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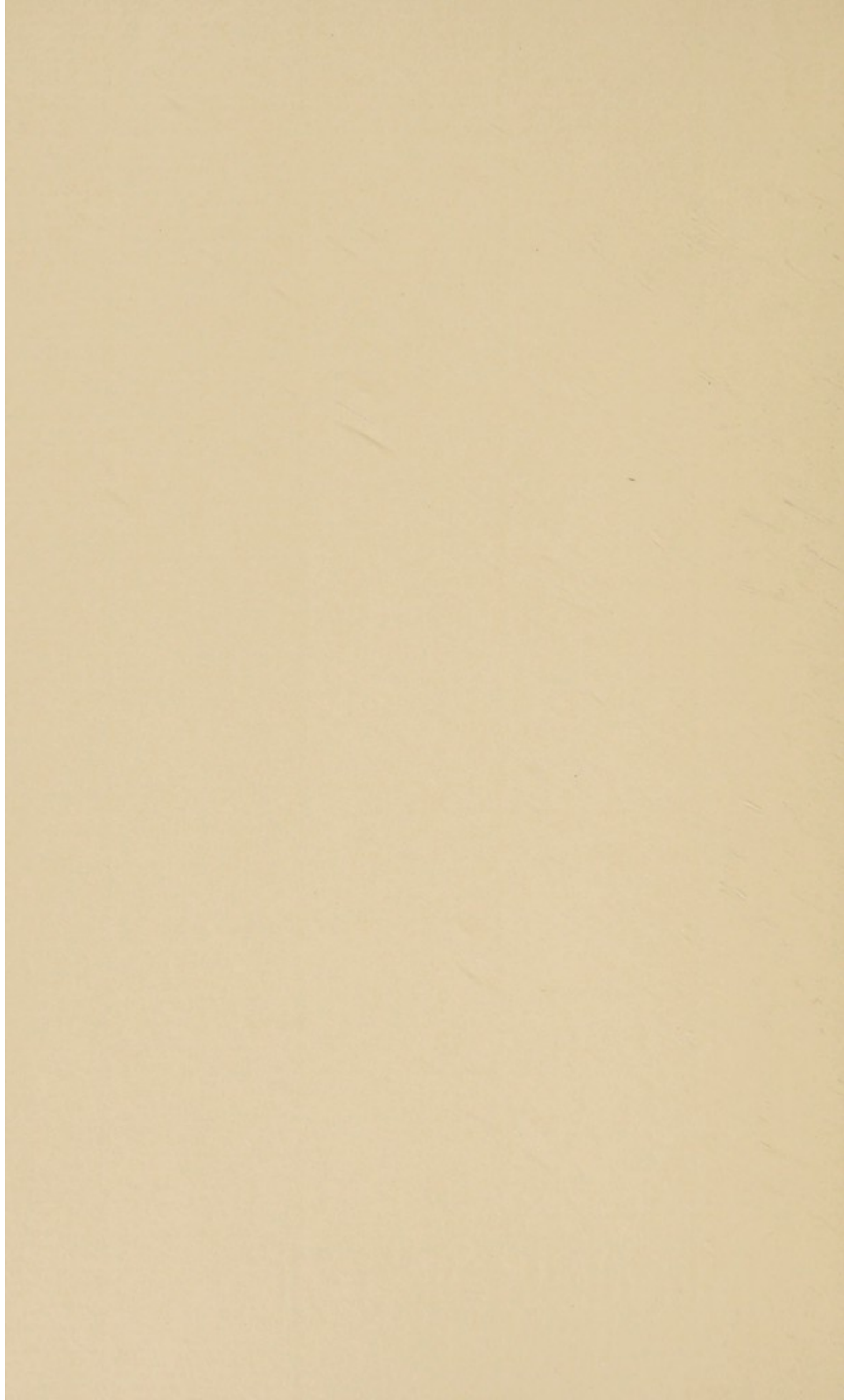


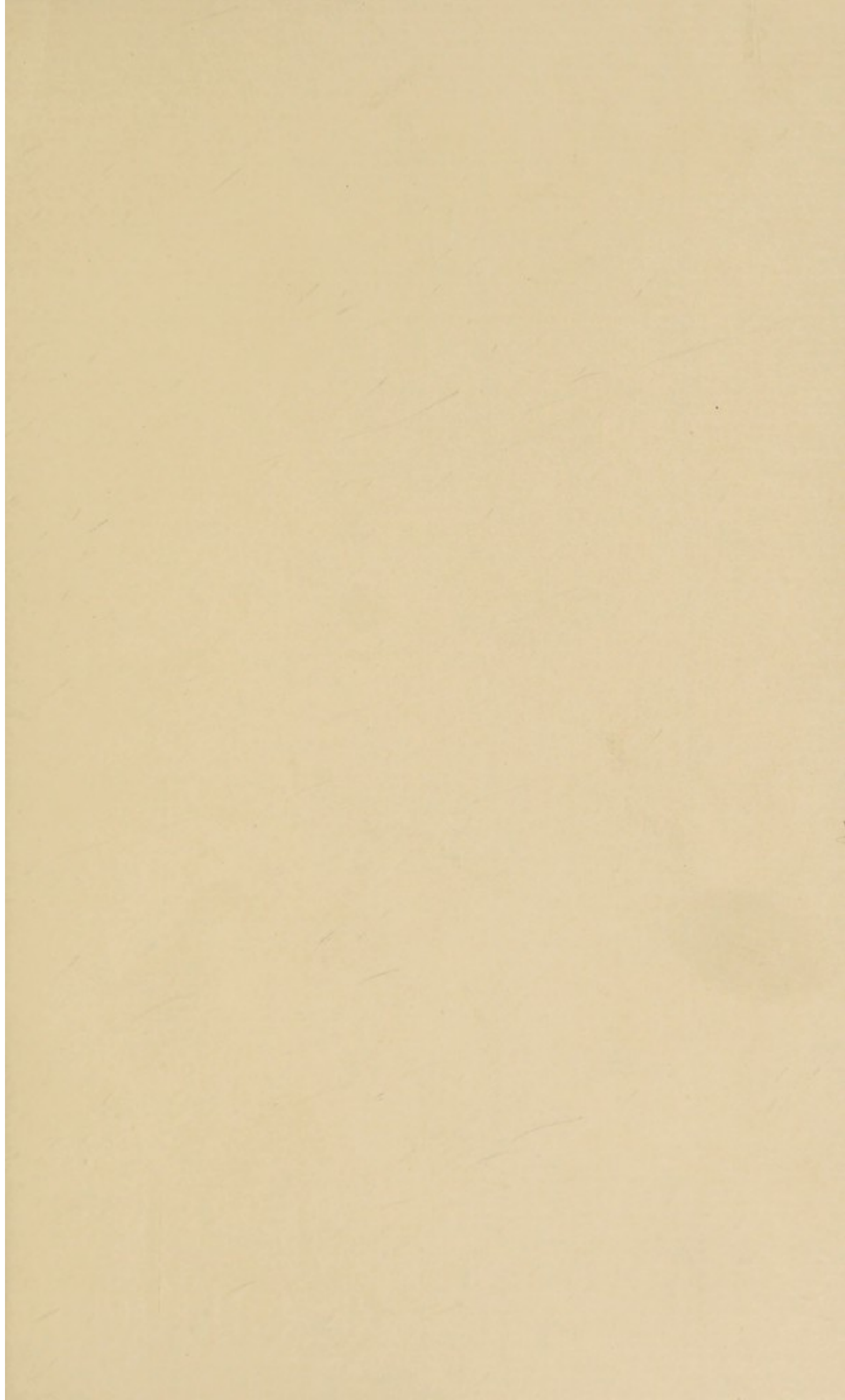
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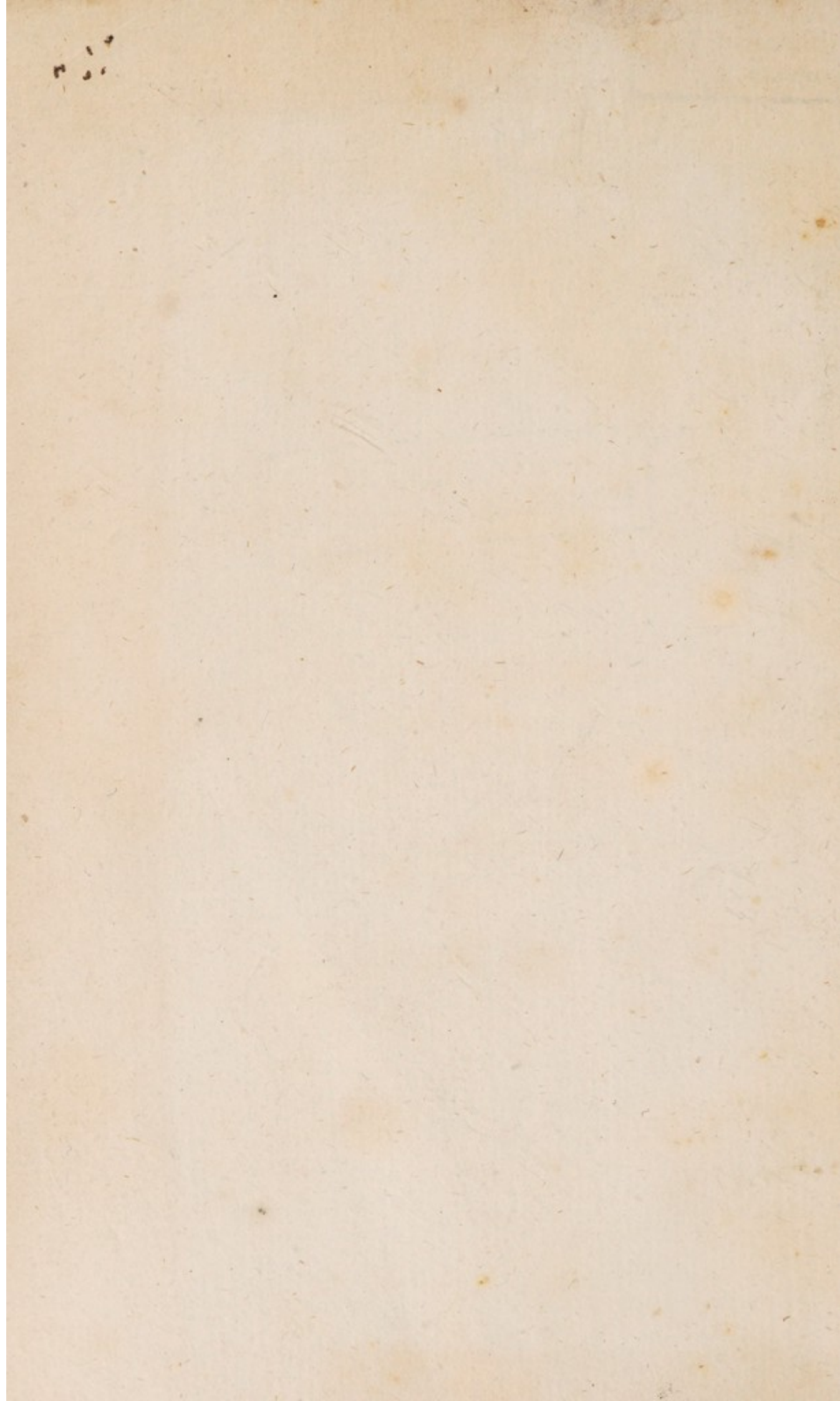
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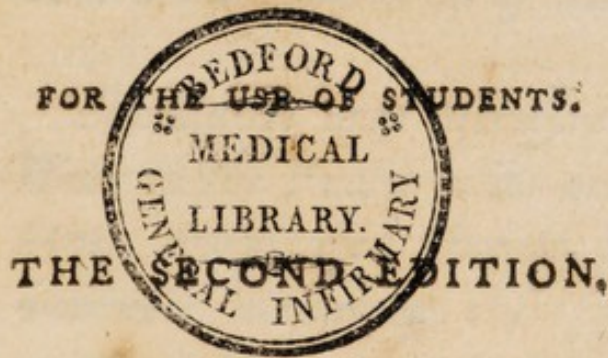


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E L E M E N T S  
O F T H E  
P R A C T I C E  
O F  
P H Y S I C.

By JOHN GREGORY, M. D.

Professsor of the PRACTICE of PHYSIC in the  
University of Edinburgh.



L O N D O N:

Printed for W. STRAHAN; T. CADELL, in the Strand;  
and J. BALFOUR, and W. CREECH, at Edinburgh.

MDCCLXXIV.

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ELEMENTS

OF THE

PRACTICE

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## ADVERTISEMENT.

*This Work was originally intended as a Syllabus for the Course of Lectures which the Author gave on the Practice of Physic. He meant to have comprehended in it all the Diseases which he usually treated of in that Course. But not having time to finish the whole, he was obliged to stop at the End of the Febrile Diseases; in hopes of being able to finish the remainder in a short time. His Death, which happened soon after the first Publication of this Work, prevented the Completion of his Design.*

*The Editor must therefore again offer this Work to the Public in its original imperfect State, encouraged thereto by the very favourable Reception the first Edition met with, and the great Demand there has been for it since that Edition was sold off.*

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P R A C T I C E

OF

P H Y S I C.

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OF THE ARRANGEMENT OF DISEASES.

1. **T**HE practice of physic treats of the history of particular diseases, and of the method of curing them.

2. Diseases may be arranged, upon the same general principles with the subjects of natural history, into classes, orders, genera, species, and varieties.

3. On whatever principle the arrangement proceeds, of similitude of symptoms, of predisponent, of occasional, of proximate

B

causes,

causes, &c. we ought, as far as possible, strictly to adhere to that principle, and, whenever we depart from it, the reason of the deviation ought to be pointed out.

4. Though every mode of classing diseases has its own peculiar advantages, yet the most convenient and practicable systematic arrangement proceeds upon the similarity of symptoms. Even this is attended with many unavoidable difficulties, arising from the frequent uncertainty of the diagnostic symptoms of diseases, from the want of permanency in the symptoms themselves, and from the frequent complication of diseases with one another.

5. Notwithstanding the difficulties attending this subject, it highly deserves to be prosecuted, as does every attempt that tends to discriminate diseases more exactly, and to  
 \* facilitate the consulting and comparing of authors who have described particular diseases.

6. As

*\* Dr Brooke's Synopsis of the practice of Physick answers this purpose — \**

6. As the generical character of a disease, which ought likewise to include the character of the class and order, must apply to all the species and varieties, it follows, that, if the definitions of the genera of diseases consist of few symptoms, the species included under these genera must be numerous; but, if the definitions of the genera consist of many symptoms, the number of the genera must be great, and that of the species proportionably small. This general principle applies equally to the characters of classes and orders.

7. The names given to diseases are supposed to refer only to a certain combination of symptoms; but sometimes they are tacitly understood to denote a certain morbid state of the system producing these symptoms. This ambiguity is often the source of much confusion and altercation.

8. In an arrangement formed upon similarity of symptoms, there is very seldom the least real or natural affinity between the or-

ders which form the classes. There is seldom any affinity even between the genera of the same order. Hence the study of the species and varieties of the different genera is of most use in practice.

