss Rose Water ʒijss - or this in ʒij of Water. With ʒijss of Sulph. Atthor - the



In addition to employing Mercury as a Purgative it may be given in combination with Sal Soda to act on the system: this practice was first tried by DePuccini & has been generally followed. When water is collected in the ventricles it has not only been given in doses of 2.5. m. & given four hours but the Merc. & Antism. has been applied to blistered surfaces to produce its effects more speedily.

If you consider this complaint of the Infants Chorea: Digitalis appears to be the remedy which will be particularly applicable, especially if the Patient be of a delicate habit: to a  $\text{℥} \frac{1}{2}$  of  $\gamma$  You may begin with  $\gamma$  & gradually increase it.

To relieve the restlessness and distress in the latter stages of the Disease, no remedy produces so much good an effect as Opium, even very little. Dr Wm. B. has found advantageous, as the main part of a Dose of Symp. of Poppies, has quickened the patient in 8 Minutes.

A. It has been proposed lately to open the Jugular vein and Blood can be more readily procured than from the Arm. Dr. Jones applies Misture to the nape of the neck and extends up round to the back of the Head, and Cold water constantly to the Top of the Head. Dr. would prefer having recourse to active Purgatives rather than wait for the more slow action of Diuretics or Diarrhetics.

B. When connected with vomiting and purging of green Bile (alone may be given alone to keep up an action on the Bowels, but not purging, or may be combined with something to prevent this. In the 2<sup>d</sup> stage Mercury may be given to act on the system joined with Opium & Diaphoretics.

C. The warm Bath has been frequently recommended, it will already soothe and produce a copious perspiration, it may be combined with the remedies mentioned in the early stage of the Disease. -

Opium can only be successful, when there is a considerable degree of Irritation, as a Palliative in conjunction with other remedies, or to check the too speedy operation of Mercury when exhibited as an alterative.





In addition to the foregoing, the juice of the  
Gastric juice is given in combination with the juice of  
the lemon, which the former is as well known  
to be a powerful antiseptic, and the latter is  
a powerful antiseptic. It has not only been given  
in cases of indigestion, but also in cases of  
gastric ulcer, and in cases of gastric cancer.

If you wish to see the effect of the juice of the  
Gastric juice, you will find it in the juice of the  
lemon, which is a powerful antiseptic, and the juice of the  
lemon is a powerful antiseptic. It has not only been given  
in cases of indigestion, but also in cases of  
gastric ulcer, and in cases of gastric cancer.

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a powerful antiseptic. It has not only been given  
in cases of indigestion, but also in cases of  
gastric ulcer, and in cases of gastric cancer.

658 The Gastric Juice possesses such antiseptic  
properties, that it has been employed by some  
ancient surgeons as an application to ill cond.  
and ulcers to cleanse them and thereby induce a  
healthy appearance.



655. Consideration of the proposal to evacuate the effused fluid by puncture; and the necessary fatality of it demonstrated.

#### OF DYSPEPSIA, OR INDIGESTION.

656. SYN. *Bradypepsia*,—*Diaphthora*,—*Apepsia*.

657. Vast importance of the stomach shewn, as—the laboratory of nourishment,—the great center of Sympathy, — and the prolific source of multiform disease.

658. Short sketch of the functions of the stomach in its healthy state,—with reference to the Lectures on Physiology for a fuller exposition.—Periodical recurrence 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.

659. 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.

660. 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.

661. Remarks on several of the symptoms (659), and on the exterior marks of constitution or habit of those persons, in whom particular ones more especially occur.

662. 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.

663. 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 spi-



661 In Persons of light hair, fair complexion,  
and delicate habit, the charge of the food is to the  
acid character. Those of a Plethoric Habit & the  
alkaline character. & the excretion from the Stomach  
resembles rotten Eggs in taste, while in  
the Scurvy and Lencophlegmatic Habit the  
bowels are generally constipated. &c.

In Persons of a melancholic temperament, it is very  
difficult to distinguish between a severe fist of Dyspepsia  
and Hypochondriasis.





rich liquors;—frequent and copious use of warm diluents;—careful abstinence from all to excite heat;—a gr. Tobacco,—Tea,—Opium,—Bitter, &c.——A sedentary inactive life;—cold damp atmosphere;—grief, anxiety, and other passions and exertions of the mind;—intense application to study or business;—Pernicious diet.——Examples of the effects of these several agents are not wanting in the history of the disease, and in every class of men.

664. The Stomach, being in a state of torpor, the food is not properly digested, and the system is consequently debilitated. The patient feels a sense of fullness and heaviness in the stomach, and is attended with flatulency, belching, and eructations. The tongue is coated with a white fur, and the pulse is slow and weak. The patient is generally attended with a sense of lassitude, and a disposition to sleep. The bowels are constipated, and the urine is scanty and high colored. The disease is attended with a sense of oppression in the chest, and a disposition to cough. The patient is generally attended with a sense of heat, and a disposition to sweat. The disease is attended with a sense of cold, and a disposition to shiver. The disease is attended with a sense of thirst, and a disposition to drink. The disease is attended with a sense of hunger, and a disposition to eat. The disease is attended with a sense of nausea, and a disposition to vomit. The disease is attended with a sense of pain, and a disposition to groan. The disease is attended with a sense of weakness, and a disposition to fall. The disease is attended with a sense of fatigue, and a disposition to rest. The disease is attended with a sense of anxiety, and a disposition to fret. The disease is attended with a sense of sorrow, and a disposition to weep. The disease is attended with a sense of joy, and a disposition to laugh. The disease is attended with a sense of anger, and a disposition to rage. The disease is attended with a sense of love, and a disposition to kiss. The disease is attended with a sense of hate, and a disposition to kill. The disease is attended with a sense of fear, and a disposition to flee. The disease is attended with a sense of hope, and a disposition to wait. The disease is attended with a sense of despair, and a disposition to die.

665. Proximate Cause of Indigestion. The quantity or quality of the food is defective, or the quantity or quality of the secretions is defective, or the quantity or quality of the function of the stomach is defective, but probably commensurate with the state of its tone and vigor as a secretory organ.

666. TREATMENT. Importance of positively 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.

667. The principal indications are,—1st, To avoid, remove, or as far as may be, duly regulate, those things

661 Of Symptomatic Indigestion you have a familiar instance in Gout, and this is so common an affection that you look to this as the Diagnosis between Gout & Rheumatism. Again in Nephritic Affections, as soon as the Patient becomes sensible of any local Complaint he has the Dyspeptic Symptoms; therefore before you look to the Removal of the Derangement of the Stomach you must remove the Nephritic Affection by Ud., the Warm Bath, Fomentations &c. — D.P.

Often connected with cutaneous affections which on being checked you have chronic Dyspepsia brought on.



ritous liquors;—frequent and copious use of warm diluents:—certain articles of the narcotic kind, *e. gr.* Tobacco,—Tea,—Opium,—Bitters, &c.——B. Seditary 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 (662-3) in individuals,—in particular occupations,—and in certain classes of men.

664. 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.

665. 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.

666. 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.

667. The principal indications are,—1st, To avoid, remove, or as far as may be, duly regulate, those things



enumerated as exciting causes (663).—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.

668. 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 patient.—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.

669. 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.

670. Why emptying the stomach by Emetics seldom required; and why their frequent use injurious:—under

669 In Warm Weather the Saline Purg.  
appear to be particularly useful. the  
Cheltenham Water is one of the best.  
It must not be taken so often as to wear  
on the Force of the Stomach.  
When the Patient is bilious: Rhine Grapes  
Liquor. or Pil. Galt. f.c Aloes. — Pil. Aloes.  
Munich. via Aloes. Slt. Amm. — Aromatic

*If Bowels costive  
Magnesia, if  
relaxed Chalk*

*a purgative of  
Pile Rhine  
Sal Soda.*

*by giving a few  
grs of Saline  
followed in the  
evening by a  
gentle Purgative.*



668 Dr B. thinks that aliment should be taken, while awake, once in 4 or 6 hours, otherwise the Gastric Juice will be secreted in too large a quantity, while on the other hand if it be taken too often you overload the Stomach, and the fresh nourishment will be collected before that which was previously taken has undergone the proper change by the action of this fluid.

669 If the Bowels are costive and the eructations noxious, than relief will be afforded by Purgings. In a case of Acidity. Antacids. Magnesia, either the Sulph. or Saline P. or the Carb. or Vest. these differing in their strength. if the Carbonate the preparation is more bulky, while if you use the Vest. wish to have it concentrated use the Vest. the Operation of this remedy must depend on the Degree of Acidity in the Stomach. Under the same head may be placed the aq. Calus, the Alkaline prepar: as Ammon. which also acts by stimulating the Stomach increasing its contractility, also Soda & Potash sometimes we use the Caustic Alkal: as Liq Potash  $\text{℥ss}$  in some Diluent / more frequently use the Carbonates, we may give  $\text{℥i}$  or  $\text{℥ss}$  for a Dose, occasionally  $\text{℥i}$ , Dr B. does not think this an unsafe Dose, he has taken in a Dose,  $\text{℥ss}$  of the Subcarb. of Pot. to ascertain the effect produced on the Urine he found that it completely changed & rendered so Alkaline as to decompose Muriate of Ammonia.



670. We should always be cautious in the use of  
Emetics. Dr. B. has often when very much  
distressed, excited vomiting by introducing his  
finger into his Throat. The food from repeated  
trials that the relief he received was owing to the  
excitement given to the Nausea: rather of the  
Stomach to contract, rather than getting rid of its  
Contents. Emetics: Antier: Sulph. of Iron or  
Zinc. Infus. of Camomile, or Mustard Seed, may be  
used as Emetics. But as you want the act of  
vomiting and not Nausea &c. the Effect, you  
would prefer the Emetics: either in Powder or Wine  
on the Blue or White Vitriol, to the preparations  
of Antimony.

671. These will often give relief, more especially  
to those whose Stomachs have become weak  
from Indulgence in Eating, or from the Abuse  
of spirituous liquors. Dr. B. recommends Infus. Gent.  
Cinch. Aromatic some preparations of Opium.  
Infus. Gent. ℥ 3i - 3j. - Dist. Opisthis - ʒ i. Ag.  
Cinnamon. ʒss. Warm Liniment 3i - 3j. 4th Dec.  
In those who have made too great use of Opium  
he has found the combination of Opium & Cast.  
Gent. ʒss & Oil is affords great relief.