9. As the intention of this Synopsis is only to give the outlines of the history and method of cure, of such a number of the more considerable diseases as can be fully treated of in one year's course of Lectures, a general systematic arrangement of diseases is not attempted.

## FEBRILE DISEASES.

10. The term Fever is used by authors in different senses; some applying it to one combination of symptoms, others to a different combination. The symptoms most generally present in all diseases, usually reckoned febrile, though in very different degrees, are, frequency of pulse, heat, a debility affecting the limbs, and a failure of some

of the functions. From these Fever may be defined.

11. The other symptoms commonly attendant on Fever, are, loss of appetite, nausea, thirst, anxiety, lassitude, quick wasting of the fat, irregular determinations of the blood and nervous power, want of sleep, or the sleep disturbed, and not refreshing. A sensation of coldness with trembling, succeeded by a hot fit, is one of the most frequent symptoms in the beginning of fevers, from whence their commencement is generally reckoned. But this symptom is sometimes wanting, is often inconsiderable, irregular in its return; and the violence of the succeeding heat, and other symptoms, are not in proportion to it.

12. Fevers are distinguished into

1. Intermittent; where there is a perfect apyrexia between the paroxysms.

2. Continued; which proceed without any exacerbation and remission of the symptoms,

at least, without any that are remarkable and regular.

3. Remittents ; where there is a distinct remission of the symptoms at regular periods, though without any perfect apyrexia.

4. Fevers attended with a cutaneous eruption ; Exanthematous.

5. Fevers distinguished by topical affection, particularly pain, and proceeding from topical inflammation ; Phlegmasiae.

13. A sudden favourable termination of a fever, usually called a Crisis, happens most frequently in consequence of some sensible evacuation, cutaneous eruption, or suppuration. Sometimes the fever gradually abates, without any such sensible crisis, sometimes changes into another disease.

14. The crises of fevers have been often observed to happen on particular days, (reckoning from the invasion of the fever) ; thence called Critical days.

15. The

15. The exacerbations and remissions of fevers often return at regular periods. In particular, there is usually an exacerbation about midnight, and a remission of the symptoms towards morning.

16. The periods and crises of fevers are varied by the nature of the fever, and by many other circumstances. In general, they are more regular in temperate and warm climates, where the weather is less changeable, where little is done to disturb the operations of nature in the course of the fever, and perhaps, in most fevers arising from miasmata or contagion.

17. The circumstances that indicate danger in fevers are,

1. Symptoms of putrescency ; as foetor of the breath, stools, urine, and other excretions ; brown, blackish aphthae ; cadaverous smell, petechiae ; blood, when drawn, of a loose texture, and soon turning putrid ; haemorrhages ; along with these symptoms, disposition

position of the skin, wherever it has been hurt, to gangrene.

2. Symptoms that indicate great depression or irregular action of the nervous power, whether from the morbid cause acting strongly upon it, or from topical affection of the brain, delirium, coma, or total want of sleep, *subfultus tendinum*, tremulous motion of the hands, inability to put out the tongue, convulsions, weak irregular frequent pulse, or very slow pulse with symptoms of an oppressed brain; very quick or very slow breathing, insensibility to light, and all other stimuli; (deafness is generally an exception;) the various secretions either stopped, or colliquative evacuations, involuntary passing of stools and urine, sudden change of the urine from high coloured to limpid, without any apparent cause; excessive viscosity of the secretions, particularly in the *membrana Schneideriana*.

3. Symptoms of debility from real failure of the *vis vitæ*, feeble pulse, fainting on the least motion, feeble voice, change of voice,

or

or loss of voice; laborious breathing, without any previous topical affection in the breast; breathing quickened on the least motion; lying on the back, with the limbs stretched out; coldness of the extremities; cold viscid sweats; remarkable change of the countenance; Hippocratic face; loss of the lustre of the eye; fixed state of the eyes; the eye half closed, and the eye-ball turned up; double vision; indistinct vision; blindness; loss of deglutition. These generally pre-  
sage the approach of death.

4. Topical affection, viz. Inflammation, suppuration, gangrene, effusion, &c. in any of the organs essential to life.

18. The most general occasional causes of fever are,

1. Miasmata.
2. Contagion.
3. Errors in diet.
4. Violent emotions of mind.
5. Suppression of usual evacuations.
6. Improper applications of heat and cold.

7. A

7. A certain state of the air which produces epidemical fevers from causes not always ascertained.

8. Stimuli from external applications or injuries.

9. Internal stimuli from inflammation, supuration, &c.

10. The symptoms of the different orders and genera of fevers, their predisponent and occasional causes, the state of the fluids, and their method of cure, are so different, that it seems impossible to assign any general proximate cause of the class, but what is so indefinite as not to admit of any application to practice. Different and opposite effects cannot proceed from the same proximate cause, in the proper sense of that word. If an assigned cause occurs frequently without the effect following it, or if the effect occurs frequently without the cause preceding it, and if the effect is not in proportion to the cause, such a cause can only be partial or accessory.

20. From

20. From whence arise the particular symptoms of debility, coldness, frequency of pulse, heat, &c. (mentioned. a. 11.) and how far are they connected as causes and effects? There are many words that often occur in such an inquiry, whose meanings are ambiguous; sometimes denoting a plain fact obvious to the senses, sometimes a supposed latent cause; such as debility, spasm, tension, &c. The precise sense in which such words are used should always be specified, where there is any probability of mistaking it.

21. In what manner is a fever cured by a critical evacuation? Are there any direct proofs of the discharged matter being morbid? On what principle does the regularity of the critical days depend? Whence arise the deviations from this regularity? What meaning is to be affixed to the word Coction in fevers?

22. The first question, in regard to the treatment of fevers, is, Whether it is proper  
in

in all cases to remove them, as some fevers prove a cure for worse diseases? 2dly, If no such previous disease subsisted, is a fever always to be considered as an effort of nature to remove something hurtful to the constitution; and, in consequence of this, is it a physician's business only to regulate these efforts, by assisting them when too feeble, and restraining them when too violent? It is indisputable, that nature does generally make efforts in fevers to relieve the patient, and often successfully; but the question is, Whether the fever itself is to be considered as such an effort, and in what cases it may be proper to attempt the cure of fevers by extinguishing them as soon as possible, as is now almost universally practised in intermittent fevers?

23. There seems to be no doubt of the existence of a morbid state of the blood in fevers communicated by contagion; although no sensible change appears in it; and it may probably exist in other fevers: But, unless its particular

particular nature could be ascertained, no useful indications of cure can arise from such a supposition.

24. Practice has been much influenced by the different hypotheses which have prevailed concerning the nature of the morbid matter in fevers. What have been the real effects ascertained by experience of the many different remedies prescribed in consequence of such hypotheses, and others relative to the mode of operation of those remedies ?

25. If fevers were to be treated on nature's plan, as indicated by natural instincts, patients would breathe a cool pure air, would be indulged in cold drink, in sitting up or lying in bed, as was most agreeable to them; they would not have their limbs pinioned within the bed-cloaths; would not be teased to eat or to drink more than thirst prompted them; and, when low and faintish, would be indulged in such cordials as were most grateful to them. Till of late, the common  
practice

practice in fevers was almost diametrically opposite to this in every particular ; and yet physicians believed they were following nature.

26. Though we cannot perhaps explain the nature of the morbid changes which the fluids and nervous system may undergo in fevers ; yet we know, as facts, the existence of real and apparent plethora, of febrile heat, of debility, of spasm, of increased action of the heart and arteries, of irregular determinations of the blood and nervous power, of irregular secretions, of topical congestion, of a vitiated state of the alimentary canal, and of putrescency of the fluids. We know some of the causes and effects of these morbid affections. From this knowledge, from an attention to natural cravings, to the successful efforts of nature in the cure of fevers, and from our experience of the good effects of particular remedies, though perhaps we are strangers to their mode of operation, our indications

indications of cure in fevers are chiefly taken.

27. The symptoms of fever are so connected, that, in removing one, we often remove others, though in a manner unknown to us.

28. The great difficulty in the cure of fevers, as well as of all other diseases, arises from contra-indications of their symptoms or causes.

29. The most general indications that occur in fevers, are,

1. To remove plethora, real or apparent, by bleeding, cathartics, restoring suppressed evacuations, abstinence, low diet.

2. To diminish the increased impetus of the blood's motion, by the proper use of sedatives and the antiphlogistic regimen, which consists in, *a.* The remedies mentioned above; *b.* Cool acescent diet, abstinence from animal food, and fermented liquor; *c.* Removing all stimulating causes, avoiding motion,

motion, light, noise, whatever ruffles the mind or affects it disagreeably, and by studying to sooth it by every prudent indulgence; *d.* Proper application of cold, cold air, cold drink, allowing the patient to throw out his limbs, to be lightly clothed, and to sit out of bed at his pleasure.

3. To abate heat; by the remedies above-mentioned.

4. To obviate thirst; by the same remedies; by emetics, by drinking *ad libitum* diluent and acescent liquors, and, in some cases grateful fermented liquors.

5. To produce an equable determination of the blood and nervous power, and promote the obstructed secretions, by whatever takes off spasm, sedative diaphoretics, gentle emetics and laxatives, warm bathing, blisters, anodynes, and many of the remedies mentioned above.

6. To prevent or obviate the consequences of topical congestion, by topical evacuations, bleeding, blisters, and various external applications.

7. To

7. To support the *vis vitae*, and stimulate the nervous system when too torpid ; by stimulants, cordials, wine, blisters, sinapisms.

8. To obviate putrescency ; by antiseptics, cool regimen, pure air, the utmost degree of cleanliness.

9. To remove occasional causes.

10. To relieve particular symptoms, as delirium, want of sleep, colliquative evacuations, &c.

30. Fevers are prevented,

1. By avoiding or counteracting their remote causes.

2. By bracing and invigorating the whole system.

31. In all fevers, the patient should breathe a pure and cool air.

32. The utmost cleanliness should be attended to, and the linen shifted as frequently as can be done without occasioning great fatigue.

33. The patient should not be solicited to eat or drink beyond what nature craves, nor to take any thing disagreeable to the stomach either in diet or medicines, unless what experience has ascertained to be useful for removing or mitigating the fever.

34. The mind should be kept in as tranquil a state as possible.

35. All critical and salutary efforts of nature should be assisted, and natural cravings should be attended to.

36. Exercise in the open air, and a proper regimen, with a gentle emetic, and laxative, and temperate bathing, will often prevent the accession of fevers when threatened. When is it proper to prescribe exercise in the open air, and when is it proper to confine the patient to his house, or to his bed?

37. The circumstances of most consequence in promoting a patient's recovery from a fever, are, a strict adherence to a proper regimen,

men, a pure mild air, exercise on horseback, or in a carriage, and sometimes the bark, steel mineral waters, and cold bathing.

## INTERMITTENT FEVERS.

38. An intermittent fever is a succession of febrile paroxysms, between which there is a perfect apyrexia.

39. They are regular or irregular. In the regular, the paroxysms return at certain periods, beginning with coldness and shivering, which are succeeded by a hot fit, and terminated by sweating. In irregular intermittents, the paroxysms return at uncertain periods. The principal division of intermittents is, into quotidians, where there is an interval of twenty-four hours between the beginnings of the paroxysms; tertians, where the interval is forty-eight hours; and quartans, where it is seventy-two hours. Quintans, sextans, &c. are rare, and never epidemic. Where the paroxysms return every

C 2
day,

day, but alternately easy and severe, it is called a double tertian. There are other species of intermittents, distinguished by the manner in which their paroxysms recur. There is an important distinction of intermittents, into vernal and autumnal. The first is generally attended with the symptoms of inflammatory fever, the latter with symptoms of putrid fever. As the different genera of regular intermittents are analogous in their symptoms, causes, and method of cure, I shall treat of them together, and occasionally remark any circumstance of consequence in which they differ.

40. They are sometimes regular from the beginning; sometimes they begin in the form of continued fevers, which first remit and then intermit. Sometimes, in warm climates, if not quickly removed, they terminate in continued fevers, of the putrid kind, in which their former type is commonly observable, and sometimes they change into one another. They often retain their types with

with great regularity, in whatever manner they are treated. Do quotidians, tertians, and quartans, usually begin at different times of the day, or can the future type be guessed at from the first paroxysm? When the paroxysms are stopped, a certain uneasiness is felt, for some time after, at the usual hour of invasion. Between the paroxysms, there is commonly a languor, want of usual appetite, yellowness of the eyes and complexion, and a propensity to sweat.

41. The paroxysm is preceded by lassitude, oppression, and debility, yawning, drowsiness, paleness of the whole body, especially of the extremities, and under the nails, uneasy sensation in the back and fingers, tension of the hypochondria, a small feeble pulse. Sometimes various other morbid affections of the nervous system occur.

42. Symptoms of the cold fit. It begins with a sensation, as if cold water were poured on a particular part of the body, occasion-

ing partial and irregular shiverings; these soon become universal, and the trembling is sometimes excessive, and much beyond what it is in continued fevers; the blood vessels on the surface disappear, and the whole body shrinks into less space. The sensation of cold is often great, when the heat of the body appears by the thermometer to be above the natural standard. But does not the thermometer often shew a real diminution of heat? The pulse is small, weak, frequent, and irregular. Other attendant symptoms are, anxiety, palpitation of the heart, difficulty of breathing, cough, dryness and bitterness of the mouth, thirst, nausea, vomiting, often bilious, especially in autumnal agues, clear urine in small quantities, without any sediment, great insensibility to stimuli of any kind, all the functions weakened and impaired. Sometimes the cold fit is wanting, and, instead of it, there is a violent pain in some particular place; coma, convulsions, asthma, vomiting, &c. but these are rare. The duration of the cold fit is uncertain; it has varied from a

quarter of an hour to twelve hours. In some countries, old and exhausted patients generally die in the cold fit; in others, they more generally die in the hot fit.

43. The hot fit comes on gradually, and often with alternate fits of chilliness and heat, and soon becomes more intense than it is ever found in continued fevers; attended with thirst, head-ach, eyes turgid and impatient of light, flushing of the face and whole skin, delirium, and sometimes coma, anxiety, (though less than in the cold fit,) breathing quick, but free, pulse less frequent than in the cold fit, but full and strong; high coloured urine. The state of the blood drawn at this time, and at any period of the disease, is very various, and is different in vernal and autumnal intermittents. The violence of the hot fit is often in proportion to that of the cold, but not always. Its duration is uncertain; sometimes the sweat breaks out with the hot fit.

44. The hot fit is generally succeeded by a profuse sweat, which relieves all the febrile symptoms, and the urine deposits a la-teritious sediment; which however is not peculiar to intermittent fevers, and is often not found in the first paroxysm, nor in vernal agues. The paroxysms of quartans are often not terminated by a sweat, but a lassitude remains, and a sensation as if the body had been bruised.

45. The duration of agues is uncertain. Vernal tertians frequently go off spontaneously at the approach of summer, and are always more easily cured at that season. Quartans sometimes last for several years; but, in such cases, the viscera are commonly not found.

46. Intermittent fevers, especially vernal tertians, are sometimes salutary, and have removed a variety of nervous and rheumatic complaints, disorders of the stomach, ob-  
structed

structed viscera, gout, gravel, and sometimes they alternate with those disorders.

47. When they continue long, they debilitate the system, dissolve the blood, produce morbid affections of the alimentary canal, pains in various parts, infarctions and real enlargement of the abdominal viscera, particularly of the liver and spleen, jaundice, dropsy, impaired judgment.

#### 48. Miscellaneous Prognostics.

1. Quartans are the most obstinate and most subject to relapse, though their symptoms are mildest.

2. Obstructions of the viscera and swellings of the belly seem of a peculiar kind in some tertians, and in children; and sometimes such swellings are said to be critical.

3. Pustular eruptions about the mouth are salutary, and sometimes a salivation, abscesses, cutaneous eruptions, and swelling of the legs.

4. A retardation of the paroxysm is generally a good sign.

5. They

5. They are most dangerous in warm climates, where they are apt to run speedily into continued putrid fevers.

6. The longer their duration, the more difficult their cure, and the greater danger of obstructions of the viscera.

49. The predisponent causes are,

1. Previous intermittents.

2. Debility.

3. Spring and autumn.

4. Warm climate.

5. Mobile system.

Neither infants nor very old people are much subject to intermittents.

50. The occasional causes are,

1. Effluvia from putrid stagnating water.

Hence agues are endemic in flat, woody, marshy countries, but affect strangers more than the natives. Are putrid air or moisture, applied singly, occasional causes? In marshy countries, where the moisture is pure and the summer not close and hot, mild tertians have

have been observed to be most frequent; but, if the moisture be putrid, quotidians, double tertians, and bilious remittents of the putrid kind, are epidemic in autumn.

2. Contagion.

3. Agues are sometimes epidemic, from causes not always ascertained.

4. Endemic in some countries from unknown causes; sometimes become common in countries where they were not formerly known;—not found in the coldest countries;—quartans are seldom seen in Scotland.

5. Errors in the nonnaturals, food of difficult digestion, excessive drinking, a very poor low diet, fatigue, watching, depressing passions, sleeping in cold damp places, sudden exposure of the body to cold when overheated, excessive evacuations, suppressed natural evacuations, repelled cutaneous eruptions. Many of these circumstances, however, seem oftener to act as predisponent causes. People who have had agues are commonly much affected with easterly winds on the east coast of Britain.

51. On dissection of those who have died in the cold fit, there have been found accumulations of grumous blood about the heart and lungs; and, when the disease has continued long, the abdominal viscera have been found enlarged and diseased in different ways, the intestines distended with air, and overflowing with bile: When the disease has been of short continuance, the viscera have commonly been found.

52. What state of the system can be specified, arising from a concurrence of the predisponent and occasional causes, which uniformly produces the disease, or acts as its proximate cause? Are the solids morbid? Is the blood vitiated, in consequence of viscidinity, tenuity, putrescency, or acrimony of any kind? Is any morbid state of the stomach, liver, or bile, ascertained? Is the sweat which terminates the paroxysm possessed of any morbid quality? Does the proximate cause reside in the nervous system? In what respect are the symptoms connected as causes

and effects, particularly, the symptoms of the cold and hot fit? What is the cause of the regular return of the paroxysms?

53. The proximate causes of the different genera of intermittents, remittents, and some continued fevers, seem to be analogous in some degree, from the similitude of their symptoms, of their predisponent and occasional causes, from their changing into one another, and being cured by the same remedies. There seems likewise to be some analogy between the proximate causes of intermittents, and some diseases where the nervous system is much affected, by their arising from similar remote causes, by their periodical recurrence, by their alternating with one another, and being cured by similar remedies.

54. During the different stages of the paroxysm, there is a greater or less degree of depression of the nervous power, of spasmodic stricture, and of increased motion of the blood.

blood. Whatever be the causes of these states, or however they may be connected together, they are the immediate causes of many of the symptoms; the connection of some other symptoms with these does not seem to be ascertained.

55. Intermittents have been cured by a variety of remedies of different and opposite natures; by evacuants and tonics, by stimulants and sedatives, by what violently agitated the constitution, by sudden and violent emotions of mind, and by such things as produced no sensible effect.

56. If there be reason to expect that an intermittent may prove a cure for a worse disease, it is proper to do nothing to stop the returns of the fit. The view must be only,

1. To moderate the violence of the symptoms by gentle evacuations and a cool regimen; or,

2. To support the strength of the patient when weak, by proper diet and cordials.

57. Except

57. Except in the case above, is it proper to allow the paroxysms to go on, and for how long time?

58. It is proper in the intervals,

1. To avoid remote causes, particularly by change of air.

2. To obviate inflammatory diathesis which most frequently prevails in vernal agues, by bleeding, cool diet, emetics, cooling laxatives.

3. To obviate putrid diathesis, which most frequently prevails in autumn and in warm climates; by gentle emetics and laxatives, a cool regimen, acids, and other antiseptics.

4. To support the patient's strength by a restorative diet and cordials.

5. To promote the secretions, particularly the perspiration, by exercise, bathing, &c.

59. The paroxysm may be prevented,

1. By the application of such things before the approach of the fit, as excite a great commotion

commotion in the system. *a.* Warm stimulating sudorifics, with the copious use of diluents. *b.* Brisk cathartics. *c.* Cold bath. *d.* Violent exercise. *e.* Vomits. *f.* Stimulating external applications, strong frictions, blisters. *g.* Violent emotions of mind. Most of the above remedies, though tending to obviate that debility and spasmodic affection conspicuous in the beginning of the fit, yet may be dangerous in their operation, and at least require to be applied with great caution.

2. By mild sedatives, antispasmodics, and diaphoretics, gentle emetics, particularly antimonials, given so as only to excite a nausea; warm bath, opiates.

3. By remedies which produce no sensible effect on the system. *a.* Bitters. *b.* Astringents. *c.* Peruvian bark; which in various forms and doses, suited to particular circumstances, and continued a sufficient time, is found to be the most generally safe and efficacious of any remedy, when given after cleansing the *primae viae*, and removing inflammatory

inflammatory diathesis when present. On what do the effects of these depend ?

60. In the paroxysm the views are,

1. To render the cold fit milder and shorter, by *a.* Diluents. *b.* Proper application of heat, pediluvia, warm bath. *c.* Emetics. *d.* Antispasmodics. *e.* Cordials.

2. To render the hot fit milder and shorter, and accelerate the sweating, by *a.* Bleeding. *b.* Sedative diaphoretics, neutral salts, diluents, acids, antiphlogistic regimen, sometimes cold drink. *c.* Opiates.

3. To conduct the sweating in such a manner as not to suppress it improperly, nor encourage it so much as unnecessarily to weaken the patient.

61. The prevention of intermittents depends,

1. On avoiding occasional causes.

2. On bracing and invigorating the system.

## CONTINUED INFLAMMATORY FEVER.

62. This fever is defined by a frequent, hard, strong pulse, great heat, thirst, little debility, and the functions little impaired in the beginning, without remarkable or regular remissions.

63. The other attendant symptoms are the following : It begins commonly with a chilliness and shivering, succeeded by heat, pain of the head and back, lassitude, nausea, vertigo, total loss of appetite, want of sleep, dry tongue, generally white in the beginning, but gradually turning of a darker colour, a flushed face, the eyes impatient of light; delirium, quick breathing, high coloured urine without a sediment, costiveness, parched skin, suppression of the discharge from sores, which become inflamed.—The symptoms are severe from the beginning; but there is generally an exacerbation

bation of them before the crisis.—The blood commonly has a buffy coat.—The symptoms indicating immediate danger, are mentioned, art. 17.—In this, and other fevers, the patient often becomes quite sensible, and in other respects seems easier, just before the approach of death, though for many days before he had been perfectly delirious.

64. Its duration is uncertain, but seldom extends beyond the 14<sup>th</sup> day, unless it changes into a fever of a different kind.

65. It is terminated favourably by sweating, diarrhoea, vomiting, haemorrhage, or copious discharge of urine with a natural sediment; but these three last are seldom by themselves completely critical.—Are those variations of the pulse by which critical evacuations are said to be presaged in this and other fevers well established? or are they peculiar only to certain countries?

66. It often terminates in a nervous, putrid, or intermittent fever.

67. The predisponent causes are,

1. Youth.
2. Sanguine temperament, tense fibres, dense blood, disposition to haemorrhages.
3. Spring season, cold or temperate climate.

68. The occasional causes are,

1. Sudden application of cold when the body is overheated, especially if it be previously debilitated.
2. Sudden changes of the temperature of the air.
3. Suppression of usual evacuations, especially of sanguine ones.
4. Whatever heats and stimulates the system, either in diet or medicines, hard drinking, violent exercise, insolation, violent passions.
5. Whatever produces plethora, full diet, with little exercise.

6. Ex-

6. External or internal injuries, or any permanent stimulus producing topical inflammation.—Is this fever ever contagious when it proceeds from the occasional causes above specified?

69. It sometimes leaves bad effects on the constitution, especially, when it has been attended with topical affections of the viscera; but sometimes its effects are salutary, by removing palsy, convulsions, and other nervous disorders, and various morbid affections of the alimentary canal; and by accelerating the growth of the body, and producing a state of high health and spirits.

70. From what changes in the system do the peculiar symptoms of this fever proceed? What are the effects produced by the application of cold to the body when it is overheated? Is there a preternatural lentor in the circulating blood, and is the buffy coat on it a proof of such lentor? This buffy coat depends on many circumstances affect-

ing the blood after it is drawn from the patient, and on the particular state of the vessels or system during the time in which the blood is flowing. It is not connected with preternatural viscosity of the crassamentum. It is often found without fever; it is often not found in the beginning of this fever, or in a small degree, and is the effect of violent topical inflammation and pain from external injuries, though the patient had before been in the most perfect health: So that, in some cases, this particular mode of concretion of the extravasated coagulable lymph, seems rather the effect than the cause of fever. In general, where it takes place, the loss of blood is easily borne; but there are many exceptions.—Topical affections of the viscera, found on dissection, seem rather the effects than the causes of the fever.

71. The symptoms shew an increased action of the heart and arteries, and increased impetus of the blood, beyond what is found in the nervous or putrid fever, and less

less debility and depression of the nervous power. They seem likewise to shew a general spasm on the surface of the body.—By inflammatory diathesis, is sometimes meant the actual subsistence of such a state, and sometimes only such a condition of the system as disposes to it.

72. The indications of cure are,

1. To remove plethora;—by bleeding, cooling laxatives, abstinence, and restoring suppressed evacuations.

2. To diminish the increased action of the heart and arteries, to abate febrile heat, and to allay thirst;—by the antiphlogistic regimen, (Vid. art. 29. 2.)

3. To take off spasm, and promote the natural secretions, especially by the skin;—by the above regimen; by vomits; cooling laxative clysters; warm bathing; vapour-bath; sedative diaphoretics, that do not heat nor stimulate; antimonials; antispasmodics; blisters. In what cases can opiates be used with safety and propriety? Does not whatever in-

creases heat generally tend to suppress all natural and salutary secretions? *Yes.*

4. To prevent or remove topical congestion, especially in the head, producing headache, delirium, &c.—by topical bleeding; blistering; shaving the head; cooling epithems; fomentations; pediluvia; emetics; laxatives; clysters.

*and rubbing it  
w<sup>th</sup> Aconite*

73. What are the effects of antimonials given not merely as a palliative medicine, but with a view to remove inflammatory fever at once? Can Peruvian bark, or any other medicine, be ever given with propriety and safety with the same intention? What are the effects of mercurials in this fever? Is cold drink allowable? *Yes.*

## NERVOUS FEVER.

74. The nervous fever is attended with little increase of the natural heat; small weak pulse, not very frequent; great prostration  
of

of strength and spirits, and great disorder of the whole nervous system.

75. It is difficult to fix its commencement ; as the symptoms are very mild in the beginning, and increase by almost imperceptible degrees, for many days before the patient is confined to bed. The first symptoms are, a general debility ; languor, and depression of spirits ; frequent irregular returns of slight chilliness and alternate heats ; lassitude ; anxiety ; oppressed breathing without any fixed topical affection of the lungs ; loss of appetite ; nausea ; sometimes vomiting of insipid phlegm ; a pale sunk countenance ; vertigo, or slight head-ach ; disturbed sleep.— There is neither heat, thirst, dry tongue, nor frequency of pulse, except in a small degree, towards night.

76. By degrees the symptoms become more alarming ; the patient is unable to sit out of bed ; the pulse becomes more frequent, but continues feeble and fluctuating : There  
are

are frequent flushings of the face, with coldness of the extremities, and partial cold sweats; great sensibility of the nervous system, in many particulars, especially in regard to light and noise; *subfultus tendinum*; tremors; sometimes convulsions; want of sleep, though the patient often lies in a kind of stupor, with his eyes open; a delirium, but not of the violent kind, rather a confusion, and constant indistinct muttering. This delirium is often preceded by an obtuse pain or coldness in the occiput, or crown of the head, with a *tinnitus aurium*, seldom with inflamed eyes.—It is attended with a low contracted pulse, and daily increases till the patient becomes absolutely insensible. The urine is pale, whey-coloured, and without sediment; and, though the tongue becomes dry in the advanced state of the fever, there is seldom any complaint of thirst.

77. There are sometimes regular exacerbations, terminated by a sweat every second, third, or fourth day; and, after the remissions,

sions, there is a sediment in the urine; but, as the fever advances, these remissions become less distinct. In the last stage, it is attended with most of the symptoms enumerated, art. 17. 2. and 3.

78. It seldom goes off by any regular crisis, but the symptoms abate gradually; and for some days, about the time of the favourable change, the patient is almost continually asleep: It seldom proves mortal after the fifteenth day, reckoning from the time the patient was confined to bed; but it is often protracted to a much greater length.

79. A gangrene, in those parts on which the patient has mostly lain, is frequent in the end. This gangrene is not attended with foetor, is not dangerous, and has been considered by some as critical.—When the fever has continued long, a kind of idiotism often remains for some weeks after the fever is removed, which gradually wears off.

80. It

80. It is distinguished from inflammatory fever; as, in the latter, the invasion is more sudden, and attended with greater rigour, and with a hard, strong, frequent pulse, which becomes fuller on bleeding; with heat, thirst, dry tongue, pain in some part of the body, especially pungent pain of the head, high coloured urine, quick breathing, oppression, and anxiety, is relieved by bleeding, and is attended with less debility and depression of the nervous power, and with fizy blood.

81. It is distinguished from the putrid fever, by having no symptoms of putrescency; by being accompanied with less heat, thirst, frequency of pulse, vomiting or redundancy of bile; and by not being so contagious. It is likewise distinguished from these fevers, by the difference of their remote causes.

82. Favourable symptoms are,

1. The tongue growing moist in the advanced

vanced state of the fever, with a copious spitting and moist skin.

2. Warm, gentle, universal sweat, natural, and not extorted; but profuse sweats, which are very common, and often attended with miliary eruptions, are always unfavourable.