672. But when Bitters are given too often they cease  
to produce any good effect.

*The Case of*  
673. Dr. B. Does not think Cinchona equal to a so  
suspicious as the Simple Bitters. If it begins  
the Yellow Bark should be employed as being the  
most Bitter Article we possess.

When the Stomach has got into a state of  
debility then the Chalybeates will be most  
proper.  
673. When the Patient has not been in the Habit  
of going out of Doors we must employ Exercise  
but if he has been accustomed to Field Sports  
then a Day out of Doors will do him spiritual  
service. The Temperature must be kept up  
either by Exercise or Friction.

676. In Ireland & Scotland. & this we believe  
depending on peculiarity of Diet, it being chiefly  
of Potatoes & Cabbage which has a great tendency  
to stagnate in the Stomach.

677. A better regulation of Diet & attention to the  
state of the Bowels.

The use of Bismuth has been employed with success.  
Dr. Gave it in Dose of ʒss with Puls. 80 for a fortnight  
and it relieved the Patient. Opium joined with  
Magnesia will be a useful Palliative and act on the  
Bowels.



what circumstances they may be employed,—and the kinds most proper.

671. Removal of pain obtained—sometimes by the means noticed above (669),—occasionally by Aromatics and other stimulants,—most effectually by Opiates:—choice and management of these respectively.

672. THIRD INDICATION (667);—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

(416).—Chalybeates not often serviceable, and why:—when indicated.—Directions for the choice, and combination of these remedies.

673. 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.

\* \* \*

674. 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.

675. 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.

676. Particularly frequent in certain countries;—remarks on the condition in life,—the food, &c. of those whom it chiefly affects.

677. Probable nature and cause of the disease.—Re-



medies most effectual in relieving the fit, and preventing its recurrence:—Opiates,—Ammonia,—Æther;—Tinct. Guaiei,—Aqua Picis,—Stimulant plasters;—change of diet.

\* \* \*

678. 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,—vomiting of the food,—state of the bowels,—progressive increase of symptoms,—marasmus, &c.—

679. Observations on the remedies commonly employed:—Cicuta:—Mercury;—Opium;—Extr. Hyoscyami;—Blisters, Setons:—Tepid Bath.—Of the food most proper.

#### OF JAUNDICE.

680. SYN. Ικτερος, *Græc.*—Icterus:—Aurigo;—Morbus Regius, vel arquatus, vel arcuatus, *Lat.*—Jau-nisse, *Fr.*

681. 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.

682. Detailed description of the commencement and progress of the disease;—and variations occasionally



678 All we can do is to endeavour to relieve the Patient. Dr B does not think that it is impossible to effect a cure.

The Distinction between this Disease & Dyspepsia is, that almost as soon as the Patient takes <sup>the Pylo-</sup> <sup>Extremity</sup> <sup>Stomach</sup> food into the stomach he feels Pain and is not relieved until it passes thro' it is returned.

679 To produce evacuations give either Calomel. or Colic. of Magnesia, or a laxative Injection and Purge by the Mouth. To relieve the Pain at the Stomach apply either Empl. Opii, Camomile, Cataplast. Sinap. or a Camomile Poultice. Give also Calomel, Magnesia or Subcarb. of Soda with Pil. Syd. which will correct the Acidity of the Primæ Viæ, this is to be repeated according to the Effect it produces.





682. Sometimes it is connected with Pyrexia, at other  
not; when connected with the passing of Biliary Calculi  
the respiration is affected, when with Inflammation of the Liver  
the Pulse will be hard and full, skin hot and dry, when  
with obstruction of the Ducts the Pulse slower than natu-  
ral. The Intestines are sometimes troubled with a  
teasing Diarrhoea, sometimes the Food passes off undige-  
sted, or the stools are clay coloured. sometimes we find a  
capillary eruption in various parts of the Body.

683. The Periodical Jaundice is generally connected with the presence of Biliary Calculi. The Black Jaundice is the most obstinate and dangerous form of the Disease and is generally connected with Schismatic Affections of some of the Abdominal Viscera.

684. \* You will naturally expect that Dyspepsia will be the consequence of yellowness of the Skin, and this continuing after Remedies have been employed. This may generally be discovered by careful examination. Your Progress here will be very unfavorable. Treat. Icterus to remove the Stooling. Alterative Doses of Mercury, & Attention to the Diet.

The most frequent cause of this will be enlargement of the Pancreas, this is generally accompanied with pain, referred to the free part of the Abdomen at the commencement. A Case mentioned where it was otherwise.

If it arises from Biliary Calculi. Treat: Solvent the pain. Blister and other warm Applications to the pit of the Stomach. best means is the Warm Bath. Dose: 100. Attention to the Bowels.

Mercury with Opium in large Doses. R. Ext. Coloc. ʒiij. Symp. Submerg. ʒiij. Q. S. j. i. i.

Will it Complaint continues repeat ʒi. If the Complaint continues repeat ʒi. I know of no other means of removing the urgent symptoms but a continuance of the Remedies.



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.

683. 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.)

684. 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,—scirrhus Pancreas, &c.—partial inflammation affecting the larger ducts;—scirrhus,—ossific deposit?—or tubercles in the liver;—inspissated bile;—biliary concretions:—lumbrici occupying the gall bladder?—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.

685. 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?

686. Observations on the secretory and excretory function of the Liver—on the leading and characteristic symptoms of the disease,—and on the circumstances in



which the several remote causes (684-5) concur in producing.

687. 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.

688. Examination of the cases and dissections adduced to support the opinion—that jaundice may occur without any obstruction to the free exit of the Bile;—and solution of the difficulty upon principles consistent with each other, and illustrative of a comprehensive theory respecting the nature of the Hepatic Function, and its influence in various forms of disease.

689. Appearances on dissection; and inquiry into the change alledged to take place in the colour of objects.

690. 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 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.

691. 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 (684-5):—the chief indications then will be——



686. In the Case related by Mr. Abernethy in which the  
Vena Porta did not go to the liver, the Bile was found  
much thinner than usual and it was unfit for perform-  
ing its natural functions.

688. There may be Cases that have occurred but Dr.  
B. has never found it so.

689. One of the most common appearances is obstruc-  
tion of the Duct from a biliary calculus; Dr. B. has known  
Calculus nearly an inch in diameter passed; sometimes  
however there has been no obstruction, or has any Calcu-  
lus been discovered to have been passed, the Bile in such  
cases being viscid, a Case was depicted by Mr. Blane  
where the Bile in this state was found reaching only  
half way down the common duct. Frequently we find the  
Gall bladder enlarged as to pass on the Duct and prevent any  
thing passing.

690. If we find the general Health continue good and he  
has not been subject to any previous Disease, altho it  
may continue a considerable time yet it may eventually  
prove well.

A. I have said that in the most painful form of this Disease that it is seldom attended with febrile symptoms, but if it occurs in a young Plethoric Habit than it will not only be necessary to bleed from the Veins but also by Leeches or Cupping Glasses. also give Ext. Colic. & Calomel and Opium.

L. If we cannot remove the Calculus by Calomel then it will be proper to excite vomiting.

E. Purgatives. The combination of Aloes with certain of the Alkalis, viz Aloes Alkali, or a cold Infus. of Aloes & Soda or Potash.

R Aloes. ℥ij + ℥j; Sod. Carb. ℥j; Ag: ℥x; macerate for 12 hours and give ℥x a dose or Compound Laxative Bitters as Infus Gent & S. Senec. - viz Aloes &c

F. When the Complaint has run its course it will be found very anacholous & Scurvy and it is frequently attended with Haemorrhage from some part, and the blood will be found impoverished, therefore it will be necessary to support the Patient by easily digestible food as in this Complaint subacid fruits will be useful as the Filix Lem. When it assumes the true Scorbatic Character, we must be cautious in the use of Murre Eggs are a very useful part of diet, but they should be taken raw.



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.—Electricity? *Warm Bath.*

C. To evacuate inspissated bile, mucus, or biliary concretions, blocking up the ducts:—by Emetics,—Cathartics;—kinds of these most proper.

D. To remove scirrhus 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.

692. 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.—Remarks on certain articles recommended as possessing specific powers in the cure of Jaundice, viz. raw eggs;—combination of Æther and Oil of turpentine;—Ext. Taraxaci;—Dec. Gram. Canini;—Alkalies, supercarbonated and caustic.—Native vegetable acids, Nitric Acid, &c. &c.

*vide Jaundice Treatise.*



## OF DIABETES.

693. SYN.—*Dipsacus*;—*Hydrops ad matulam*;—*Polyuria*;—*Chyluria*;—*Cachexia urinaria*? Origin and meaning of these terms respectively.

694. 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.

695. 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*.

696. 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, viz. by Aretæus,—Dr. Mead,—Dr. Home,—Dr. Cullen,—Dr. Dobson,—Dr. Darwin,—Dr. Rutherford,—Dr. Rollo,—Dr. Lubbock,—Dr. Watt.—Examination of these seriatim; and reasons for concluding, that the *two forms* (696) of the disease, respectively depend upon morbid states of different organs or functions.—Account of the appearances after death;—and application of them to illustrate and confirm this conclusion.—Strictures on the nosological



of the Tongue, inflammation of the Mouth with  
an ordinate degree of thirst. Pulse from 80 to 120 or 30.  
695 The inflammation of the Mouth so much that the  
Tongue sticks to the roof of the Mouth. The Thirst so  
intense that the Patient drinks several quarts  
a day. The Emaciation equal to what you find  
in Dropsy. The Urine often exceeding the quantity  
of fluid taken in the Day (3 or 4 Quarts moderately  
often double or triple this quantity). The Urine in form  
amounting to voracity. Itching & suppurations  
inflamm. of the Preput. Penis. The desire of Venery  
entirely leaves the Patient as these symptoms  
increase. Swelling of the lower Extremities, hectic  
fever, Cough & difficulty of breathing & other Affections  
of the Chest. The Patient becoming Phthisical, under  
which he dies. The Disease often tedious, some-  
times a cessation for several months, common to  
both Sexes, but more frequent in Men, but this  
most probably owing to the delicacy of Females concea-  
ling it.  
In the most common form, Pusillus the urine is  
of a pale straw colour with a peculiar smell, diffe-  
ring from that of common Urine, it is of a saccha-  
rine taste & if evaporated it appears of the colour  
of Peach or Melons and will ferment overpo-  
sured to Air. The specific gravity of the Urine is never  
less than 1020 or 1025.  
The Patient's breath smells as if he had been chewing  
new made Hay and he has the same sweet taste in his  
Mouth. The Belly in the beginning is torpid, <sup>torpid</sup> at the conclusion  
however we more frequently have Diarrhoea. more running is  
expelled at night than in the Day, and the fumes are <sup>and</sup> exhaled  
In the D. hepaticus a large quantity of Urine is expelled  
which is deficient in its proportion of urea & it is insipid,  
there is slight pain amongst the loins & thirst.