3. Abscesses in the parotid glands, and other places.

4. Deafness.

5. Delirium being long in appearing.

6. Spontaneous miliary eruptions, which are not the effect of colliquative or forced sweats.

7. A gentle diarrhoea often relieves the head, when most affected.—No conclusions can be drawn from the state of the urine, which often, in the beginning, lets fall a natural sediment, and often, after the fever is removed, has no sediment for many days.

83. The predisponent causes are,

1. A relaxed habit.

2. Youth

2. Youth, especially from the age of puberty to about thirty;—feldom found in children and old people;—never in infants.

3. What weakens the nervous power.—Great evacuations; poor low diet; depressing passions; immoderate study; apprehension of contagion; sedentary life.

4. Calm damp weather, especially in marshy countries.—From what cause has this fever prevailed so much of late years?

84. The occasional causes are,

1. A certain state of the air, not yet ascertained, rendering the disease epidemic.

2. Contagion; but this seems very rarely a cause.

3. Application of cold when the body is warm;—but this likewise seldom produces a nervous fever.

4. Disorders in the *primae viae*.—It is generally impossible to trace it clearly from any occasional causes.

85. The blood, to appearance, seems natural,

tural, nor is there any evidence of acrimony in any of the fluids ; and tho', after death, there is often found inflammation, suppuration, or effusion, within the head, yet these seem rather to be the effects than the original causes of the disease. There is evidently a great debility and depression of the nervous power, with increased sensibility and mobility of some part of the nervous system, in the first stage, and almost a total insensibility in the last.—Though there are many symptoms of spasm, yet it seems to affect the skin and extremities less in this than in other fevers, there being frequently an equal heat and moisture diffused over the whole body, and sometimes universal sweats for many days successively. The action of the heart and arteries seem weakened, as the pulse, during the fever, is low, weak, and irregular ; and, when the fever is gone off, it becomes full, soft, strong, and regular. Is this owing to any spasmodic stricture on the heart and arteries ?—In an inflammatory fever, the pulse, before the crisis, is full and hard,

but afterwards, it becomes small, weak, and languid.

86. The indications of cure are,

1. To promote a gentle diaphoresis when the skin is parched ; to keep the belly open ; and to remove any disorder in the stomach, by gentle emetics, antimonials, sedative diaphoretics, gentle laxatives and clysters.—All considerable evacuations, especially of blood, do great hurt.

2. To support the *vis vitæ* by cordials ; particularly, by wine ; Peruvian bark ; sinapisms ; blisters ; cold drink ; sometimes by light animal food, when the fever has continued long ; and supporting the patient's spirits by every possible art.

3. To remove spasmodic symptoms by warm bathing ; fomentations ; antispasmodics ; musk ; castor ; camphor ; wine ; opiates.

4. To take off increased determination and congestion in the head ; by topical bleeding, and blisters ; pediluvia.

87. May

87. May not Peruvian bark be given sometimes with a view to remove the fever, especially in the beginning, when the remissions are distinct, and the patient sensible enough to take it in sufficient quantities? Does the bark tend to check natural or critical evacuations? As many of the symptoms seem at first view to indicate the use of opiates, is the general prejudice against them, in this and in other fevers, founded on direct experience of their bad effects, or only on an hypothesis concerning their mode of operation?

88. The nervous fever is often cured in the beginning, by a vomit, especially if it operates gently downwards, and procures a diaphoresis; and, after this, by the use of daily exercise on horseback or in a carriage; but especially, by a journey.

89. This disease often begins in this country with the symptoms of a very mild inflammatory fever, in which there is no great depression of spirits or strength, and the

E head

head continues clear during the first five or six days ; the stomach is much affected ; there is a disposition to sweat in the beginning, though the skin commonly becomes parched as the disease advances ; the pulse is soft, and not very frequent, with a distinct remission every forenoon.

90. These symptoms gradually increase, the remissions become less distinct, and all the symptoms of the nervous fever come on, and often unexpectedly. The treatment of a fever which so insensibly changes into another of a different nature, is attended with the utmost difficulty.

### P U T R I D F E V E R.

91. Definition. General symptoms of fever, with a remarkable prostration of strength and spirits, and symptoms of general putrescency of the fluids, at least, in the advanced state of the disease.

92. Symptoms in the first stage are,  
 more violent rigour and greater heat than  
 I in

in the nervous fever, pulse harder, though quick and small, but irregular in point of frequency. The jail-fever sometimes comes on gradually, with alternate fits of heat and cold, trembling of the hands, numbness of the arms, uncommon weakness, head-ach, confusion of the head, vertigo, *tinnitus aurium*, pain in the temples and eye-brows, sometimes in the bottom of the eye.—Eyes full, heavy, yellowish, and often seem inflamed.—The face appears bloated, and dead coloured.—Throbbing of the carotid and temporal arteries, tho' the pulse at the wrist is small, and often not frequent.—Nausea, vomiting, loss of appetite.—Exacerbation at night.—It is not easily known at first from a common fever, but by the circumstances of infection, and the symptoms not being relieved by bleeding.—Blood drawn at the beginning commonly seems natural, though sometimes it is fizy.

93. Symptoms in the advanced stage are, increase of the former symptoms; re-

markable prostration of strength and depression of spirits, even when the pulse is tolerably strong; sighing; sobbing; dyspnoea; delirium, but seldom violent, rather stupidity and confusion; rarely sleep.—As the pulse sinks, while its frequency increases, the tremors and delirium increase, with a slow low voice, lassitude, pains of the back and limbs, tremor of the hands, more commonly than *subfultus tendinum*; oppression, and sometimes pain at the pit of the stomach; vomiting of green, black, putrid bile; (these stomach-complaints are not always found in the jail-fever;) dry, parched, black tongue;—but sometimes it is moist to the last, and of a yellowish colour.—The dryness of the tongue makes the speech indistinct.—The thirst is sometimes moderate, but sometimes it is unquenchable. The urine is variable. If the sick lie warm, they are costive; if cold, they have a diarrhoea. The skin is commonly parched, and there is a pungent heat in it, though that is not felt when the hand is first laid on. *Pettechiae*

techiaie are not constant nor critical, nor always mortal. Their colour is various, from bright to livid. They often go deeper than the skin, with real gangrene of the part, which sometimes recovers without separation. The breath, stools, urine, and sweats, become foetid; there are haemorrhages from different parts. The blood, when drawn, is of a loose coagulum, and frequently does not separate at all, though sometimes a thin buffy film appears on it. The blood is sometimes putrid when drawn, or becomes putrid very soon after. The patient frequently longs for something cordial, especially wine, when the fever is protracted to any considerable length. Its duration is various.

94. The prognosis is uncertain. The most favourable symptoms are,

1. A gentle bilious diarrhoea, attended with a moderate sweat, which, in the advanced state of the disease, is often critical, and always relieves the patient.

E 3

2. Turbid

2. Turbid urine in the decline, with a gentle sweat, soft skin, and moist tongue.

3. Salivation.

4. Abscesses in the parotid and axillary glands, and other places, when the fever has continued long.

5. An itching red rash, and watry bladders on the back and breast;—sometimes a white miliary eruption;—hot scabby eruptions about the mouth and nose.

6. Deafness.

7. The petechiae (which are never critical) changing from a livid to a brighter colour.

8. The pulse rising, and the head becoming clearer, on the use of wine.

95. The unfavourable symptoms are,

1. Violent diarrhoea; especially with a hard swelled belly.

2. Profuse sweats, especially in the beginning, and when succeeded by rigour.

3. Large black or livid spots, commonly attended with haemorrhagy.

4. The

4. The eyes much inflamed, and staring.

5. Aphthae; especially if dark coloured;—these are commonly succeeded by ulceration of the mouth and throat, hiccup, and putrid diarrhoea.

6. Dark coloured foetid urine, with a foety sediment.

7. Frequent inclination to uncover the breast;—all the symptoms mentioned in art. 17.

96. Predisponent causes are,

1. A constitution weakened by previous diseases.—Those who recover are as apt as others to be seized again.—Do relapses often happen when the disease has been terminated by abscesses?

2. Depressing passions.

3. Hot climate.

4. Close, warm, damp weather.

5. Want of usual exercise.

97. Occasional causes are,

1. Foul air, from a number of people being confined in a narrow place, not properly ventilated;—putrid animal and vegetable effluvia;—putrid effluvia from stagnating water.

2. Feeding intirely on animal food, especially if it be putrid; without vegetables, antiseptics, bread, sugar and fermented liquor.

3. Contagion.

4. Preceding fevers, which in warm climates often terminate in this, especially the autumnal remittent fever.

98. The proximate cause seems to be a *morbid* matter, of the putrid kind, sometimes generated in the body, but generally communicated to it from without, which seems to depress the nervous power in a high degree, before it produces any sensible change on the fluids; though it appears to do this in the progress of the disease, by acting as a putrid assimilating ferment. The perspiration seems to be obstructed from spasmodic stricture

ture on the surface, or some other cause ; and congestions seem to be formed in the abdominal viscera. It commonly terminates in an inflammation and gangrene of some of the viscera, especially the bowels, and sometimes in a suppuration of the brain. But these are the effects, not the causes of the disease.—There is commonly an increased secretion and vitiated state of the bile in this fever.

99. It resembles the plague in its remote causes and most considerable symptoms. In what do they differ ?

100. Is there any difference that can influence practice in the putrid fevers produced by the different occasional causes ?

101. Whence proceed the delirium and other morbid affections of the head and alimentary canal, the peculiar colour of the eyes, the petechiae, and the haemorrhages ?

102. The indications of cure are different in different periods of the disease.

1. In the beginning, the effects of plethora and violent heat may be obviated, by a cautious use of gentle evacuations, and the antiphlogistic regimen.—Fever proceeding from contagion, in general, bear the loss of blood ill.—A gentle emetic, and afterwards procuring a diaphoresis, often cures this fever on the appearance of the first symptoms of infection.

2. Occasional causes must be removed as far as possible, by placing the patient where he may breathe a pure cool air, free from whatever can retain and communicate contagious matter, or an air impregnated with acid or aromatic effluvia; vegetable acescent food is proper; and whatever heats or stimulates should be avoided.

3. Gentle evacuations of the *primae viae* should be procured, and the perspiration promoted by mild emetics, laxatives, and diaphoretics.—Critical abscesses ought to be forwarded.

4. The *vis vitae* must be supported by proper nourishment, given in small quantities,

ties, but frequently ; by proper cordials, particularly, by the liberal use of wine ; Peruvian bark, and blisters in the decline ; by avoiding motion and an erect posture, and practising every art to support the patient's spirits.

5. Putrescency should be obviated by antiseptics ; bark ; wine ; acids ; saline draughts in the state of effervescence ; prudent application of cold, and of whatever diminishes febrile heat.

6. Particular symptoms ought to be palliated ; as delirium ; vomiting ; diarrhoea ; dysury ; worms, &c.

103. The prophylaxis consists,

1. In avoiding miasmata and contagion ; foul air, and dirtiness.

2. In avoiding whatever weakens the system and depresses the nervous power.—Hence the utility of the moderate use of wine, good diet, exercise both to body and mind, tonics, particularly, Peruvian bark  
and

and the cold bath, and of a chearful and fearless disposition.

3. The use of antiseptics, acids, fruit, bark, bitters, astringents.—One should not visit the sick fasting, and, when with them, he should breathe through a handkerchief or sponge moistened with vinegar, or any aromatic water. What effects has the use of tobacco as a preservative?

## REMITTENT FEVER.

### *or Bilious Fever.*

104. The symptoms of the remittent fever are varied by many circumstances of the season and situation of the country; but especially, according as it is combined with the inflammatory or putrid diathesis. It generally begins with a chillness; lassitude; yawning; pains of the head, back, and bones; vertigo; nausea; oppression at the stomach. These symptoms are succeeded by heat, thirst, parched tongue, though sometimes white and moist, violent head-ach, delirium, restlessness, frequent hard pulse, bilious vomiting

ing and stools, sometimes with worms, but often costiveness, with a hardness of the belly, and flatulency, high-coloured urine, yellowness of the eyes and frequently of the whole body.

105. The duration of these symptoms is various ; but generally, in a short time, after a sweat, they remit. The duration of the remission is uncertain ; sometimes it observes the tertian or quotidian type, sometimes is quite irregular ; but the exacerbation is most frequently at night, and the remission by a sweat in the morning.—No critical days are ascertained.—The remissions are often promoted by a spontaneous hæmorrhage of the nose, vomiting or purging, or by artificial evacuations.—The paroxysms are often preceded with no coldness.

106. It sometimes at once attacks the patient with symptoms of the most violent fever, and high delirium, without any previous complaint ; goes off in a few hours, with  
a pro-

a profuse sweat, and returns at the same hour next day.

107. It terminates favourably by bilious vomiting or purging; by a sweat; copious spitting or expectoration; and by changing into a regular intermittent. Sometimes, it is said, a jaundice is a crisis; but, in general, an univeral yellowness is an unfavourable symptom. Sometimes the paroxysms become gradually milder, and the disease goes away without any critical evacuation.—It terminates unfavourably by changing into a continued putrid fever or dysentery.

108. As the winter approaches, the symptoms peculiar to the putrid fever disappear, and those of inflammatory fever become more frequent, and the blood, which was before of its natural appearance, becomes fizy.

109. Its effects are the same with those of intermittents, art. 47. It always leaves  
a dif-

a disposition to relapse. Those relapses are rare in winter, but frequent in the succeeding spring.

110. Predisponent causes are, whatever relaxes and debilitates the system;—heat, moisture; depressing passions; want of exercise; excessive fatigue; all the causes that predispose to putrid fever; previous remittent fevers.—It is the epidemic autumnal fever of all warm climates, especially in marshy and woody countries, and is most severe in these after hot close summers.—Why are strangers most subject to it?

111. Occasional causes are,

1. Miasmata.
2. Contagion.
3. Exposure of the body, when warm, to cold or putrid moisture, especially during sleep.
4. Irregularities in diet; excessive drinking.
5. Insolation,

112. The

112. The proximate cause seems analogous to that of intermittents, conjoined with a morbid state of the *primae viae*, with an increased secretion, and probably vitiated state of the bile, and with a disposition to putrefaction, which abates as the cold weather approaches.—Is the yellowness of the eyes and skin owing to an absorption or regurgitation of the bile, or is it owing to a change brought on the serum, in consequence of a certain degree of putrefaction? Dissections of those who have died of this disease have discovered inflammation and gangrene in the alimentary tube, congestion of blood in the liver, redundancy of bile, but no obstructions in the biliary ducts; inflammation of the brain, and its consequences.

113. The indications of cure are,

1. To promote an intermission of the fever;—by bleeding, when the inflammatory diathesis prevails; gentle emetics; particularly antimonials, neutral salts, cooling laxatives. *i.e. Ol. Ricin. Manna Sol. &c.*

2. To

2. To stop the return of the paroxysms by Peruvian bark, which may be given as soon as the inflammatory diathesis is removed, and the *primae viae* cleansed; and, in hot climates, must be given very early, even upon the slightest remission, otherwise it will be too late.