696. It has been conceived to be owing to some fault in the Dige-  
tion and assimilatory ~~organs~~ functions, which appears to be  
the most satisfactory theory, as it accords with what we observe  
in this Disease.

The Kidneys have generally been found healthy, they only  
suffer from Pruritus. In Patients laboring under Pusillus  
in 99 cases in 100 an Abscess will be found in the Kidney  
and they go off with ~~hectic~~ hectic Fever.



the first of these is the fact that the disease is not confined to any particular age or sex, but is equally common in all ages and both sexes.

The second is the fact that the disease is not confined to any particular season of the year, but is equally common in all seasons.

The third is the fact that the disease is not confined to any particular part of the body, but is equally common in all parts.

The fourth is the fact that the disease is not confined to any particular country or climate, but is equally common in all countries and climates.

The fifth is the fact that the disease is not confined to any particular race or nation, but is equally common in all races and nations.



place assigned to Diabetes by Sauvages, and by Dr. Cullen.

697. *Paratyphlogia* or *Crisis*. Uncommonly respecting the paratyphlogia of the state of the system which gives a tendency to the Diabetes mellitus; but probability of its being often organic and constitutional, and therefore essentially hereditary:—essential, arising from the nature of the subject.

698. *Exercitio* or *Crasis*. Various and opposite ones mentioned by authors, agreeing only in the circumstance of their ultimately weakening the tone and vigour either of the Nervous large, or of particular organs, in persons already disposed to the disease;—e. g. producing complaints of the Venæ Menses, especially Intermissiones Menstruæ;—the excessive use of cold watery fluids;—of artificial stimulants particularly upon the renal secretion;—the abuse of spirit, or other astringent on the tone, and thereby affecting the kidneys;—rigid, or obstructed and sluggish state of the Liver;—&c.

699. *Proximate Cause*—in *Polyuria* or *Diabetes* is one of the Hypocritic states resembling analogous to that of the excretions is dropsy, (523);—in *Melituria* or *Diabetes* a perverted condition of the Digestive or Assimilative Functions, whereby the food is converted into blood of a lower nature, and of a quality rather fitted for the use of the viscera and support of the body, than for supplying the principles necessary to give the usual character and properties to the several secreted and excreted fluids.

700. *Diagnosis*. This case between Diabetes and any other disease; not only necessary between the two forms of itself (685);—namely, Diabetes, and Polyuria respectively. And inasmuch as the Diabetes is a disease of the system, and the Polyuria is a disease of the organs, the former is a disease of the system, and the latter is a disease of the organs.

700. The only Disease with which it can be confounded  
is Hysteria, but the Character of the Urine is not  
altered neither is it permanent.



place assigned to Diabetes by Sauvages, and by Dr. Cullen.

697. 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 therefore occasionally hereditary:—several striking instances of this related.

698. 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.

699. PROXIMATE CAUSE—in *Polyuria debilitans* a state of the Uropoeietic vessels seemingly analagous to that of the exhalents in dropsy, (595);—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.

700. DIAGNOSIS. This easy between Diabetes and any other disorder; and only necessary between the two forms of itself (695):—marks denoting these respectively.



701. 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.

702. 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 Chyllopoeietic 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



701. From what Dr. B has seen he thinks that the Prognosis in most cases must be unfavourable unless it be in the early stage of the Disease.

702. It consists in an increased quantity of urine, the Remedies applicable to Dropsy will be proper, but in the worst form, Mellites, we are never acquainted with any medicine which will have a decided good effect, but attention should be paid to the Digestive organs.

The best Diaphoretic is the Puls. Theriac. C. but according to Dr. + experiment the effect is only temporary.

The Antimonial. Diaph. acid. & the warm Bath. Dr. Rush says the Patient should be kept on the Antiphlogistic regimen. Theriac has been given to act as an Emetic & afterwards keep up Haemata, and it is astonishing how much the water has been diminished in quantity by this means.

703. Difficulty of giving any short and precise directions. The Patient should avoid eating sweet vegetables, as the carrot, parsnip & Turnip, & the preference given to Spinnage & Greens. That the animal food may be more readily digested it should be kept sufficiently long to make it tender, therefore the varieties of fowl are more proper; but in the latter stage of the Disease we must be more & more limited in the use of animal food from the great febrile excitement under which the Patient labours, at that time craving exceedingly for a Glass of Beau or Rhenish under the same view Medicines have been given as the Spontaneous Anemia.



D. Some Authors recommend V.S. Dr. B has found it relieve the pain in the loins but never knew it cure the Complaint.

Dr. Hall strongly recommends bleeding largely & the Anti-phlogistic plan. He tried it on the former Patient & he derived benefit from it, but he relapsed and ultimately died from a Concreta existing in his lungs.

E. In the case of a Gentleman it was recommended to take gr; of Opium with a Diet. of Infus. Aurant. Comp. since that Dr B has ordered the same remedy which he has found extremely useful, also regulating the Diet and keeping up the Tone of the Stomach. Opium does not appear safe to be given alone

903. When it is connected with Dyspepsia, we generally find that the Urine is not increased in its specific gravity, and this will be a distinguishing mark.



in the Sanguiferous System, by reducing the *quantity of blood* to a due balance with the *power of the vessels*,—by Venesection, repeated from time to time, according to the degree of effect observed to result from it.

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.

703. Remarks on particular remedies recommended in Diabetes, with testimonies for and against them;—the principles on which their utility may be explained, and the *forms* (695) of the disease to which they would appear especially adapted;—Alum in various forms,—Catechu,—Uva Ursi;—Rhubarb;—Tinct. Cantharidis;—Blisters, and other stimulant applications to the loins;—tight belt;—issues and setons;—Aqua Calcis;—Sulphur, and its combination with alkalies;—Acidum Citricum Sodæ Muriate;—&c. &c.

#### URINARY CONCRETIONS.

704. SYN. *Lithiasis*, Vogel and Macbride.—*Calculus urinarius* Auctorum:—Anglicè *Gravel* and *Stone*.

705. 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.

706. Usual symptoms of Calculus, or of the *lithopoeietic 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.

707. **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. 706, or loaded with mucus.

708. **DIAGNOSIS.** Circumstances serving to distinguish Lithiasis from the symptoms occasioned by Lum-bago,—stricture of the Urethra,—enlarged Prostate,—thickened bladder, &c.

709. **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



708. In Lembo's the Patient is unable to alter his position without pain in the loins. An enlarged Prostate may be ascertained by examination per ano, it will also be known by the difficulty it causes in passing the Catheter and at the age at which it occurs. A thickening of the Bladder will be known by micturition, the pain excited when the Bladder is half empty. The ashy tumours in the urine, & there being no pain at the end of the Penis.

It is often confounded in the Female with Viscous tetter this will be known by the age at which it occurs, pain down the back similar to labour pains and by the enlargement of the Uterus.

Q. After Bloodletting we may give a full Dose of Opium  
either by the Mouth, or in the form of Glyster - giving  
It is a question how far we may venture on this remedy  
as it is accompanied with continued sickness.



introduced into the bladder.—Why Women less subject to urinary calculi, especially of the bladder, than Men.

710. 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.

711. Chemical examination of Urinary Concretions ;—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 *a priori*.

712. Inquiry into the nature of the morbid state productive of Urinary Calculus ;—its analogy to, and its frequent connection and alternation with Gout shewn ; and reasons for believing, that they are only modifications of the same disease, as affecting organs differing in structure, functions, &c.

713. 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.

714. TREATMENT. The plan will be either *cure**tive*, 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 Concre-



tions already formed ;—by mild diuretics,—mucilaginous diluents ;—articles possessing a chemically solvent power on calculi *out* of the body, and concluded to exert a lithontriptic 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 (712),—by regulation of Diet and Regimen, adapted to the case ;—correcting morbid state of Digestion (See DYSPEPSIA) :—Uva Ursi, and other Astringents :—Turpentine and Balsams.

715. Remarks on particular remedies ;—Greenfield's combination of Cantharides in substance, and Camphor ;—Mrs. Stephens's solvent.—Chittick's nostrum, &c.

## OF ASTHMA.

716. Derivation and meaning of the name.

717. 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.

718. Distinction between Dyspnœa, Orthopnœa, and Asthma ; and the appropriate application of these terms to different states and forms of difficult breathing pointed out.



B. It is doubtful whether the Calculus is ever carried  
to the Kidney, Dr. Ballou thinks that Urine. Dil. is only use-  
ful from the quantity of water that they contain.

When the Calculus consists of Urine Acid the caustic and  
alkalies will be proper, or Soap and Rhubarb may  
be substituted as the latter will keep the bowels open.

When the Urine deposits a white sediment, Phosphoric  
Mineral Acids will cause it to be suspended and carried  
off, but the Sulphuric Water will be preferable.

After giving the Alkalies in the former case for some time  
one will find the Urine exhibiting the opposite properties and  
depositing the Phosphoric Salt, here then you should give Acids  
and by these means you will considerably open the disposi-  
tion to form these concretions.

Dr. C. knows of one Case where Salts were injected into the  
Bladder, but without any success as the Patient eventually died.

With this view a Jaeger has been put on the Penis to cause  
the Urine to collect in the Bladder, when there was sufficient  
force taken off the water allowed to escape.

Dr. Cooper has also introduced a pair of Forceps into the Bladder  
in the shape of a sound and thus removed a number of  
small Calculi.

(And see Brand's Recd in the 12 h. Journals of Art. & Science.)  
 The two cases with the Vegetable Issues may be given to all  
 Irritability of the Bladder.

715. Sarcophag. has been given with Cantharides with the  
 view of improving its irritating effects, but Dr. Dougl. doubts whether  
 it has this power.  
 The chief expedient in Dr. Stephens's colic was Calomel  
 Oyster shells.

#### OF ASTHMA.

716. Definition and meaning of the name.

717. General Character: Difficulty of breath-  
 ing occurring at intervals, accompanied with sense of  
 constriction and oppression in the chest, and sometimes  
 with a sense of cold, or heat, or dryness, or moistness,  
 and difficult, but transient, cough, or flatulent  
 eructation, and the usual and constant accompaniment  
 of anxiety, and often with profuse perspiration of  
 sweat.

718. Distinction between Dyspnoea, Catarrhus,  
 Asthma, and the symptomatic application of these terms  
 to different states and forms of difficult breathing, p. 137.