3. To obviate inflammatory or putrid diathesis, particularly the latter, which generally attends this fever, by a cool acefcent diet, and the remedies mentioned art. 72. ~~xxx~~ and art. 102. In both these states, acrid and ~~xx~~ stimulating medicines are improper. ~~xx~~

4. To avoid and remove remote causes.

5. To palliate the violence of particular symptoms, as worms, diarrhoea, vomiting, headach, delirium.

114. The prophylaxis depends on avoiding remote causes; promoting all the secretions, particularly by the skin; using food of easy digestion; the moderate use of wine; antiseptics; keeping an open belly; bracing and invigorating the system.

## HECTIC FEVER.

115. Definition. Frequency of pulse and increased heat, but neither of them very considerable, except during certain irregular exacerbations and after eating; a slow wasting of the body, without any remarkable debility or impaired state of the functions.

116. The usual attendant symptoms are, the pulse becoming frequent and full after eating; with a flushing in the cheeks, and heat in the palms of the hands; dry skin; sleep not refreshing; loss of appetite, though this is often not impaired; sometimes wandering pains, and sudden swelling, in places where there seems to be no disease; increase of the fever towards night; exacerbations irregular in their periods, and in their cold, hot, and sweating fits, which last give no relief; and generally, at last, colliquative nocturnal sweats, or diarrhoea.—It never seems to be removed by any critical evacuation.

117. It

117. It generally is a symptomatic fever, connected with diseases subsisting along with it ; sometimes no such connection appears.

118. It proceeds from

1. Great evacuations, natural or artificial, especially of blood ; diarrhoea ; diabetes ; salivation ; gonorrhoea ; excessive discharges of semen, milk, fluor albus.—It sometimes continues, long after these evacuations have ceased.

2. The consequences of small-pox, measles, and other fevers.

3. Suppression of natural or usual evacuations.

4. Long continued distress of mind.

5. Infarctions in the viscera, particularly in the lungs and mesentery, even when there is no purulency.—It is sometimes doubtful whether these obstructions are the cause or the effects of this disease.

6. Very quick growth in children, especially about the age of puberty.

7. The consequences of scrophula, worms, disorders in the *primae viae*, dropfy, inflammation of scirrhus glands, but principally of purulency, especially in the lungs.

119. Whence does it proceed, when idiopathic? Has any particular acrimony been discovered in the fluids?

120. The cure, when it is symptomatic, depends on the removal of the primary disease.—In the case, art. 118. 1. 2. 6. a mild restorative diet, gentle exercise, country-air, sailing, warm climate, acids, temperate and cold bathing, Peruvian bark, and sometimes the moderate use of wine and animal food, are proper, and sometimes small but repeated bleedings. In the case, art. 118. 3. gentle evacuations, cool diet, exercise, and bathing, are indicated. In the case, art. 118. 4. nothing can be of use but the removal of the cause, and an attention to every circumstance that can amuse the mind.

## S M A L L - P O X.

121. This disease is an eruptive fever, where the pustules appear on the third or fourth day, and continue coming out till the fifth or sixth; then suppurate, and begin to crust on the face from the ninth to the eleventh day.

122. The symptoms are various, according to the number and kind of the pustules, and according as the attendant fever is inflammatory, nervous, putrid, or catarrhal. It generally begins with coldness, shivering, succeeded by heat, thirst, frequent pulse, pain of the head and back, nausea, vomiting, anxiety, pain in the pit of the stomach when pressed, drowsiness, and starting in sleep.

123. The pustules, on their first eruption, are very small, but gradually increase in size.—According as they come out distinct, or run together on the face, the disease is

called the Distinct, or Confluent small-pox. On the first eruption, the fever in the distinct kind subsides; but, in the confluent, it continues. The eruption is earliest in the confluent kind, but it is sometimes protracted, in consequence of a hot regimen, of a violent pain in any part of the body, or of great depression of spirits. Does the previous use of the cold bath tend to retard the eruption? When the eruption is compleated, the interstices of the pustules turn red, and the whole face swells. Towards the height, the hands begin to swell, and afterwards the feet. The confluent small-pox appear at first like an erysipelas, and the skin of the face rises like an universal blister. More or less fever accompanies the maturation; It is attended with salivation, and often a sore throat, especially in adults; a diarrhoea in infants, and sometimes an increased discharge of urine.

124. After the small-pox begin to crust on the face, (which is the time of the greatest

est danger) the swelling of it subsides gradually, and then the swelling on the hands and feet successively subside.—The pustules are largest on the extremities, and continue full for several days after they have fallen on the face. The fever is usually highest when the small-pox on the face begin to subside, and continues for several days afterwards, with a nocturnal exacerbation.—In the end of the disease, abscesses are often troublesome.

125. They sometimes remove glandular swellings, defluxions on the eyes and ears, *tinea capitis*, pains and weakness of the joints, obstructed menses, and procure better and more steady health.

126. Sometimes they impair the constitution, bringing on pulmonary complaints, hectic fever, defluxions, and specks on the eyes; and blindness, from various sources.

127. A favourable prognosis arises from  
1. Distinct pustules on the face.

2. Convulsive fits before the eruption.
3. Yellowish pustules, well filled, with a red base.
4. The maturation of the pustules, diarrhoea, salivation, and successive swellings of the face and extremities, observing their natural periods.
5. The state of childhood.

128. An unfavourable prognostic is deduced from

1. Violent eruptive fever of the inflammatory kind, with fizy blood, and fixed pain in any part of the body, or fever of the nervous, putrid, or catarrhal kind.
2. Early eruption of confluent pustules.
3. Pustules not filling with proper matter, but remaining flaccid, or filled with a watery or bloody ichor.—In this species of the disease, the dangerous symptoms often do not appear before the fourteenth day.
4. Great determination of the blood to the head, producing delirium, stupor, &c. or to  
the

the breast, producing peripneumony, especially about the height of the disease.

5. An angina, with viscid salivation, and difficult expectoration.

6. Petechiae, bloody urine, and other symptoms of putrid diathesis.

7. Premature subsiding of the pustules, or of the swelling on the face and extremities.

8. Abortion.

9. Rigours about the eleventh day.

129. The small-pox are produced by contagion alone, which seems to have been propagated from the east over the rest of the world. A certain state of the air seems necessary to render the contagious matter active; hence it is only epidemic at some times, though the contagious matter will for a long time adhere to certain substances fitted to retain it. It never seizes (or extremely rarely) any person but once in his life.— But a particular part of the body may afterwards be susceptible of the small-pox, in consequence of immediate contact with one  
having

having the disease.—Not above one out of twenty escape it.—Why are some people unfusceptible of the contagion? And why are people more fusceptible of it at one time than another?

130. The number and kind of the small-pox, and all its attendant fymptoms, depend

1. On the mode of communicating the contagious matter, either immediately to the blood, as in inoculation; or in a volatile way, by the inhaling veffels, which is the natural way.

2. The habit of body.

3. The difpofition of the air and feafon of the year.

4. The nature of any other reigning epidemic fever.

5. The management of the patient under the difeafe, particularly in regard to heat.—Does any thing depend on the nature of the contagious matter?

131. The contagious matter received in-  
to

to the body seems to act as an assimilating ferment. The assimilated fluids are partly expelled by the pustules, partly by different natural emunctories. After this, the feminium in the habit is destroyed. The nature of this feminium is unknown, but it is necessary to concur with the contagion, in order to produce the disease. Why is the disease so mild in some people, and so virulent in others? Whence the secondary fever?

132. Is it possible to destroy the latent feminium in the habit, or prevent, by any safe means, the disease from coming on after the contagion is received?

133. When the small-pox appear in the natural way, the view of the physician must be to render them as few and mild as possible, by moderating the symptoms in the successive stages of the disease, which requires a particular attention to the genius of the attendant fever.—In general, is the fever

ver to be considered as necessary for the separation and expulsion of the variolous matter, or is it to be considered as an obstacle to this salutary purpose ?

134. The violence of the eruptive fever, when inflammatory, is mitigated, the eruption facilitated, and the number of pustules diminished, by the antiphlogistic regimen ; bleeding, emetics, particularly antimonials, laxatives, the proper application of cold, and sometimes by warm bathing. In some cases, where there is great depression of the nervous power, cordials and blisters are necessary. Epileptic fits are relieved by the warm bath, opiates, and sometimes bleeding and blisters are proper.

135. From the eruption to the height, the same cool regimen and pure air is necessary, and occasional evacuations, especially when the head and breast are affected. The natural salivation is promoted and the matter thinned, by gargarisms, breathing emollient  
and

and attenuant steams, gentle emetics, and blisters. When the attendant fever is of the nervous or putrid kind, and the pustules do not fill with proper matter, the Peruvian bark, acids, and wine, are proper.—Restlessness, foreness, and often delirium are removed by opiates.—The swelling of the extremities is promoted by fomentations, cataplasms, and blisters.—Strangury is removed by raising the patient on his knees, or taking him out of bed.—In all stages of the disease, and particularly in this, the linen (if possible) should be changed once a-day at least.—What are the advantages and disadvantages of antimonials, wine, opiates, and Peruvian bark, given at this time? Have any medicines a specific effect in forwarding the suppuration?

136. On the accession of the secondary fever, the indications are, to mitigate the fever, and to take off the determination from the head, throat, and breast. This is sometimes effected by bleeding, cathartics, mild

emetics, blisters, promoting the determination to the surface and extremities by fomentations, poultices, sinapisms. What are the effects of opening the pustules in palliating the secondary fever?

137. How is pitting to be prevented?

138. Are evacuations, particularly by cathartics, always necessary after the small-pox, to prevent their bad effects on the constitution?

139. In the inoculated small-pox, compared with the natural, the number of pustules is smaller, the matter of them is better, all the symptoms are milder, the secondary fever, pitting, and in general, the other bad consequences of the disease are prevented, and the number of those who die of them is very inconsiderable. So that, making a proper allowance for the number of those who would have escaped the disease, a great many

ny lives would be saved by inoculation being generally practised.

140. In the inoculated small-pox, before the disease is communicated, there is an opportunity of properly preparing the patient's body, of chusing the season, and period of life; but the great success of inoculation does not seem to depend principally on any of these circumstances, nor on the mildness or small quantity of the inoculating matter, nor on its being chiefly practised on the young, fearless, and healthy. On what does its success depend?

141. It may be practised with success at any time of life;—but in infancy, and particularly during the time of dentition, it oftener fails of producing the disease, and oftener proves fatal, than at any other period of life. To what is this owing? Is not the state of pregnancy improper for inoculation?

142. It may be practised at any season ; but the most proper seems to be that which in general is most healthy.

143. What diseases render it improper ? It has been successfully applied to those affected with the syphilis, and inveterate cutaneous diseases, to the gouty, scrophulous, scorbutic (commonly so called), corpulent, and to very irregular livers.

144. No particular mode of preparation can be universally proper. It should be relative to the particular habit of body of every patient. In general, the best preparation is such as tends to remove inflammatory diathesis, and to cleanse the *primae viae*. This is effected by a total abstinence from animal food and fermented liquor, for some time before the inoculation, and by gentle laxatives, repeated at proper intervals. Have mercurials or antimonials  
any

any peculiar advantages as preparatory medicines ?

145. Of what consequence is the choice of the inoculating matter, in regard

1. To its being taken from a favourable small-pox ;

2. To its being taken from recent, or old, crude, or fully ripened matter ;

3. To the health and family of the person from whom the matter is taken ?

146. The best method of performing the operation, and of treating the wound, seems to be such as gives no additional stimulus to the part, beyond what is communicated by the variolous matter. In this way, the effects of the inoculation can be better judged of by the appearance of the wound. The consequences of deep incisions are often troublesome, and bandages and plasters are improper on many accounts. Is there any danger from accumulated infection ?

147. The eruptive fever generally begins about eight days after the inoculation ; but the infection having taken place, may be guessed at, by the appearance of the wound, some days sooner. Are there any certain marks of the disease being communicated so as to leave no danger of a future infection, besides the same symptoms which attend the natural small-pox ?

148. There seems to be no reason for treating the inoculated differently from the natural small-pox.

149. To what is the peculiar success of the new mode of conducting inoculation owing ? Is it owing to a much greater proportion of adults having been inoculated in this way, than of infants, among whom the success is more precarious ? Is it owing to a stricter preparation of the patient ? To any specific effect of particular medicines ? To the free uses of purgatives through the course of the disease ? To the different manner of  
mana-

managing the operation, or to a more free application of the cool regimen, especially in regard to cold air and cold drink? Different people, who have no communication together, and who pretend to the knowledge of certain medicines which have a specific effect to render the disease mild, practise inoculation with equal success. This is a proof that their success must depend on something in the management common to them all. But equal success has attended gentlemen who have had the most extensive practice in inoculation, and who have, with a candour and liberality which does honour to themselves and to the profession, communicated all they knew to the public.

150. Does the partial practice of inoculation tend to the hurt of society, by constantly keeping the contagion active? Or has inoculation no tendency to spread the disease, unless those circumstances in the state of the air concur, which, independent of inoculation, would have rendered it epidemic?

## M E A S L E S.

151. This disease is a fever, with dry cough, sneezing, serous discharge from the eyes and nose, eruption of red spots about the fourth day, which in three or four days scale off.

152. The patient is often affected with catarrhal symptoms, for several days before he has any fever.

153. The eruptive fever generally begins with coldness, or alternate cold and hot fits, succeeded by all the symptoms of catarrhal fever, affecting particularly the eyes and nose, with a constant running; by heat and pain of the eyes, which are impatient of the light; by dry cough, slight angina, heaviness and pain of the head, restlessness, starting in sleep, nausea, vomiting, sometimes diarrhoea, irritability of the mind, itching of the skin, anxiety, especially just before the eruption.—Sometimes the fever goes off without

without an eruption, and sometimes, after the eruption has appeared, it goes off again, and returns some days after.

154. They commonly appear first on the face like flea-bites, which, increasing in number and coalescing, make the spots larger, and bring on some swelling of the face; the spots, though raised above the skin, are only known to be so by the touch. In the other parts of the body, they are broad, red, and not raised above the skin. The symptoms do not remit, or but little, on the eruption, except the vomiting. The spots first turn rough, and the cuticle breaks on the face; at which time, they continue red and broad on the rest of the body.—About the ninth day, they are usually all gone off, and leave a great itching on the skin.

155. The fever, catarrhal, and peripneumonic symptoms, often remain, and a hectic fever and diarrhoea in children, with a hardness of the belly, especially after a hot regi-

men, which sometimes makes the measles livid.—Haemorrhages from the nose and lungs, and colick pains, are not unfrequent.—The measles have been found complicated with small-pox.

156. Favourable appearances are,

1. Diarrhoea, great discharge of urine, or a sweat towards the decline.
2. Haemorrhage from the nose, when the head or breast are much affected.
3. Vomiting after the full eruption.
4. A free and copious expectoration succeeding the dry cough.

157. Unfavourable appearances are,

1. Peripneumony, especially with a symptomatic diarrhoea.
2. Profuse colliquative sweats.
3. Petechiae.
4. Excessive lassitude, and violent fixed pains, preceding the eruption.
5. Severe pain of the head and eyes, continuing after the eruption.