722. Some Authors who have supposed Asthma to be produced by an Effusion of Serum into the Bronchial Cells, appear to have mistaken an Effect for a Cause of the Disease, among whom is Dr. Baillie - Dr. Baillie recommends his Work as worthy of perusal - Dr. Baillie thinks that it is owing to some original Structure in the Air Cells.

720. If the Patient is subject to the Complaint he is taken in the Night, about one or two o'clock the attack comes on he is obliged to sit up, the bed clothes must be thrown off, the curtains & even the window opened to relieve the Distress, he appears as if he had a ligature tied round the Trachea, & his Distress is in the extreme, he may remain in this state for 2 or 3 an hour or much longer. The Extremities are cold, become pale, he may be in such a state of desperation as to fly off bed and run to the Window, when the Symptoms begin to subside the secretions return, if he has a Cough during the spasmodic attack it is dry but now it is attended with a profuse secretion, when the Symptoms go off he goes to bed appears completely worn out & looks extremely pale & then falls to sleep; the next night he may have another attack, then the Disease wears out, and he has no return until he is again exposed to any exciting Cause.

722 The principal seat of this Disease is in the Membrane lining the Trachea. Bronchi and its ramifications.

723 Genuine Asthma comes on in the Night & is unattended with secretion in the earlier part, not so with Catarrh. Croup is a Complaint of the earlier part of life while Asthma occurs in the latter stages. Asthma fever in the first case not so in the latter. The sound of the respiration also is different. In Hydrothorax the Patient seldom has a Cough, if he has it does not come on in Paroxysms. Angina Pectoris always comes on while making exertion, the Patient complains of severe pain &



719. Division of Asthma into *idiopathic*,—and *symptomatic* (*A. hystericum*,—*hypochondriacum*,—*arthriticum*,—*exanthematicum*); and importance of this in a curative view.

720. 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.

721. 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 rarified 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.

722. Examination of the proximate cause of the Asthmatic paroxysm, as alledged by different writers; and investigation of its probable nature and seat, founded on a consideration of the symptoms, exciting causes, &c. and leading to a consistent plan of treatment.

723. DIAGNOSIS. Circumstances distinguishing Asthma from Catarrh, Croup, Hydrothorax, and Angina Pectoris;—and from the difficulty of breathing which sometimes attends Hysteria, Hypochondriasis, Intermit-

*except the chest seldom has cough.*



ting Fevers, &c. or is owing to foreign bodies accidentally getting into the trachea.

724. 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 inducing hydrothorax, &c.

725. THE TREATMENT varies considerably accordingly as the disease occurs in a plethoric or exsanguious habit,—as it is idiopathic or symptomatic (719),—catarrhal, or purely spasmodic (720). 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.



24. Now what I have seen we must be induced to give an unfavourable prognosis, not that the Patient is to die immediately, but in the greater number of Cases they eventually sink under the Complaint.

A. Advantage will be derived from a more regular mode of living, avoiding any particular article of food which might have brought it on, taking care not to expose the body to cold air, or a draft when overheated by exercise or changing the dress, also paying attention to the situation in which the Patient lives.

B. If the Patient is Plethoric, to relieve the congestion in the Chest by taking away blood, but not so much as in Influenza. If he is capable of swallowing drink the Spasms give Spt either Sulphur with a few drops of Dr Opium, or any other Antispasmodic. Smelling the root of the Stramonium will often relieve the Spasms. The best is brought from the East.

any Fever, &c. or is owing to foreign bodies acci-  
dentally getting into the nostrils.

724. *Pharyngitis*:—Inflammation of the pharynx, or throat, is a common disease, and is attended with a variety of symptoms. It is often attended with a swelling of the tonsils, and is sometimes attended with a discharge of pus from the throat. It is often attended with a difficulty of swallowing, and is sometimes attended with a hoarseness of the voice. It is often attended with a pain in the throat, and is sometimes attended with a redness of the throat.

725. The Treatment of this disease is to be regulated according to the nature of the inflammation, and to the state of the system. If the inflammation is attended with a swelling of the tonsils, and is attended with a difficulty of swallowing, the treatment should be directed to the reduction of the inflammation, and to the relief of the symptoms. If the inflammation is attended with a discharge of pus from the throat, the treatment should be directed to the removal of the pus, and to the relief of the symptoms.

If the inflammation is attended with a hoarseness of the voice, the treatment should be directed to the relief of the hoarseness, and to the relief of the symptoms. If the inflammation is attended with a pain in the throat, the treatment should be directed to the relief of the pain, and to the relief of the symptoms. If the inflammation is attended with a redness of the throat, the treatment should be directed to the relief of the redness, and to the relief of the symptoms.

The treatment of this disease is to be regulated according to the nature of the inflammation, and to the state of the system. If the inflammation is attended with a swelling of the tonsils, and is attended with a difficulty of swallowing, the treatment should be directed to the reduction of the inflammation, and to the relief of the symptoms. If the inflammation is attended with a discharge of pus from the throat, the treatment should be directed to the removal of the pus, and to the relief of the symptoms.

If the inflammation is attended with a hoarseness of the voice, the treatment should be directed to the relief of the hoarseness, and to the relief of the symptoms. If the inflammation is attended with a pain in the throat, the treatment should be directed to the relief of the pain, and to the relief of the symptoms. If the inflammation is attended with a redness of the throat, the treatment should be directed to the relief of the redness, and to the relief of the symptoms.

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If the inflammation is attended with a hoarseness of the voice, the treatment should be directed to the relief of the hoarseness, and to the relief of the symptoms. If the inflammation is attended with a pain in the throat, the treatment should be directed to the relief of the pain, and to the relief of the symptoms. If the inflammation is attended with a redness of the throat, the treatment should be directed to the relief of the redness, and to the relief of the symptoms.



Dr. Galvanism has been recommended by Dr. Wilson Phillips. He thinks that it is only applicable to the Spasmodic form and in some nervous Habits. Several authors mention the effects of breathing Oxygen gas, but Dr. does not think it very advantageous as Dr. Wilson states it to be. As to the Foreign Acid Gas, we rather find that Patients are more comfortable in a purer atmosphere, and it appears that Carb. Acid gas is sometimes as an exciting cause. Dr. thinks that the only remedy would be to change the climate for a few years.

7. as the Stomach sympathizes extraordinarily with the Chest, the Patient will receive advantage from Alkalies & Bitters. When the Disease becomes Chronic. Ammoniac, Myrrh, Colchicum & Squills will be found useful Remedies. R. Theriac. gr i - ss. Pil. Sill. C. gr viii. M. d. is 4<sup>th</sup> or 6<sup>th</sup> grs. as recommended. D.B.

Digitalis Diureticis adapted to Catarrh Habit; and those that labour under the Pituitous form of Asthma. The Mineral Acids are applicable <sup>to the</sup> who have suffered from intemperance, and when there is a Stomachic Affection. Asthmatic Patients should only eat moderate quantity at a time and not fast long, fermented liquors are always injurious, the Diet should be regulated according to the Habit of Body of the Patient.

728 The Case of an Old lady mentioned above it occurred a second time.

729. In the severe form during the long Intermission frequently takes place from different parts, how, I guess

730 The seat of this Disease is the Lungs, and in one case which I have examined he found a slight Inflamm. D. thinks that it is not contagious after three Weeks continuance.



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.

726. Remarks upon particular remedies occasionally recommended;—Oxygen gas;—Arsenic;—metallic Quicksilver;—re-inoculation of the itch;—breathing Carbonic-Acid Gas, &c. &c.

### OF WHOOPING COUGH.

727. SYN. *Tussis convulsiva* of most authors;—*Pertussis*, Cull.—Anglice, *Kink* or *Whooping Cough*; improperly *Chincough*.

728. 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.

729. 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.

730. 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.

731. 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 paroxysms,—bodily exertion, as running, &c. distension of stomach,—indigestible food,—irritation of the lungs from smoke, &c.—passion of anger, crying.

732. DIAGNOSIS. — Difficulty of distinguishing Whooping Cough from Catarrh in the beginning: marks assisting to do this, where they are not combined.

X 733. 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.

734. Explanation of certain symptoms;—and appearance of the lungs in fatal cases.

X 735. 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—



732. But by observing narrowly we shall find that the  
tough comes and Paroxysms and is followed by vomiting

733. But if the Paroxysms are severe, returning frequently  
& it occurs in a delicate Child attended with considerable  
degree of fever &c then we may expect it will terminate  
unfavourably.

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.

731. *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 paroxysms,—bodily exertion, as running, &c. distention of stomach,—indigestible food,—irritation of the lungs from smoke, &c.—passion of anger, crying.

732. *SYMPTOMS*.—Difficulty of drawing breath, and a hoarse, rattling Cough from Catarrh of the Larynx:—

marks wanting to do this, where they are not combined.

733. *PROGNOSIS*.—The disease is generally fatal in infants, especially those born of phthisis or tubercular parents;—and to those possessing general delicacy of frame, or reduced by preceding illness.—Unsuccessful combination with Mercurial Cathart.—Epistaxis sometimes relieved; but is often a mark of severe disease, and when copious or frequent proves fatal.—Sometimes terminates suddenly in convulsions and death; but the fatal event generally preceded by constant dyspnoea, livid colour of the face, extremities, &c.—Often brings on Phthisis, and sometimes obstruction; occasionally Jaundice;—common mode in which it probably acts.

734. *Explanation of certain symptoms*;—and appearance of the lungs in fatal cases.

735. *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—





735 In the earlier part of the Disease taking care  
that the Child be not exposed to cold air, & paying  
attention to the Diet & Bowels; When the Chest is  
overloaded give Emetics as, equal parts of Acon.  
Sulph & Vin. Siccac. in small quantities until  
it produces vomiting, Advantage will be derived  
from repeating this once in 24 hours. 5th.

In full Habits, be followed by Antine. Drafts, when there is  
much Pus, secreted in Sinus should be given and this  
before the Evening excretion. When spare Habits we must  
principally rely on gentle Emetics joined with Drafts, and Rubes  
Externi on the Chest.

In the second stage D. B. knows of no remedy so  
useful as Cornium, you may begin with giving  
it to a Child of 3 years, gradually increasing to 20.  
at the same time watching its effects.

The Temperature of the Air shd. be regulated 24th.

Sig. Ralis joined with Squills is a useful remedy.

Quinch is the most powerful antispasmodic we can give  
and is applicable to Cases depending on Irritability.

There is a Gum which does not heat and is as good as an  
Antispasmodic.

736 When the violence of the Disease is gone off the Child  
will reap advantage from being taken into the  
open air. If there is much debility the Bark  
may be given either Acidulated or not.



IN THE FIRST STAGE (730) to mitigate urgent symptoms, whether (a) of the *Catarrhal*,—or (b.) of the *Spasmodic* kind (729);—(a.) by bloodletting, general or local, according to the degree of plethora, or of febrile irritation and dyspnoea 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 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.

736. Remarks on certain remedies occasionally employed, and on their *modus operandi* when beneficial:—Dr. Burton's combination of *Cinchona*, *Cantharides*, and *Camphor*; and improvement on his *formula*.—*Musculus pixidatus*.—Roach's embrocation.—Moderate impression of fear.

## OF COLIC.

737. 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

738. GENERAL CHARACTER of—deep-seated pain, occupying especially the epigastric and umbilical regions,—generally attended with costiveness, and sometimes with vomiting.



739. Division into species, according to its nature, or to its real or alledged

740. 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*)—scirrhus or other coarctation of the intestinal tube (*scirrhus rectum, &c.*);—application of lead in various modes (*C. Pictonum*; Devonshire Colic;—*Dry Belly-ache* of the West Indies? &c.)—Periodical or Intermittent Colic.

741. Symptoms, &c. respectively denoting these several species.

742. PREDISPOSING CAUSE.—Constitutional or acquired irritability of the muscular fibres of the intestines.

743. PROXIMATE CAUSE.—Violent spasm affecting a portion of the intestinal canal, and preventing the ready descent of the fœculent or other contents.

744. 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



40. *Statul.* if from this, give *Carmenatives*, as the  
T. *Comph.* C. either alone or with *Opium* and *Ether*, or  
T. *Senna*, & *Rheum*. You may have the enlargement  
of the Abdomen go to that extent from accumulated  
Food as to be mistaken for *Pregnancy* or an enlarged  
Liver. ~~Accident.~~ <sup>Pyrexia</sup> The *Sania* is most likely to be  
attended with *Colic*. If there be *verruca* the *Inti-*  
*tation* is in the lower part of the *Intestine*, causing  
itching of the *anus*. If *Lumbrici*, pain in the *Sto-*  
*mach*, sometimes producing *vomiting*.  
In *Sania* I recommend the *Use* of *Tea* *peppermint*  
but the Dose ought not to go beyond  $\frac{1}{2}$  *gr.* *grs.*

The effects of taking any preparation of Lead are  
violent spasms of the abdominal Muscles, extreme  
pain in the Bowels, and obstinate Costiveness.

To give relief to the pain & costiveness, order a Warm  
Bath, give Diluent Injections also *Opium* mixed  
with the necessary quantity of *Cathartic* and pay  
attention to the Patient's Diet.

741. Spasmodic contractions according to the nature, or position of the part affected.

742. Spasmodic contractions according to the nature, or position of the part affected.

743. Spasmodic contractions according to the nature, or position of the part affected.

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747. Spasmodic contractions according to the nature, or position of the part affected.

748. Spasmodic contractions according to the nature, or position of the part affected.

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745 In the Treatment of Cases of this kind if you begin with Purgatives, you will not be able to relieve the Patient. The first object therefore is to relieve the Spasm, to do which you should administer the necessary quantity of Opium and with it either *Ext. Colic. Salaf. Alois &c.* perhaps the best is *Salomel, Ext. Colic. &c. Opium*, but the proportion of the latter must be great, from  $\frac{gr}{ij}$  to  $\frac{ij}{\text{every } \frac{1}{2} \text{ of an hour}}$ ; After it has relieved the Spasm an ordinary quantity of any Cathartic will produce the necessary effect on the Bowels. Dr B. recommends the *Pulv. Theriac. C.* as a good form of Opium. If the Patient has received Relief we have then to restore the energy of the Parts. Dr B. recommends the different Balsamic Preparations with Dr Sydenham the Balsam of Peru was a favourite form; but the Bals. of Canada or Copiva will be rubbed down more easily: if given in doses of  $\frac{ss}$  2 or 3 times in 24 Hours it will operate on the Bowels 2 or 3 times, therefore more useful. In common with all other Balsamic Preparations they produce a peculiar Irritation on the Skin, the same is not so likely to be caused by Bals. Peru. This in some Cases is extending over the whole surface of the Skin, particularly the Face & Neck and producing very troublesome Itching.



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 paralysis of the extremities, especially of the wrists. (See PALSY.)

745. TREATMENT. Although as far as the disease is merely dependant on Spasm, the plan of cure is simple and generally successful; yet from the very different nature of the Exciting Causes (740), 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.

746. Means calculated to fulfil these several indications respectively adapted to the particular species (733), 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.* Magnesia Vitriolata,—Ol. Ricini,—Calomel, 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.



747. 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.

748. Means necessary to guard against future attacks, —Riding,—Sailing,—Friction,—Diet,—Regimen,—Clothing, &c.

### OF TETANUS.

749. A general term, including *Trismus*, or Locked Jaw,—*Opisthotonos*,—*Emprosthotonos*,—and *Pleurosthotonos*: meaning of these respectively.

750. 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.

751. Detail of symptoms marking the commencement and progress of the disease under the different forms enumerated above, (par. 749); and comparative frequency of these forms.

752. 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.

753. EXCITING CAUSES. Sudden refrigeration, especially when the body is overheated and perspiring. (*T. a frigore*)—Local irritation, from wounds, bruises,



74 or In addition to the foregoing Remedies it will  
be advisable to send the Patient to the Sea  
for the advantage of the Sea Bathing, or even to  
Baths.

750 Also <sup>with</sup> Difficulty of Breathing, & Swallowing, great  
Disturbance of the Pulse & Constipation of the Bowels.

751 Stiffness of the Jaws, contraction of the Muscles  
about the Eyes, even now the Patient cannot depress the  
Laws to its proper extent, as the Disease increases the  
Rigidity & Spasm of the Muscles become general, but partic-  
ularly of the Diaphragm, then the expression of the Counte-  
nance is well marked from the contraction of the Muscles  
themselves. The Patient will be bent in that position in which  
the Muscles contract, if both before & behind, then he will  
not quite upright if placed in a chair; But the Muscles  
of Inspiration are more particularly affected, this causing  
the great Danger, also those of Expiration, (Rabies Cerebralis)  
as the Disease advances there is a marked determination  
to the Skin, the Patient becoming covered with a profuse pers-  
piration; as to when the Disease shall terminate it is  
quite uncertain.

tends to the Muscles of other parts, as the Neck, Back &

752 Nervous Debility certainly predisposes to this Complaint, this we saw from what is observed in warm Climates, it occurs in the proportion of 20 to 1. We should consider that a woman after laying in is more disposed to this Disease, also when the Power is weakened by Disease, often has it occurred that when an injured Part has been nearly <sup>restored</sup> that it has come on.

753. The probability of its occurrence bears no proportion to the degree of injury, as it may arise from a slight hurt and particularly of Bruise or Laceration.

#### OF TETANUS.

754. A general term, including Trismus or Locked Jaw, Spasms, Rigidity, and other

755. GENERAL CHARACTER. Spasmodic rigidity of the voluntary muscles, especially of the jaw, neck, and

rest of the body, accompanied with violent pain, and

and occasional involuntary contractions, without any

particular alteration of the system.

756. CAUSES. Sudden refrigeration, especially when the body is overheated and perspiring.

(T. 9 figure) Local irritation, from wounds, lacerations,

and other injuries.

757. EXCITING CAUSE. Sudden refrigeration, especially when the body is overheated and perspiring.

(T. 9 figure) Local irritation, from wounds, lacerations,

and other injuries.



32. (T. *insensibilis*.) Acid or other matters in the prime via of infants.—Disordered or suppressed perspiration.—Preceding Catarrh Puerperii, or Dry Belly-Ache.

754. Occasionally takes place as a symptomatic affection in tropical fevers (*T. febrilis*)—as an independent or anomalous form of hysteria (*T. hysterica*), and as a sort of curative narcotic poison.

755. **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 Spinal Cord, or 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 its treatment.

756. **Diagnosis.**—Distinction from other morbid affections of the Nervous System, from which it is distinguished by its peculiar symptoms, from which it is distinguished by its peculiar symptoms, from which it is distinguished by its peculiar symptoms.

757. **Prognosis.**—to be drawn chiefly from the degree of morbid action, and the state of the system generally.—The prognosis is generally favourable, but it is sometimes fatal, and it is sometimes cured by the use of the most powerful remedies.

758. **Treatment.**—the still more and more the object of the Proximate Cause. Not from the undoubted efficacy of any individual plan.—The general indications, however, are—

756 Under Convulsions the Patient is senseless, he staves  
as in Tetanus, at the end of the Complaint he may become  
delirious, but not at all in the commencement; Katalapxy  
is of long continuance and never proves fatal.

757 When the Disease occurs with us, the chances are  
10 to 1 against the Patient, but not so in warm climates,  
for there it is just the reverse; for it is as unlikely thing  
for the Disease to be present to Day and gone to Morrow,  
and it is in these places that it occurs spontaneously.



&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.

754. 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. 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.

756. DIAGNOSIS. Circumstances distinguishing incipient Tetanus from Rheumatic affection,—from Convulsion,—Catalepsy,—or anomalous symptomatic spasm.

757. 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.

758. 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. Terbinthinæ,—Ol. Succini,—Cantharides,—Ammonia,—Mercurial preparations,—&c.—Examples of success and of failure in the use of these respectively.

B. To lessen the general irritability, and tendency to involuntary muscular contraction.—By Venesection, 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,



A. When it is produced by a wound, it should be carefully examined & any dangerous substance removed, then foment the part and apply Opium.  
As the nervous tendons to the part have frequently been divided without the least advantage, it should be done easily if at all.

B. Dr. B. has seen G.S. carried to a large extent, Opium given in Dosis six times as much as common, the Hot Cold Bath used, & Mercury given very largely, without producing any effect on the Disease.

If the Patient be young and plethoric it will be advisable to lower the system somewhat.

Dr. B. thinks that Opium must be regarded as our principal remedy until something new be discovered. He has seen a great number of Cases recover, after Opium, than any thing else. If you wish to apply it to any particular part, the best way will be to remove the Cuticle by a Blister then apply the Opium.

C. Dr. B. prefers the Cold to the Hot Bath, more advantage will be derived if the Body be previously heated either by vapour or the Hot Bath.