6. Sud-

6. Sudden and premature disappearing of the measles, especially if succeeded by delirium or peripneumony.

158. The disease is produced by contagion alone, which seems to have proceeded at first from the eastern countries. It affects a patient but once in his life; it would appear, therefore, that there is some latent seminum in the body which must concur with the contagion to produce the measles. A certain state of the air is necessary to render the contagion active, and the disease epidemic. Like other eruptive fevers, though in a more remarkable manner, it affects the mucous membranes, particularly of the throat and lungs. Sometimes, from its quick progress when epidemic, it would seem that the contagious effluvia are diffused to a great distance from the sick.—The symptoms peculiar to the measles are influenced by circumstances similar to those which influence the small-pox. The eruption in the measles does not seem critical, as it is in the small-pox.

159. Though the attendant fever is usually inflammatory, it sometimes is of the putrid kind, and then is often fatal.

160. The indications of cure are,

1. To moderate or assist the efforts of nature in the expulsion of the measles, by bleeding, emetics, laxatives, warm bathing, frictions, antiphlogistic regimen, and sometimes by cordials.

2. To obviate the catarrhal and peripneumonic symptoms, by the same remedies, and by blisters, mucilaginous medicines, pectorals, opiates, breathing in the steams of warm water.

3. To remove the disorders consequent on the disease, particularly pulmonic complaints and diarrhoea.

4. To obviate the symptoms of putrid or nervous fever, when the measles are complicated with these.

161. What are the necessary cautions in regard to the application of cold ?

162. What

162. What is to be expected from inoculation of the measles?

## SCARLET FEVER.

163. This fever is attended with an eruption of red spots, much broader and more florid than in the measles, and the interstices so red, that the skin has the appearance of an uniform scarlet colour. In three days, the red eruption goes off, and is succeeded by branny scales.

164. It begins with the usual symptoms of inflammatory fever, seldom with the catarrhal affections, or defluxion of the eyes, attendant on measles. The eruption is preceded by great depression of spirits, anxiety, dyspnoea, sometimes vomiting and diarrhoea—The fever does not go off upon the eruption. It is often attended with some degree of angina, and is generally a concomitant of the malignant angina.

165. If

165. If properly treated, it is seldom dangerous, unless when attended with a putrid fever.

166. It is contagious, and sometimes epidemic. It affects children most frequently, and sometimes girls, before the first appearance of their menses. It is most frequent in winter and spring, and goes off on the approach of summer.

167. When attended with violent symptoms of inflammatory fever, the cool regimen is proper, bleeding, antimonials, gentle laxatives, especially in the decline of the disease; but, when attended with putrid fever, or great depression of the nervous power, blisters, opiates, and cordials, are indicated. In general, if nature is not disturbed in the progressive stages of the disease, little medical assistance is required.

## MILIARY FEVER.

168. The miliary fever is attended with an eruption of small pimples, about the size of millet-seeds, of a red or white colour, (*purpura et alba*,) filling with a serous fluid, not regular as to the time of its appearance nor duration, not affecting the face, preceded by great depression of spirits and anxiety, and attended with a peculiar smell.

169. The symptoms are various, according to the nature of the concomitant fever, which may be inflammatory, nervous, putrid, catarrhal, &c. The eruption is commonly preceded by great oppression about the stomach, sighing, anxiety, dyspnoea, nausea, flatulency, feeble contracted pulse, pain of the head and limbs, sometimes gripes, stiffness of the fingers, prickling or itching of the skin, sweating, though sometimes by a parched skin.

170. The

170. The time of eruption is uncertain.— It appears chiefly on the trunk of the body ; and is felt before it is seen.—The red and white are sometimes mixed. The fever and other symptoms subside usually after the eruption, and the pulse becomes full. On the pustules going suddenly in, the symptoms which preceded the eruption come on again, and sometimes violent morbid affections of the head. There are, sometimes, *Crofula* successive fleeces of this miliary eruption ; but, when it keeps out for some days together, the cuticle scales off.

171. What is the history of this fever ? Whence its origin ? Why is it in a great measure confined to particular countries ?

172. When is a miliary eruption to be considered as symptomatic, and when as a primary disease ? It is found in all kinds of fevers, especially where a hot regimen has been used, and where profuse and long continued sweatings have been the consequence. Many people have it when they sweat, tho' they

they have no fever.—It is most common to lying-in women; but these are generally kept in a constant sweat.—In some cases it is salutary and critical.

173. Sometimes, though rarely, it is contagious, especially by contact.—Those of relaxed and debilitated habits, of weak nerves, and those subject to costiveness, are most subject to it.

174. What connection is there between miliary eruptions and aphthae?

175. Miliary eruptions are intirely different from petechiae, which seem to be always symptomatic, and generally attendant on putrid fever. Whence do petechiae proceed? Were they known to the ancients?

176. It is impossible to say any thing positive in regard to the cure, as these eruptions are symptoms of fevers of opposite kinds, and requiring opposite management,  
and

and as they are so generally the mere effects  
 \* of a hot regimen and profuse sweats.

177. When they appear spontaneously and relieve the patient, care should be taken that they be not repelled by the imprudent application of cold, evacuations, or by any thing that weakens the nervous power.— If, in consequence of any of these causes, they go suddenly in, and the symptoms, art. 169. come on, blisters, wine, cordials, and sometimes opiates, may be necessary; but, in general, this and every other critical evacuation, or translation, is best promoted by a cool regimen, which commonly invigorates the system, at the same time that it moderates the fever; whereas, the tendency of whatever heats the patient is, to inflame the febrile symptoms, to prevent all critical evacuations and translations, and often to produce such evacuations as are  
 \* merely colliquative or symptomatic.

178. When the symptoms do not remit  
 upon

upon a miliary eruption, it is to be considered as symptomatic.

179. When there are successive eruptions of miliary pustules, with profuse sweats, the bark is one of the best medicines. x

### ERYSIPELATOUS FEVER.

180. This fever is attended with a superficial diffused inflammation, of a shining rosy colour, which disappears on the slightest pressure, and seizes only a particular part of the body at once.

181. It is commonly preceded, for a day or two, by the symptoms of inflammatory fever, with fizy blood. After its appearance, it continues to increase for two or three days, with a sensation of burning heat, then gradually disappears, the skin turns yellowish, and the cuticle scales off. It is most frequent on the face, where, after some time, it commonly moves from one side to the other,

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with

with a considerable swelling, covered with little pustules, which exude a viscid matter. This is often attended with a delirium, head-ach, or coma. Next to the face, it is most common in the leg, attended with a painful swelling, extending up the thigh.

182. The fever often subsides on the eruption, but sometimes continues, especially when the face is affected. Sometimes the erysipelas appears at the same time with the fever, and sometimes, though very rarely, precedes it.—It is often an attendant on putrid fever.

183. It must be distinguished from erythema, which is without fever, is symptomatic in many diseases, and is the effect of various external injuries.—It is distinguished from phlegmon, by the swelling not being pointed nor circumscribed, and by turning white on the slightest pressure.

184. It

184. It sometimes is carried off by a sweat, copious discharge of urine, or bleeding at the nose; but the fever and erysipelas most frequently go away by degrees, without any sensible crisis. It rarely suppurates, if not improperly treated; but, when it does, the ulcers heal with great difficulty. It often terminates in a gangrene in old people, when it affects the extremities, and when it is combined with putrid or pestilential fever.

185. It sometimes disappears suddenly, especially in consequence of cold repellent applications, or of a very hot regimen; and, in such cases, there come on excessive anxiety, prostration of strength and spirits, sickness, vomiting, and inflammation of the viscera.—Is there any other evidence of an internal inflammation being of the erysipelatous kind, besides its being the consequence of an external repelled erysipelas? Or, supposing there were any peculiar symptoms to distinguish it, would the discovery of them be of any practical use?

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186. In

186. In sound constitutions it is seldom dangerous, unless sometimes when it affects the face, and is attended with violent delirium, coma, or stupor.—It is often fatal to old people, and to those of morbid and debilitated habits.

187. Predisponent causes are,

1. Hereditary disposition.
2. Previous erysipelas.
3. A certain age, rather after the prime of life.—Children and infants are not subject to it.
4. Plethora ; sanguine irritable habit.
5. Constitution broken by a warm climate.

188. Occasional causes are,

1. Cold.
2. Irregularities in diet.
3. Violent passions.
4. Suppression of usual evacuations.
5. A certain state of the air, rendering it epidemic ; but this is very rare.—Is it ever contagious ?

189. It

189. It is an inflammation affecting the skin alone, except in a few cases, where it extends to the cellular membrane, and then it is apt to suppurate. Is there an effusion in erysipelas, and of what kind is it? In what does the specific predisposition consist?

190. It sometimes seems critical, by its curing spasmodic colicks, and spasmodic asthmas. It is frequently very mobile. Has it any affinity with the gout?

191. When the fever is of the inflammatory kind, the antiphlogistic regimen is proper; but, unless the head is affected, or the symptoms uncommonly violent, neither bleeding nor any other evacuations are necessary, as the disease runs its course without any danger; but, when it attacks the face, it generally communicates itself to the brain, and then repeated general and topical bleeding is necessary, along with cooling laxatives, whatever tends to take off the

determination to the head, pediluvia, blister, sedative diaphoretics.

192. The best external application is soft wool or fur. Spirituous, acid, astringent, or cold applications, are dangerous, as repellents.—Emollient fomentations and cataplasms tend to induce suppuration. Farinaceous powders, or chalk sprinkled on the part, abate the heat, but are often inconvenient, by forming a crust with the matter that exudes through the swelling;—cabbage or vine-leaves, are a cooling and safe application.

193. When the eruption seems critical, evacuations are improper.—A cordial regimen, and Peruvian bark, may be necessary, where it is attended with putrid fever, or great depression of the *vis vitæ*.

#### P L A G U E.

194. This disease is a nervous or putrid fever, highly contagious, distinguished by  
swell-

swellings of the lymphatic glands, chiefly of the inguinal, parotid, or axillary, appearing during the course of the disease, and tending to suppuration; or by an eruption of carbuncles.

195. The symptoms are various in different seasons, and in different people. They are sometimes so virulent as to prove mortal in a few minutes, the patient being suddenly seized with a violent pain in the heart, vertigo, and vomiting.—Sometimes it has been so mild, that, after a few hours continuance of fever, buboes have appeared, and the patient has suffered no confinement while the swellings advanced to suppuration.

196. It generally begins with a coldness, succeeded by great heat, especially internally, heaviness of the head, stupor, or a confusion of the head, like what is the consequence of drunkenness; vertigo; excessive prostration of strength and depression of spirits; ghastly look; delirium; eyes red, roll-

ing, and sparkling; flushed face, frequent, irregular, feeble, often tense pulse; thirst; whitish tongue; nausea; bilious vomitings and stools; urine various, turbid, whitish, black, bloody; sweating often foetid; breathing very various; foetid breath; petechiae, (which sometimes appear after death;) hæmorrhages; tremblings; convulsions; faintings, in which the patient often expires; sometimes frequent paroxysms and remissions.—After death, the body quickly putrifies.

197. Its duration is uncertain.—Buboes appear at uncertain times, the sooner the better, and are commonly a favourable crisis; they generally suppurate, sometimes turn schirrous, sometimes discuss without suppuration, and the patient recovers; but, when they disappear suddenly, it is commonly fatal, though the patients, in this case, have, it is said, been sometimes saved by a discharge of purulent urine. They sometimes come out without any previous fever, like  
the

the mildest small-pox, which stand in place of the plague.—The suppuration advances fastest when the fever goes off.

198. Carbuncles appear at different times, mostly on the back and limbs, seldom exceeding ten or twelve.—The parts first itch, and, upon scratching, the carbuncles come out with great heat and pain.—Sometimes the carbuncles are favourable, but are oftener symptomatic.

199. There is seldom any crisis by an evacuation; but early sweats (often preceded by a bleeding at the nose) have sometimes proved critical. Vomiting and purging early in the disease have sometimes been salutary, and promoted the appearance of buboes, which seem to be the only perfect crisis.

200. Predisponent causes are,

1. Whatever depresses the nervous power;

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—great

—great fear, grief, anxiety, poor low diet, want of necessary food.

2. Whatever increases putrescency of the system, want of exercise and usual labour, especially in the lower class of people who are accustomed to it, and, in consequence of this, to perspire copiously; living upon putrid animal food; want of fresh vegetables, good bread, sugar, wine, and other antiseptics; foul air, in consequence of nastiness, and the want of free ventilation, which is seldom found in the houses of the lower class of people, among whom this disease is most frequent and fatal.

3. Hot, moist air, replete with putrid effluvia;—it abates or goes off on the approach of winter;—yet, at Aleppo, became mildest in August.—Does it appear, by successive observations, that the decrease of the plague there was in proportion to the heat of the weather?

201. People who are resolute, sober, cleanly, of a thin habit, subject to the piles, who  
have

have running sores, who are phthifical or gouty, are said to be less subject to it.—Do other epidemic diseases cease during the time it prevails?

202. The occasional cause is, specific contagion. It seems to be the endemic disease of the Levant, from whence it is conveyed to different parts of Europe.—A certain state of the air, which has not been yet specified, must concur to render the contagious matter active.—The source of the contagion cannot always be traced.—It is not found in the East or West-Indies. The contagious matter does not seem to extend far from the patients, or from any other bodies to which it adheres.—Is any difference ascertained between the virulence of the contagious matter proceeding immediately from those affected with the plague, and that proceeding from other bodies to which it has been long adhering? Does it ever arise from any other cause than contagion? Buboes and parotis are sometimes critical in putrid fevers. In what respect

spect do such putrid fevers differ from the plague?

203. The contagious matter debilitates and disorders the nervous power, before it produces any sensible change upon the blood, though, in the progress of the disease, an evident putrescency is usually induced.— In what manner do buboes prove critical? Or are they to be considered only as signs of a crisis?

204. The disease usually attacks patients but once. What are the exceptions to this general observation? Does one infection secure a patient against future infections during his life, or only during that epidemic plague with which he was previously affected?

205. Dissections of the morbid bodies have discovered the viscera, particularly the heart, to be greatly enlarged. Gangrenes, abscesses, congestions, effusions, have appeared, and sometimes nothing preternatural.

206. It

206. It is impossible to estimate the mortality naturally consequent upon the plague, because the people affected by it were never placed in the same situation with those labouring under other diseases.—Wherever it has raged, especially out of Turkey, the situation of the sick has been peculiarly unfavourable. It has seized people, totally enervated by fear, and rendered sickly in consequence of a total suspension of their usual labour, and under the influence of all these circumstances mentioned art. 201. as predisponent causes.—Amidst such a scene of desolation and misery, numbers must have perished for want of the common necessities of life, for want of assistance of every kind, even of the necessary attendants to perform the common duties of humanity ; or from being crowded together in hospitals, where foul air, and many other circumstances, concurred to heighten the malignity of the disease.—There is reason to believe, that the feeble aid offered by medicine has, in general, been far from lessening the fatal effects  
of

of the distemper; perhaps owing to physicians being unacquainted with the disease, to their unhappy attachment to a hot regimen, and to other causes sufficiently obvious.