759 Dr. C. has seen one Case cured by Arsenic, it was  
given in Doses of 20 Drops of Fowler's Solution, after a few  
Doses it produced sickness. Dr. C. should be inclined to try  
it after Bleeding & Purgings if necessary. when Tonsils are  
indicated.

760. Some have supposed it to be connected with a peculiar  
state of the Atmosphere, viz, when there is a considera-  
ble degree of moisture, others with a disordered state of  
the Alimentary canal in consequence of the retention  
of the Meconium, others again have ascribed it to mis-  
management of the Umbilical Cord. Dr. C. mentions a Case  
which proved fatal when Opium, the warm Bath & other Anti-  
spasmodics were given, but Attention was not sufficiently  
paid to the Bowels, he examined the Patient after Death  
and was surprised to find so large a collection of feculent  
matter in the Bowels. This showing the necessity of Pur-  
ging in such Cases. Dr. C. recommends when the Bowels  
are costive injecting a stimulant Fly-stick compound of  
Sweet. Cologne & the Salt & Oil.

762. Apoplexy & Paralysis are so nearly allied, that  
the one is generally the consequence of the other.

763. The attack is so sudden as to appear as if he had  
received a blow on the Head with a Hammer, sometimes  
he dies at once, at others he lugs several days & appears to know  
nothing, the Pulse will be full & quick, Inspiration stertorous,  
countenance bloated, nausea, sometimes vomiting; urine  
& Stools pass involuntarily; he may lay in this State for Days  
next if he is able to take nourishment & he may recover.  
If he is to sink, there will be great defect of vital power, marked  
by smallness of the Pulse, cold, clammy & colligative sweats,  
with great depression of strength, where there is scarcely  
any Hope.  
Sometimes the Humour is impaired ~~some~~ for a considerable  
time before the Attack comes on.



—This indication fulfilled in part by *d*, and *e*, (A. 758)  
 —by change of climate, &c. friction,—exercise, &c.

759. Remarks on particular remedies occasionally recommended.—Electricity,—Galvanism;—friction with oil;—Tinct. Ferri Muriatis;—Arnica,—Camphor,—Petroleum,—Cicuta, &c.

760. 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 alleged;—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.

761. Derivation and meaning of the term.

762. 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.

763. 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 ;—dyspnœa ;—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.

764. 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.

765. EXCITING CAUSES—whatever, under a state of predisposition (764), 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.

766. 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



766. We often find that Apoplexy is connected with a disor-  
dered state of the Alimentary Canal, and after bleeding  
by attending to this circumstance and giving Purgatives  
we shall relieve the Patient.

with redness, and swelling of the face;—distention and  
distension of the stomach and intestines;—dyspnoea;—  
great depression of spirits;—drowsiness, especially after  
eating;—disturbed sleep;—night terrors, 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.

764. **PREDISPOSING CAUSES;**—a peculiarity of  
constitution, frequently hereditary, but often communicated  
with dark eyes and hair, short neck, and corpulent habit,  
then with an opposite description of person.—Advanced  
age;—sedentary life;—full diet, and habitual though  
inconsiderable excess in the use of Wine and malt li-  
quors;—stoppage of customary discharges, as Epistaxis,  
Hæmorrhoids or Menstrual flux, &c.

765. **EXCITING CAUSES;**—whatever, under a state  
of predisposition (764), either—determines an unusual  
quantity of blood to the head,—prevents a free return  
of it from whence,—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, shown from dissections;—  
with the symptoms respectively denoting the probability  
of their presence during life.

766. **LOCAL EXCITING CAUSES;**—all, of which  
it is probable, that they are the cause, or contribute to  
the production of the disease.—Inflammation of the  
arteries,—depending upon the heat of the blood, or  
upon the neck,—impeded respiration,—congestion  
of the stomach,—Tumours pressing on the superior Vena  
or descending Aorta,—Nervous Poisons,—Injury of



767. Where there is no rupture of vessels many Effu-  
sion & cause Pus from we often find the vessels distin-  
guished, often meet with Dissection in the blood Plexus, or  
eruptions of blood in the vessels. sometimes with Tumors  
supposed to be Hydatids, hollow containing all of  
blood, others in the ventricle, or on the surface of the  
Brain, Abscesses & Tumors in the substance or on the  
surface, the Membranes in the former on loose in  
texture than natural, Exostosis from the Cranium  
leading pointing inwards, Patches of white deposit  
on the Dura Mater & other Membranes, the Sals has been  
found cartilaginous & ossified.



766. In rainy and moist seasons, especially when there are sudden alternations of Heat & Cold

767. The appearances are various, you would not look for the same in a space as in a Conspicuous Habit. and you have a greater number of sanguineous than of serous Apoplexies. A Person has an attack of Apoplexy recovers and this occurs again, or if you have it produced by particular positions of the Head or by Coughing, there may have been serum effused, but it becomes absorbed again. You most frequently have serum or some other pellucidous fluid thrown out into the cavity of the Brain, sometimes an Effusion of Blood, but still more commonly a vessel gives way

769. We are ignorant of the healthy functions of the Brain and Nerves, so that we must be more so in Disease. 843. Apoplexy often occurs from increase of Vascular action and nervous Power, more frequently however the contrary. Abstraction's work is recommended.

770. After a fit of Epilepsy, the Patient generally goes to Sleep & is capable of being awoken out of it, not so in Apoplexy for the Patient is always supposed to be in a Comatose state. The Patient is very readily awake from his Letargy and will be able to answer questions & walk about. In Epileptic Sopor there is no stertorous Breathing and the Limbs are relaxed. In Cataplexy the Limbs may be moved in any direction and they will remain there. In Lethargy: there is not so heavy and when aroused he appears Delirious. When it is produced by taken Narcotic Poisons, he generally labours under Convulsions.

771. When Apoplexy depends on congestion there are no Paralytic Signs. Stomach, whereas when it depends on Effusion the Patient has generally been paralyzed for some ~~months~~ time before.



Charcoal, &c.—peculiar state of Atmosphere;—Gouty metastasis,—Concussion, or other mechanical injury of the brain.

767. Account of various morbid appearances found in the Brain and its appendages after death;—and doubts on the generally alledged agency of most of these in *causing* the disease.

768. Facts proving the intimate *functional* and *sympathic* connection between the Brain and Liver; with new views of the cause and cure of the disease founded on these.

769. PROXIMATE CAUSE.—Compression and torpor (or the converse) of the Brain;—and consequent 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.

770. 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.

771. 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.

772. Apoplexy and Paralysis compared, and shewn often to differ rather in their extent and degree, than in their nature. Examination of Dr. Kirkland's opinion respecting the special seat of each.



773. **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.

774 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* (771) 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* (763) 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 Sinapios, &c.

775. Remarks on particular remedies sometimes recommended in Apoplexy,—*e. gr.* Sternutatories, Eme-



774. Purpura is generally the cause of this Complaint either from Congestion, or from blood poured from vessels, or from effusion of Serum. If the Disease occurs in a Man of full habit, with a short neck, and he is quite smothered & suffocated with laboured Pulse, here you may be assured Purpura is the cause as from extravasation of Blood, you have no proof that it is not still going on, & therefore you must relieve the Heart & Arteries by Bleeding. From the Serum & irregular being in a full and gentle stream, Dr. B. prefers giving the Temperament acting, as the Impression is made more directly upon the Heart, & the pulse might become more frequent & slip full, 20 or 30 ounces may be taken away, and the repetition cannot be repeated by the frequency of the Pulse, not by its strength, as fainting may follow, in such cases, 50 ounces have been taken away in a few hours.

Our next object is to pay particular attention to the Stomach, remove the oppression of the Stomach, which we often see attempting to relieve itself by vomiting. we give Antimony. Tartar. for an Emetic.

Now we attend to the Bowels, if the Patient cannot swallow fluids Calomel mixed in Butter may be placed up the back of his Tongue, &jections administered, but should be otherwise give Calomel in a Bolus, and a Solution of Ext. Coloc.  $\mathcal{L} - \mathcal{R}$ . Ext. Coloc.  $\mathcal{L} - \mathcal{R}$ . Tere. Glyster.  $\mathcal{L} - \mathcal{R}$ . Tere.  $\mathcal{L} - \mathcal{R}$ . Must sign. capiat coctil ampl. 2<sup>d</sup> quædam hora donec alv. respond. - Position of the Patient is not to be horizontal but erect, and we apply Hotte fupid. Aet. & Aqua, or Spt. Vinæ Recti, or what is better Oil of Turp.

As symptoms of Debility come on, as profuse perspiration, irregular Pulse, we must not deplete any more.

If the Patient remains insensibly we stimulate him by Blister or Scrupism to the Feet; Diaph. Hares & Effluvia. ul. hæs. Ammon. Cast with Antim Tartar.

How far may we employ Bleeding in spare Habits? in such Habits we must use this Remedy very cautiously pay attention to the Bowels & keep up the strength. In Dispassive Apoplexy in spare Habits, we may bleed locally. Dr. B. prefers applying Lapping Glysters to the back of the neck. Blistering is more useful in the known form of Apoplexy.









779 The difference between Paralysis and Apoplexy is,  
that in the one the cause acts more immediately, while  
in the other, Paralysis, it acts more slowly.



tics, &c. and the circumstances under which they are proper or safe, pointed out.

776. 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.

777. Management after recovery, as to diet, exercise, &c. to guard against a relapse.

778. The treatment of the Hemiplegia or other paralytic state, so often accompanying, and remaining after Apoplexy, properly fall under the next general head.

#### OF PARALYSIS.

779. Origin and meaning of the word.—SYN. *Resolutio nervorum*; CELS.—*Neuralysis*, vel *Myalysis*?—A general term comprehending various species of nervo-muscular incapacity.

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.

780. 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.

781. 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.—Comparative frequency, and occasional combination of these.

782. PREDISPOSING CAUSE; A peculiarity in the Nervous System, not definable, but oftenest affecting the Brain,—and then generally connected with Apoplectic tendency (764).

783. 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.

784. 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.



782. Nervous weakness may be constituted as predisposing  
to Paralytic affections.

783 There are two ways in which Paralysis may be pro-  
duced, one from the lesion or injury of the Sensorium  
itself, such is the case in the Paralysis following Apoplexy  
the other from the lesion or injury of the sentient extremities  
of the Nerves, the Paralysis resulting from swallowing poison  
<sup>such as</sup> or from the Patient exposing himself to the open air  
while asleep, are instances of this. For it is no uncommon  
circumstance for a Person if he falls asleep in the open air  
on awaking to find the muscles of his face paralyzed.