207. If the disease is to be left to Nature, and the physician proposes only to assist or regulate her efforts, the indications of cure are the same as in the putrid fever, art. 102. Critical abscesses are intirely the work of nature, which medicines may easily counteract, but cannot assist. When they appear, if any applications are proper, they are only those of the emollient and relaxing kind. Carbuncles must be treated like any other gangrenous fores.

208. The cure has been attempted, without any regard to nature's plan,

1. By a very large bleeding in the beginning.—This method has had but an imperfect trial.—What are the circumstances that indicate the propriety of it?

2. By

2. By exciting a profuse sweat in the beginning, and supporting it for a long time. This has had no full trial. Have not the hot stimulating sudorifics, which have been so generally prescribed during the whole course of the disease, tended only to extort successive partial sweats, and to aggravate all the symptoms?

209. What might be expected from antimonials given in full doses, on the first attack of the disease? What might be expected from the Peruvian bark given (after cleansing the *primae viae*) in the largest possible doses, along with the liberal use of wine, and the free application of cold? Are issues indicated in the disease itself, or as preservatives?

210. The prevention of the plague depends,

1. On avoiding any communication, at least, beyond certain bounds, with infected people,

people, or with such bodies as retain the contagious matter.

2. On destroying or dissipating the contagious matter adhering to bodies, by proper ventilation, washing with vinegar, or smoking with sulphur.

3. On rendering the body unsusceptible of the contagion, by the means pointed out in regard to the putrid fever, art. 103.

## INFLAMMATION.

211. Inflammation is defined by heat, redness, pain. It is generally attended with hardness, swelling, pulsation, increased sensibility and irritability, along with impaired function of the part, fizy blood, fever, spasm. The degree of these depends on the nature of the part affected. It gets different names according to its appearance, its remote causes, and the parts affected.

212. It is produced,

1. By

1. By the application of certain external stimuli ; from wounds, sprains, contusions, excessive heat, cold and acrid applications.

2. By the same remote causes as inflammatory fever.

213. What is the proximate cause of inflammation ? Does it arise from obstruction, and *error loci*, in consequence of lentor of the blood ; or from spasm of the vessels, arising from any acrid matter applied to them, or from over-distension ? Or does it arise from some latent stimulating cause in the nervous system, without either lentor or acrimony in the fluids ? May it not proceed sometimes from relaxation of the blood-vessels ?

214. Inflammation seems to be always attended with increased action of the contiguous blood-vessels, with increased determination and congestion of blood ;—often with effusion and *errores loci*, with spasmodic affections, and sometimes with increase, some-

times with diminution of the secretions in the parts affected, or in the adjacent parts.

215. The symptoms of inflammation are sometimes confined to the parts affected; but, when violent, they produce general fever, which is commonly inflammatory, though sometimes it is of the putrid kind.—Sometimes various morbid affections of the nervous system, without any fever, are occasioned by topical inflammation.

216. Inflammation terminates,

1. By resolution which is often produced, or, at least, attended by some general or topical evacuation, or inflammation in some other part; though it may happen without any of these.

2. By effusion or exudation. There is a viscid matter resembling pus, that exudes from the surface of inflamed membranes, which sometimes concretes into a kind of membrane, and produces adhesions to the neighbouring parts.

3. Suppuration.

4. Gangrene.

5. Schirrus.

217. Whence proceed the heat, redness, swelling, pain, fever, and other symptoms of inflammation?

218. The cure is to be attempted by procuring a resolution of the inflammation. The indications are,

1. To remove remote causes.

2. To remove general inflammatory fever by the remedies mentioned art. 72. and to remove putrid fever when present, by the remedies art. 102.

3. To remove the topical affection, increased action of the vessels, topical congestion and spasm, by topical bleeding and blistering, by what determines to the surface without heating the patient, mild emetics, warm emollient applications, and sometimes by refrigerants, repellents, and anodynes.

219. What are the particular advantages of making a sudden depletion of the vessels, by taking away a large quantity of blood at once from a large orifice? What are the advantages of arteriotomy? Whether should blood be taken from a vessel as near or as remote as possible from the part affected? May not the loss of large quantities of blood in the cure of inflammations be often prevented by the use of remedies as efficacious, and less injurious to the constitution?

220. What cautions are necessary in regard to the application of cold, especially to the use of cold drink in phlegmasiae?

221. When is the topical application of refrigerants and repellents proper? and when are warm and relaxing applications to be preferred?

222. Is the general opinion of the impropriety of giving opiates founded on direct experience, or on an hypothesis of their mode of operation?

S U P-

## SUPPURATION.

223. The symptoms which show that an inflammation is likely to terminate in a suppuration, are, a continuance of the pain beyond a certain time, (which depends very much on the nature of the part affected;) the swelling rising to a point; throbbing pain, (different from the pungent pain that attends a recent inflammation;) frequent returns of cold and shivering fits; less hardness of the pulse; hectic fever. Some indolent tumors suppurate slowly, without these symptoms. Is pus ever formed without previous inflammation?

224. When a suppuration is formed, the pain remits, the part becomes soft and white on the apex, a fluctuation is felt, and the febrile symptoms generally disappear.

225. The purulent matter may remain a longer or shorter time in the state of an ab-

scels, which may break either externally or into any cavity of the body, or may be absorbed. The matter discharged from the ruptured abscess either gradually lessens, and the wound heals up, or it becomes an open ulcer, and may diffuse itself to the neighbouring parts, producing fistulas, &c.

226. The seat of abscesses is the cellular membrane. The purulent matter cannot diffuse itself through the cells of this membrane, like air, serum, &c. because it is either contained in a cyst, or the cavity in which it is contained is encompassed with inflamed vessels, which harden and unite the fibres and laminae of the cellular membrane, in such a manner, as to render it impermeable.

227. The cavity of an abscess will enlarge in proportion to the accumulation of matter, and will naturally dilate where it meets with least resistance. The weight of matter disposes them to burst in the most depending part,

part, where artificial openings should always be made.

228. In what manner is pus formed? Does it consist of extravasated fluids and dissolved solids mixed, with some degree of putrefaction? Or is it produced by a kind of secretion, from vessels altered in a certain way by inflammation? Or is it the consequence of the effusion of fluids, where the thinner parts of them are exhaled or absorbed, and the remaining part, perhaps from some peculiar fermentation, becomes pus? From the flesh and strength wasting so much when there are great purulent discharges, it would seem, that pus is principally composed of the nutritious part of the blood.

229. Laudable pus is of a whitish colour, thick, and not foetid; when such matter is discharged from an abscess or ulcer, an incarnation soon takes place; but this never happens while the matter discharged is thin,

bloody, and foetid, and the lips of the ulcer callous.

230. Whence arise the cold fits which attend a suppuration when forming, and the hectic which often attends abscesses and ulcers?

231. The nature of the purulent discharge depends partly on the general state of the system, partly on the particular state of the part affected.

232. Suppuration is promoted by external emollient applications, fomentations, poultices, plasters.—The suppuration of glandular swellings is sometimes forwarded, or the tumor entirely dissolved, by mercury or cicuta taken internally.

233. In general, it is best to let an abscess break of itself, or at least, not to open it till the pus is perfectly formed. When it is opened sooner, the consequence is often inflammation and obstinate ulcers. In some

critical abscesses, and some other particular circumstances, it has been found necessary to open them sooner.

234. The matter of an abscess is sometimes gradually evacuated by a set on, altho' the needle had not reached the cavity.

235. Pus itself seems the best application to wounds and ulcers, as it forms a bed for the new vessels and fibres to shoot in. Wounds therefore should be seldom dressed, and the purulent matter should not be wiped away.

236. A laudable suppuration in ulcers, (without which an incarnation seldom takes place,) is promoted,

1. By external applications of various kinds, suited to the nature of the part; sometimes by such as induce a new inflammation, as escharotics, or by paring the lips of the ulcer;—but, in general, dry dressings are best, as least stimulating.—Tents, by con-

fining the matter, are apt to render it acrid, and to produce fistulas, and, by their stimulus, inflame the parts.

2. By internal remedies, and such a regimen as tends to remove any general indisposition in the habit which prevented the generation of good pus,—as mercury, Peruvian bark, cicuta, mineral waters, cathartics, &c. Have any medicines a specific effect in promoting a laudable suppuration, or the incarnation of wounds, besides the effect they may have in removing any particular indisposition which prevented such incarnation?

237. How may the bad effects of pus, when absorbed into the mass of blood, be prevented?

## G A N G R E N E.

238. A gangrene is defined by insensibility, livid or black colour, coldness, loss of elasticity and power of motion, the cuticle rising in blisters, and being easily separated,  
and

and by a putrid dissolution of the part. Sphacelus is the highest degree of gangrene.—There is a kind of gangrene which is a chronic disease, where generally, after stupor or pain, the parts become insensible and dry like mummy, without foetor or putrid dissolution.

239. An internal gangrene is known by the preceding symptoms of inflammation, particularly pain ceasing suddenly, and being succeeded by a quick weak intermittent pulse, anxiety, coldness of the extremities, cold sweats, sometimes delirium or convulsions.—Many of these symptoms are attendant on external gangrene. The quickness of its progress depends on many circumstances.—It often stops spontaneously, and separates from the sound flesh.

240. It may proceed from causes external or internal, from an increased or from a diminished action of the vessels of the part; from,

I. What-

1. Whatever produces violent inflammation, particularly erysipelas, contusions, burning.

2. Compression and obstruction, as in hernias.

3. Great cold, especially if the part is afterwards suddenly exposed to a strong heat.—This gangrene is preceded by itching, tingling, and redness.

4. Any thing cold and repellent, or very acrid and stimulating, applied to a part highly inflamed.

5. Any wound where a very great degree of putrid diathesis prevails.

6. Wounds in dropsy, especially in oedematous swellings of the lower extremities.

7. Extreme weakness, palsy, and old age;—where it commonly happens in the extremities, or in parts on which the weight of the patient's body has long rested.

8. Critical metastases.—Has any thing taken internally a specific effect in producing gangrene?

241. It

241. It is sometimes merely a local disease, but sometimes it seems to act as a putrid ferment, infecting the general system, and depressing the nervous power.—When the tone of the vessels is unimpaired, effused blood, &c. is absorbed without producing gangrene.

242. The prognosis depends on the age and temperament of the patient, on the quick or slow progress of the disease, and on its being local, or having extended to the system.

243. The indications of cure are,

1. To remove occasional causes.—In a gangrene threatened or induced by cold, heat must be applied very gradually.

2. To prevent the morbid matter from affecting the system,—by antiseptics, tonics, wine, Peruvian bark, amputation.

3. To promote a suppuration, by Peruvian bark, warm stimulating applications.—

What

What are the effects of scarifications, and how deep should they be made ?

### PHRENITIS.

244. A phrenitis is an acute fever, with a violent and permanent delirium.

245. It is commonly preceded by intense heat and pain of the head, a slight delirium, inflammation of the eyes, flushed and swelled countenance, want of sleep, or disturbed sleep, violent pulsation of the carotid and temporal arteries, *tinnitus aurium*, great sensibility to light and noise, and often by coldness of the extremities, suppression of urine, or the urine suddenly becoming quite limpid, costiveness, parched tongue, dropping of blood from the nose.

246. The symptoms of phrenitis are the same with those of a violent inflammatory fever, along with a constant delirium, a wild fierce look, uncommon exertions of strength,

strength, all the appearances of an increased determination or congestion of blood in the head, the pulse various in regard to hardness and fullness, deep breathing. It sometimes, though rarely in this climate, seizes the patient without any previous fever.—It is idiopathic or symptomatic.

247. It seldom lasts beyond the fifth day, and has a crisis by sweating, diarrhoea, hæmorrhage from the nose, uterus, or anus. It often terminates, when it proves fatal, in lethargy or convulsions. It is sometimes succeeded by vertigo, weakness, and inflammation of the eyes, dullness of hearing, headach, madness, or idiotism.

248. The particular unfavourable symptoms are, vomiting of greenish stuff, suppression of urine, grinding of the teeth, constant spitting, obstinate refusal to drink, *subfultus tendinum*, trembling.

249. The

249. The predisponent causes are, youth, an irritable system, hot weather.

250. The occasional causes are, the general causes of inflammatory fever, along with such as determine the blood in greater quantity to the head.

1. Violent passions;—intense application of mind.

2. Exposure to light and noise in an inflammatory fever.

3. Infolation.

4. Metastases from peripneumony, erysipelas, &c.

5. External injuries.

251. The proximate cause seems to be an inflammation of the meninges or substance of the brain. Can it be known by the pulse, or otherwise, whether the meninges, or brain itself, be affected? Or is it of consequence to know it? Dissections have discovered such inflammations, suppuration, effusion, &c. and sometimes, it is said, nothing preternatural

tural in the head.—Has an inflammation of any particular part of the brain, or of its membranes, any specific effect in bringing on phrenitis? Dissections have exhibited much the same appearances in those who have died of phrenitis, convulsions, apoplexy, lethargy, violent headach, &c.

252. The indications of cure are,

1. The same as in inflammatory fever;—large and repeated bleedings, cooling laxatives, and the strict antiphlogistic regimen.

2. To take off the increased determination of blood to the head; and to remove topical congestion by topical bleeding, antimonials, purgatives, clysters, pediluvia, blisters, shaving of the head, cooling epithems, laying the head high, and allowing the patient to be as much out of bed as he pleases.

3. To take off the attention from whatever is disagreeable, to introduce new and pleasing ideas, to sooth the mind by every possible art, by music, or whatever makes a  
gentle

gentle but uniformly continued impression on the ear.

253. To what extent, and in what manner may cold be applied, cold air, cold drink, effusion of cold water, upon the head, &c. ? Can blisters be properly applied early in the disease, when there is an high degree of irritation on the system ? Can opiates be used with safety and propriety ?

### OPHTHALMIA.

254. An ophthalmia is distinguished by a redness of the white of the eye, pain, and impatience of light.

255. An ophthalmia sometimes happens without any fever, but it is generally attended with some degree of it, along with heat, swelling of the eye-lids, diminution of sight, a feeling as if a mote were in the eye, and as if flies were moving before it. When the inflammation is severe, and extends to all

the parts of the eye, the pain is very violent, with acute fever, headach, delirium, &c. There is sometimes a great serous discharge from the eyes, sometimes a painful dryness, but always a viscid matter about the eye-lids in the morning, which makes it difficult to open them. An inflammation of one eye is commonly succeeded by an inflammation in the other.

256. It terminates 'commonly in resolution, but rarely in suppuration or effusion of the humours of the eye, which only happens in consequence of a violent inflammation affecting the whole globe of the eye.—Sometimes it leaves specks on the cornea, opacity of the humours, and blindness.—A diarrhoea often removes it.

257. It is idiopathic or symptomatic. According to the different parts of the eye or eye-lids affected with inflammation, different names are annexed to it.