D. B. related the case of a gentleman who lost progressively  
by all voluntary power over the muscles of motion,  
those of the lower limbs first, then arms, speech, & lastly  
those of deglutition when he died, yet before the last circum-  
stance took place he was looking as if without con-  
sciousness, yet wholly unable to move himself.







707 Sometimes Hemiplegia is removed by the repetition of  
the Paralytic Seizure.  
Compared with Apoplexy it is not to be considered a  
dangerous Disease



785. 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*.

786. 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.

787. PROGNOSIS. This very different according to the *form* (781),—the *degree*,—and the *cause* of the affection; 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.

788. 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 (783) 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.

789. 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. Ammoniae Acetatis*,—*Ammoniae Carbonas*,—*Semen Sinapeos*,—*Infus. Armoraciae*.—*Bals. Peruvianum*,—*Ol. Terebinth*, &c. External heat, by—tepid bathing, *laconicum*.—Electricity.—Stimulating the superficial nerves by warm plasters, *Cantharides*, *urticatio*?—*Linimentum Ammoniae*,—*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.

790. Adaptation of these remedies to the particular *Seat* and *Degree* of the disease (781) as well as to the nature and operation of the ascertained or probable *Exciting cause* (783), 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.

791. Observations on the use of Emetics,—Opium, —*Arnica*,—*Rhus Toxicodendron*, &c. strongly recom-



789. If you can make out that the Disease originates from Puerperia, obvious by here as well as in Apoplexy, you should endeavour to remove that pressure; hence the advantage of having the Head shaved and using cold applications, Blister, Issues, Setons, & Friction with Mercurial Ointment, as well as the internal exhibition of Mercury to excite Absorption, or to remove any syphilitic taint if it exists.

We often find it necessary to take away a quantity of Blood particularly in young Subjects.

If you think it advisable to apply Stimulating Remedies, it should be considered how far the strength of the part will bear it.

The local remedies are various, we often think it necessary to keep up a degree of warmth on the part by Friction Mustard Sinapisms &c. allowing the Bath waters to take on the part from a high will be more efficacious.

Can 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 regular and active state.

289. Means adapted to excite respectively, topical, general, direct, indirect, and reflex action, tending to regulate the circulation of the blood, and promote absorption, e. g. mild diaphoretics—gentle cathartics—stimulants, as Iodine, Nitrate of Silver, Almond Oil, Camphor, Sassafras, &c.—Bala, & Myrror.—Bala Peruvianum.—Oil Turpentine, &c. Externally, by rubbing, friction, &c.—Rusticg.—Stimulating the superficial nerves by means of plasters, Camphor, wintergreen, &c.—Electrical—Galvanism—Friction—Regulation of Exercise, or Diet, and Sleep.—Change of climate.—Cold bath.—Blisters.

290. Indications of cases, referred to, &c. as well as the nature and degree of the disease (781) as well as the nature and operation of the remedies or probable exciting cause (785), pointed out in the principal forms of the disease, e. g. *cerebral*,—*chordal*,—and *extracerebral*, either separately or conjointly.—Directions as to the manner, early, indiscriminate, and often pernicious employment of powerful stimulants, whether local or general; and directions for their management.

291. Observations on the use of Emetics,—Opium,—Aloes,—Rhus Toxicodendron, &c. strongly recom-





792. This is a Disease which more frequently is the result of mental impressions, than of an Accident. It is not exclusively confined to any age or sex, or particular Country.

793. The fit is not accompanied by any loss of power of the pulse or breathing, after the Attack the Patient generally goes to sleep and when he awakes he feels a Head ache; he may never have a second attack, or they may recur frequently at various Intervals.



mendedd by some ;—with an account of the success attending the gentle and repeated operation of particular cathartics.

## OF EPILEPSY.

792. Etymology of the term.—SYN. *Morbus sacer, comitalis, sonticus*, &c. meaning and origin of these names.—Anglicè *Falling Sickness, Fits*.

793. 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.

794. 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 paroxysm,—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.

795. 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?

796. 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 Women.—Modes in which these may respectively be presumed to act.

797. 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.



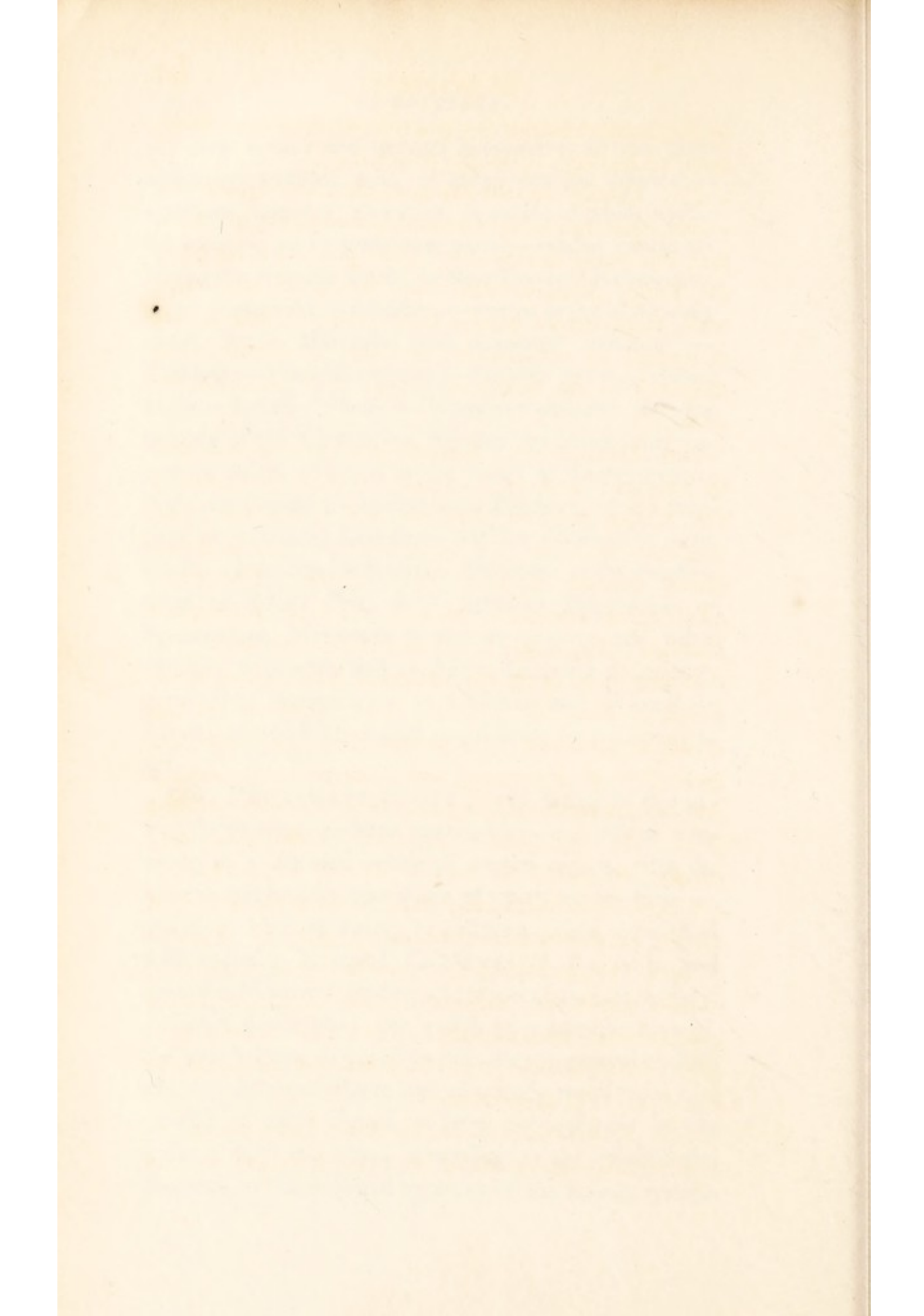


any very violent and unusual impressions to the Sensorium;—as blows, falls, or other external injuries;—excrescences, tumours, abscesses, or ossific deposits, within the brain or on its containing parts;—similar causes affecting the Nervous Cords, or their Sensitive Extremities, as *gr.* parturition,—dentition,—worms in the alimentary canal, &c.—Mercurial and Arsenical Irritation;—Tickling.—Venereal organs;—Sudden terror,—violent anger,—Intense Study.—Whatever disturbs the balance of the Circulation, whether by occasioning excess or defect of blood in the head; as Intemperance,—Narcotic Poisons;—spontaneous Plethora, or the stoppage of customary discharges, whether of blood or other fluids;—Inflammation;—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 Women.—Modes in which these may respectively be presumed to act.

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—Explanation both of the periodic and accidental recurrence of Epilepsy upon this principle.

798. 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.

799. 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.

800. 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*.)

801. PROGNOSIS,—To be drawn from the age,—constitution,—and habit of the patient;—from the dis-



ease being spontaneous, symptomatic, or accidental (800);—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.

802. TREATMENT. But little can be done during the fit when violent, except restraining the patients from injuring themselves: best modes of this.—In the intervals, the plan must be conducted upon the general principles laid down in par. 800.—

A. Of lessening or removing the particular Exciting Cause (796), if any such exist:—The means of fulfilling this—(as far as practicable), deduced from par. 796—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, Vale-



801. If the Att. Com.plaint occurs in a young subject who has never had more than an attack and has never taken any remedy, then our Prognosis will be favourable. The Disease in comparison to Apoplexy is more safe as regards Life. But it often happens that the Mind & Judgement are impaired.

802. To afford relief you must first ascertain the Cause, if it occurs in a young Subject without any obvious one, you examine his countenance, the state of his bowels, but more particularly his Pulse, perhaps it may be advantageous, but sometimes it is injurious that B.S. cannot cure the Disease is very obvious, but it may be of use.

If Irritation in the Alimentary Canal be the cause of Epilepsy, then Purgings will be the best remedy.

When the Cause has not been obvious, then the employment of Ionic Remedies has been useful, with or without Antispasmodics. Of the Metallic Tonics. B.S. has seen the Argent. Lithas most useful, also the Iodine Liqueur and Preparations of Iodine. He has given grs of the Arg. Lith. 10 Day, but it will produce sickness if given in too large doses, it will also give a permanent tinge to the skin, nails and Hair, according to the degree of exposure to Air.

In the obstinate forms of the Complaint, the leeching of the head from the Head larger than in any other Disease has been employed, frequently with success, but often with no advantage, or even the least diminution of the Complaint. But when you can make out that it arises from some Chronic pressure on the Brain it might certainly be tried.

Particular attention should be paid to Diets & Exercise as well as the state of the Bowels, and the Mind should be kept calm.







806. This Disease is confined to a particular period of life  
and is very dangerous; Dr B thinks it is more common among  
girls than Boys; the weakness is sometimes so great as to  
produce Hemiplegia, it is attended with obstinate consti-  
pation and the Patient is unable to move her legs, but  
draws them after her.

807 It is uncertain as to its duration.



rian, Digitalis, &c.—Milk and Vegetable Diet;—or continued slow course of Alterative remedies directed by the particular kind of Cachexy present.—Recalling certain eruptions or excretions that had disappeared.

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. 797.

803. Observations upon certain *reputed* specifics, Viz. Agaricus muscarius,—Viscus Quernus or Misseltœ,—Orange-tree leaves,—Cinnabar, &c. &c.

804. Of the beneficial effects arising from the moderate impression of fear in the Sympathetic or Imitative Epilepsy;—illustrated by remarkable examples.

#### OF CHOREA.

805. SYN. *Scelotyrbe* of Galen, &c.—*Chorea* of the moderns;—Gallicè, *Danse de St. Guy*.—Anglicè *St. Vitus's dance*.—Origin of them respectively.

806. 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.

807. Account of the manner in which the disease usually commences,—the variety and degree of the symptoms, and the period of its duration.

808. 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.

809. 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.

810. 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.

811. 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.

812. TREATMENT deducible from 809, is supported by general experience ; and consists in—

A. Removing any morbid irritation present, whether from General Plethora, Cerebral congestion, or Sympathetic Erethism ;—by Venesection ? 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



812. We should pay particular attention to the function  
of the Primæ Viæ. If there is any tendency to constipation,  
2 or 3 grains of Calomel should be given immediately after  
breakfast, in order to produce a natural state of  
the alvine discharge, and after this we must have recourse  
to a frugal diet and exercise to restore the tone of the sys-  
tem; Dr B has seen the judicious use of the Cold Bath  
marked also the Discharge of the Primæ Viæ.  
Dr Child has given the Steam Bath at and and the  
Cold Bath with success.

in the morning, the patient is found in bed, with the limbs extended, and the arms outstretched. The patient is usually in the morning, the patient is found in bed, with the limbs extended, and the arms outstretched. The patient is usually in the morning, the patient is found in bed, with the limbs extended, and the arms outstretched.

809. *Paroxysms*.—Chorea is usually, but not invariably, preceded by a prodromic stage, consisting of general debility, and defective power of volition; with, however, not infrequently, some degree of irritation of the brain, and the humor generally depending on Congestion.

810. *Diagnosis*.—The disease is usually preceded by a prodromic stage, consisting of general debility, and defective power of volition; with, however, not infrequently, some degree of irritation of the brain, and the humor generally depending on Congestion. Description of the *Chorea* *mandata*, or *Tremor* of *Italy*.

811. *Prognosis*.—Chorea, though sometimes obdurate, is often cured spontaneously; and when not so, is seldom attended with any danger; but occasionally alternates with Acute Rheumatism (Rheumatism) or is converted into Epilepsy, Paralysis, or Manic Delirium.

812. *Treatment*.—The treatment of Chorea is usually directed to the removal of the cause, and to the relief of the symptoms.

813. *Prognosis*.—The prognosis of Chorea is usually favorable, but occasionally unfavorable.

814. *Treatment*.—The treatment of Chorea is usually directed to the removal of the cause, and to the relief of the symptoms.

815. *Prognosis*.—The prognosis of Chorea is usually favorable, but occasionally unfavorable.

816. *Treatment*.—The treatment of Chorea is usually directed to the removal of the cause, and to the relief of the symptoms.









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 ?—Argentum Nitratum ;—Cinchona, —Myrrh ;—Cold bath, —Affusion of cold water on the head :—Friction, —Muscular Exertion, &c.

### OF HYSTERIA.

813. Origin of the term *Hysteria*.—SYN. *Metromania* ;—Fr. *Vapeurs* ;—Angl. *Fits of the mother*, *Hysterics*.

814. CHARACTER.—So great is the number, so varied 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 fits of alternate laughing and crying.

815. The paroxysm sometimes alternates with the loss of voice (*Aphonia hystERICA*), —temporary para-



lysis of particular parts (*Dysphagia*,—*Ischuria*, &c.)—*Carus*,—*Catalepsy*,—and various forms of mental derangement, *e. gr.* *Nymphomania*,—*Fatuity*, &c.

816. **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 (813).—More frequent in cold than in hot climates:—probable cause of this.

817. **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.

818. **DIAGNOSIS**—sometimes difficult, from the Proteiform nature of the complaint.—Circumstances serving to distinguish it from Hypochondriasis,—from Epilepsy, &c.

819. **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.

820. **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.

821. The 1st may be done, in plethoric and robust



816. With light hair and fair complexion.

87. But has a remarkably great share in suffering in this Disease, but more particularly affected of the visceræ. Nothing is so remarkable as the Tympanitic affection which occurs in Typhoid, or much so as to puff the belly to an extraordinary size.

less of particular parts (*Dysphagia*,—*Diarrhea*, &c.)—*Corns*,—*Catalepsy*,—and various forms of mental derangement, *s. gr.* *Nymphomania*,—*Fatuity*, &c.

816. **PREDISPOSING CAUSE**—A certain Morbidity 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 (815).—More frequent in cold than in hot climates;—probable cause of this:

817. **EXCITING CAUSE**—Influence of the mind, viz. violent passions and emotions of the mind;—irritation of the alimentary canal;—suppressed menstruation;—cessation of menstruation;—dangerous uterine discharges, &c.—repression or metastasis of chronic Rheumatism, Intermitting Fevers, &c.

818. **DIAGNOSIS**—sometimes difficult, from the Prodromic nature of the complaint.—Circumstances serving to distinguish it from *Hypochondriasis*,—from *Epilepsy*, &c.

819. **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.

820. **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.

821. The 1st may be done, in plethoric and robust



821. The chief thing appears to be to look well to the  
Habit and constitution of the Patient and to employ  
your means accordingly. e.g. after Bloodletting from  
the Arm to the state of the Bowels, as this is general-  
ly associated with costiveness, Calomel as being gentle  
in quantity and tasteless will answer this effect,  
also Belladonna or Pil. Aloë & Myrrh & Calomel, if these  
cannot be got down as the Stomach is irritable, Inje-  
ctions, consisting of Elix. (Stoe.) dissolved in warm water  
may be employed.

If the Patient is able to swallow the following anti-  
spasmodic Mixture will be advantageous:  
℞. Spt. Annon. Satid. ℥ij. Muc. Gum. Ph. 3℥. Ether  
Sulph. ℥ij. Tr. Op. 5. s. s. R. Ph. Trust: If she cannot swallow  
the Satid. Gum. ℥ij. may be added up in the form of Symp.  
She should be relieved from the tightness of her dress.

In Dysmenorrhœa S.B. has never known any remedy  
so effectual as the combination of Opium & Camphor.  
Putting the Feet in warm water &omenting the Parts give  
relief.

822. Derivation of the name.—Syr. Splem.—Va-  
pours.—Low Spirits.

823. Character.—Lowest state, depression of  
spirits, and belief of present or dread of future evil, di-  
rected particularly to the state of health; always ac-  
companied with symptoms of indigestion, and other  
marks of bodily disorder; and generally also with va-  
rious, irregular, and often unaccountable emotions and  
actions, referred exclusively to the patient's imagi-  
nation.

824. Derivation of the name.—Syr. Splem.—Va-  
pours.—Low Spirits. e.g. those of the stomach, bowels, skin, lungs,

825. The marked character of this Disease is that the Patient can think of nothing but himself.



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,—Assafoetida, &c. Warm Bath,—Pediluvium.

822. 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,—Cold Bathing,—&c. to lessen irritability and improve general strength.

### OF HYPOCHONDRIASIS.

823. Derivation of the name.—SYN. Spleen,—Vapours,—Low Spirits.

824. 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.

825. 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.

826. 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.

827. 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.

828. EXPLANATION of the circumstances in which these different causes would appear to concur in inducing—



Obs. You find those who have dark hair and a fair complexion more frequently the subject of this Disease than those of an opposite character.

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.

896. *Predisposing Cause.*—A peculiarity of constitution with respect to the System 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.

897. *Exciting Causes.* Full Diet, especially with regard to eating;—idolent 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 flux;—the stoppage of natural or customary discharges;—or the recession of certain cutaneous affections;—depressing passions, & 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.

898. *EXPLANATION* of the circumstances in which these different causes would appear to concur in producing—





829. D. B. does not admit this as he has often seen  
Patients in the worst forms of this Disease in whom  
the Bowels were regularly evacuated daily.

830 We generally think the distinction easy as regards  
Dyspepsia, we have only to enquire whether his spirits  
are much depressed.  
Between Melancholia & Hypochond. D. B. knows of no differ-  
ence but in degree.



829. **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.—Account of the principal theories of the disease;—and an enquiry into the nature and extensive influence of the *chylopoietic* process;—the striking sympathy, both neuropathic and secretory, existing between the Liver and Brain;—with conclusions drawn from thence,—supported by the concurring testimony of authors respecting certain facts noticed in the history of the disease from the earliest ages,—and corroborated by the superior success of a particular mode of treatment,—all tending to prove,—that **THE PROXIMATE CAUSE OF HYPOCHONDRIASIS, in a curative view, CONSISTS IN A SLUGGISH AND IRREGULAR STATE OF THE HEPATIC FUNCTION.**

830. **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 general,—Corporeal or Mental;—and the circumstances under which the case may have been formerly relieved, cured, or converted into some other form.

831. **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 (829).

832. 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.



832. The principal indication is the proper management of the Patient; one of the chief points is paying attention to the Bowels, and here we have a remedy which is particularly useful viz. salomel, we give a few grs of salomel at night followed by a purge in the Morn.

B. In this Disease you often have a particular sensation and dryness of the skin followed come on followed by a profuse colluvative sweat.







Ess. For various means of assisting in A, according to the particular symptoms present—see DYSPEPSIA;—but there is general only of temporary use, unless the hepatic function be restored to its natural and healthy state: Mode by which alone the degree of its morbid action can be known—and the means by which this can most speedily and effectually be removed—illustrated by cases—Doubts about the propriety of giving Opium or Bitters frequently or largely.

8. Means respectively adapted to local preceding (Gout—Herpetic—Hæmorrhoidal) or other complaints—with a view to fulfil this indication.

THE END.