258. Remote causes are,

1. General causes of inflammation.
2. External injuries, blows, luminous objects, night-studies, cold or hot winds, with sand floating in the air, acrid and metallic fumes, hairs or tubercles within the palpebrae.
3. Particular tendency of some diseases to affect the eyes, as small-pox, measles, catarrhal fever, scrophula, syphilis.
4. Various diseases of the head, as phrenitis, hemicrania, tooth-ach.
5. Unknown circumstances, seemingly analogous to what produce intermittent fevers, which render it periodic.
6. A certain state of the air rendering it epidemic. Is it ever contagious?

259. It arises from an inflammation of the *tunica albuginea*, and the red globules evidently get into vessels not naturally fitted to receive them. It is generally a febrile disease of the inflammatory kind, attended with increased determination of blood to the

6

eye,

eye, and increased action of its vessels; but sometimes it is attended with no degree of fever, and seems owing to topical relaxation of the vessels. The inflammation may arise from the acrimony of the fluids that moisten the eye; but the inflammation may likewise produce that acrimony, by altering the texture of the secretory organs of these fluids.

260. The first question regarding the cure is, Whether the disease be idiopathic or symptomatic? If it is symptomatic, the cure must be directed to the primary disease. If it is idiopathic, and the symptoms be violent, it will bring on inflammatory fever, and must be treated as such.

261. If it is merely a topical affection, but attended with great tension and pain, the cure depends upon

1. Topical bleeding in the temples, internal palpebrae, and albuginea.

2. Cathartics.

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3. Avoid-

3. Avoiding irritation, particularly light, and whatever keeps the eyes hot, or occasions any exertion of them.

4. Blisters, issues.

5. Emollient applications.

6. Anodynes.

7. Keeping up a free perspiration, shaving the head, keeping the extremities warm.

8. Removing remote causes.

262. If the inflammation seems to proceed chiefly from relaxation, the cure depends upon

1. Tonics, Peruvian bark, steel-mineral waters.

2. Cold bathing, general and topical.

3. Gently stimulating and astringent external applications, scarifying the eyes and eyelids.

4. Errhines.

263. In what cases are mercurial medicines, internal and external, proper?

**ANGINA**

## A N G I N A.

264. The name *angina* is commonly applied to any disorder in the organs of respiration or deglutition that impedes those functions, provided that disorder be seated above the lungs. I shall particularly consider the angina attended with fever, pain, and sensation of stricture in the throat. The fever is either inflammatory or putrid; which last attends the gangrenous sore throat.

265. Angina with the inflammatory fever, which I am to treat of first, is attended with different symptoms, according to the parts affected. When it affects the fauces, tonsils, *velum pendulum*, and uvula, (which is the most common species of angina,) the symptoms are, redness and swelling of the parts, great difficulty of deglutition, especially sometimes of liquids, no breathing through the nose, the breathing otherwise not affected, constant glutinous spitting, pain and

crackling in the ear, some degree of deafness, the drink sometimes getting into the trachea, or returning by the nose.—It commonly moves from the one side to the other.—It often terminates in suppuration, sometimes in very small abscesses, which leave sloughy ulcers;—it is seldom dangerous.

266. When the trachea is affected, the symptoms are, great dyspnoea, no difficulty of swallowing, no apparent redness or swelling, a sharp wheezing voice, which seems as if it were passing through a metallic tube, sensation of heat and dryness in the part affected, irregular pulse, and at last, (if it does not terminate favourably,) orthopnoea, and the symptoms of peripneumony.—The nearer the disease to the glottis, the more severe and dangerous the symptoms.

267. The croup is attended with the symptoms art. 266. and the larynx seems particularly affected, the inspiration resembles

bles the crowing of a cock, with hoarseness, and hard hoarse cough;—but it is peculiar in affecting only children under twelve years of age, and being in a great degree confined to certain situations, chiefly low and damp.—It is generally attended with inflammatory, though sometimes with putrid fever, and is often accompanied with severe spasmodic affections. There is often a purulent exudation from the inflamed parts, which sometimes puts on a membranous appearance.—Is it infectious?

268. There is a species of angina where the swelling is external, affecting principally the parotid and maxillary glands, which does not obstruct respiration, and scarcely deglutition.—It affects chiefly children.—Does it attack above once in a life? Swellings in the throat may be situated so as to prevent the free return of the venous blood from the head, which likewise happens when the respiration is much affected. In these cases, various symptoms occur,

K 4

which

which are the consequence of congestion of blood in the head.

269. There is a slight species of angina, where there appears to be only a serous congestion in the fauces and elongation of the uvula.

270. Angina is symptomatic in various diseases, and may proceed from spasm, palsy, compression, from tumors of various kinds, but especially schirrous tumors of the tonsils, or in the oesophagus.

271. An inflammatory angina terminates

1. By resolution ;—often attended with sweating, diarrhoea, haemorrhage, metastasis to some external parts.

2. Suppuration.

3. Schirrous tumors.

4. Gangrene.

5. Fatal metastases to the lungs or head.

272. The remote causes are,

1. The same with those of inflammatory fever,

fever, especially when conjoined with any circumstances that determine their effects to the throat.

2. Previous angina.

3. Something sticking in the throat;—calculi.

4. Acrid effluvia.

5. Certain ingesta, and certain disorders of the system, which specifically affect the throat.—Mercury, the venereal virus, scarlet fever.

6. A certain state of the air rendering anginas epidemic.

7. Contagion.

273. The indications of cure are,

1. To remove remote causes.

2. To promote a resolution by the remedies mentioned article 72, particularly general and topical bleedings, cooling cathartics, blisters, pediluvia, gargarisms, breathing over the steams of warm water, injections into the throat, emollient, and sometimes stimulating

mulating external applications, fomentations, flannel.

3. To promote a favourable termination by a suppuration,—by emollient injections, gargles, poultices, opening the abscess.

4. To supply the want of food and diluting liquids, by nutritive clysters, fomentations.

5. To prevent strangulation, when the breath is greatly affected, by bronchotomy.

274. When are emollient gargles and emollient external applications proper? and when are astringents and repellents to be preferred? Is there any necessity for general bleeding in a common angina, where the breathing is not affected, and the fever not high? When can emetics be properly used, particularly in the croup? Is there reason to believe that any medicine has a specific effect in the cure of angina?

## GANGRENOUS ANGINA.

275. Defined, a swelling and redness of the fauces and tonsils, with sloughy ulcers, which soon turn gangrenous, attended with putrid fever.

276. It begins with alternate fits of chilliness and heat, vertigo, small irregular pulse, though it is sometimes full, remarkable prostration of strength and spirits, faintishness, anxiety, sighing, oppression at the stomach, dull watery eyes, pale or whey-coloured urine, white moist tongue, little thirst, dry skin, heaviness and confusion of the head, drowsiness, bloated countenance, with oedematous swelling of the face, sickness, vomiting and purging, which commonly go off when the efflorescence appears on the skin, nocturnal exacerbation.

277. The fauces are of a shining crimson or scarlet colour, with interspersed white or ash-coloured spots, which are first discovered

vered in the tonsils or in the angles above them: Upon these casting off, sloughy or foul ulcers are discovered underneath, which soon put on a gangrenous appearance. The parotid and maxillary glands and tonsils are swelled, which makes the neck stiff; but there is rather a sense of fullness in the throat, than any considerable difficulty of swallowing;—the voice is hoarse and obscure. It sometimes begins rather with a rawness and soreness than pain of the fauces.

278. About the second or third day, a scarlet or crimson efflorescence or erysipelas, often with pustules, is frequent on the neck, breast, arms, and hands (which are often stiff). Towards the end, there is, when it terminates unfavourably, a general tendency to putrefaction, foetid breath, foetid stools, petechiae, haemorrhages, especially from the nose, from which there is often an acrid and putrid discharge; and the last symptoms are, *subfultus tendinum*, delirium, and coma.

279. Its

279. Its duration is various ; it has no regular crisis ; but gentle sweats, which are commonly attended with itching, give relief ;—when there is a plentiful discharge by the mouth, there is little sickness or purging. In the beginning, it has sometimes the symptoms of inflammatory fever, with which it may be combined in different degrees ; but, in general, the blood is of a loose texture, and the loss of it sinks the patient remarkably.

280. It seizes chiefly children, especially girls, and those of sickly relaxed habits, to whom it is most fatal.—It is most general in the autumn, and in warm close seasons.—It is contagious, and the contagion is specific.—The whole mucous membrane seems to be affected.

281. The general indications of cure are the same as in putrid fever ; bleeding and cathartics do mischief ; gentle vomits and blisters are occasionally of use. Acids and neutral salts by themselves often do hurt.—

The

The principal remedies are, Peruvian bark, wine, antiseptics, injections into the throat, steams of vinegar and myrrh directed into the fauces. Are scarifications proper?

### CATARRHAL FEVER.

282. Defined, a fever, generally but slight, with an irritation of the mucous membrane of the nose, fauces and bronchiae, and commonly an increased evacuation from it.

283. Its symptoms are, chilliness, (in the beginning), head-ach, languor, thirst, heat, redness and straitness of the nose and fauces, and afterwards a stuffing of the nose, and acrid discharge from it, increase of all the secretions in the fauces, sneezing, irritation about the larynx, hoarseness, dry cough, sensation of straitness, foreness and dryness in the trachea, and slight pain under the sternum, heat and sensation of fullness of the eyes; slight fever, which increases in the evening, along with the other symptoms, and remits towards morning with a gentle sweat, disturbed

disturbed sleep, loss of appetite, (though it is often, in the beginning, unusually keen), loss of smell, taste, and hearing, costiveness, coldness of the extremities, frequent stimulus to pass urine, blood with a buffy coat.—It commonly affects the different parts of the mucous membrane successively. Though the fever is commonly inflammatory, yet it has been conjoined with other fevers, and with petechiae, especially when it has been epidemic.

284. It is seldom dangerous of itself, when the constitution is sound, and the patient not far advanced in life; but, when it is neglected, or continues long, it brings on obstructions in the lungs, haemoptoe, *phthisis pulmonalis*, and a disposition to future catarrhs. It sometimes terminates in violent angina or peripneumony, or induces an inflammation of latent tubercles of the lungs.—It often brings on a *peripneumonia notha* in old people.

285. It

285. It terminates favourably by a sweat, sometimes by a diarrhoea, or great discharge of urine, but generally, by the discharge from the nose diminishing, becoming thicker, and less acrid, and by the cough becoming loose, with an easy and copious expectoration, which often seems purulent, though there be no abscess or ulceration.— A pustular or scabby eruption, about the nose and mouth, is a symptom of the disease going off.

286. Predisponent causes are,

1. A relaxed and irritable habit.—The long continued application of heat, especially warm air, warm drink.

2. What diminishes the *vis vitae*, and the propelling powers of the circulation.—Great evacuations, previous diseases, debauches, all the depressing passions.

3. Narrow chest, long neck, deformity.

4. Previous catarrhs, unsound lungs.

5. Climate, where the state of the air with respect

respect to heat and cold, is subject to sudden changes.—Spring and autumn.

287. Occasional causes are,

1. Sudden application of cold to the body when it is warm.—What are the effects of moisture by itself, or when conjoined with cold?

2. A certain state of the air rendering it epidemic.

3. Contagion.

4. Particular diseases that specifically affect the mucous membrane.—Exanthemata, particularly measles.

288. In the beginning of the catarrhal fever, there is commonly a slight inflammation of the mucous membrane, with little secretion, which becomes more copious and less acrid as the inflammation subsides. Through the whole disease, there is an increased determination of blood to the *membrana Schneideriana*.—What is the nature of the fluid evacuated from it? and what are the causes

L

of

of the successive changes it undergoes in the course of the disease ?

289. On what do the effects of cold, when it acts as an occasional cause, depend ; particularly, in regard to its checking perspiration, and thereby producing a morbid matter in the blood, bringing a spasmodic stricture on the skin, and increasing the determination of the blood to the internal parts, and to the mucous membrane in particular ? When the disease proceeds from cold, is any thing absorbed from the air which acts as a morbid cause ?

290. The indications of cure are,

1. To take off inflammatory diathesis and topical inflammation, by bleeding, cooling laxatives, abstinence, vegetable diet, blisters.

2. To promote the secretion from the mucous membrane, by the same remedies, and by emollient gargles, and the steams of warm water, pectorals.

3. To

3. To correct the acrimony of the discharged fluid, or prevent the irritation it might produce, by mucilages, expressed oils, opiates.

4. To restore the perspiration and determination of blood to the surface, by diaphoretics, emetics, either by themselves or joined with opiates, heat of the bed, warm bathing, exercise.—When are the warm stimulating diaphoretics proper? and when may cold water be allowed as a diaphoretic? When is the patient to be confined to his bed? and when is he to use exercise in the open air?

291. When the membrane of the nose and fauces only is affected, bleeding is seldom necessary, and the disease soon goes off spontaneously, or with the assistance of a cool regimen and abstinence.

292. The prophylaxis depends on avoiding occasional causes, guarding against cold by proper cloathing, avoiding warm rooms,

especially warm bed chambers, and warm drink, by regular exercise in the open air in all kinds of weather, by the use of the cold bath, and by keeping the mind constantly and agreeably employed.

### HOOPING COUGH.

293. This disease is a convulsive cough, with a laborious wheezing inspiration, of a peculiar sound, that seems to threaten strangulation.

294. It is attended in the beginning with all the symptoms of a slight catarrhal fever, without its own peculiar marks, which do not appear for some days, or perhaps for some weeks. In the beginning, there is nothing expectorated, except a very small quantity of viscid mucus, which terminates the paroxysm. In the progress of the disease, the expectoration becomes thicker and more copious. Just before the paroxysm, there is a tickling about the larynx, which children  
often

often grasp, and at the same time stamp violently with their feet. During the paroxysm, the face becomes turgid with blood, and it sometimes produces bleeding at the nose, epilepsy, apoplexy, involuntary emission of urine, foeces, and semen, abortion, and ruptures. Sometimes, instead of the usual laborious inspiration, when the expiration is finished, the patient falls into a faint. In the beginning, it is generally attended with some degree of fever, (which has an evening exacerbation), and sometimes, though rarely, throughout the disease. The duration and times of return of the paroxysm are various. Sometimes they return periodically.

295. The duration of the disease is uncertain, but it is seldom less than a month, and it goes off gradually, especially on the approach of summer.

296. Besides the immediate bad effects of the paroxysm, it sometimes, though rarely, leaves palsy, and impaired memory, and

judgment; but it often brings on hectic fever, infarctions of the lungs, phthisis and rickets.

297. When the paroxysm terminates by vomiting, it is a favourable sign, as the patient, in that case, has a keen appetite, and keeps free from fever.—Bleeding at the nose is commonly of service.

298. It is dangerous, when attended with a permanent dyspnoea or haemoptoe, and when it is combined with the measles, or when it occurs at the period of teething.

299. It is produced,

1. By a certain state of the air which renders it epidemic.

2. By contagion. There seems to be a seminum of it in the habit, as it seizes a person but once in his life, though many escape it altogether. What is the nature of this seminum?

300. Where

300. Where is the seat of the disease? Is it in the mucous membrane of the lungs and trachea? or, is it in the stomach? It is evidently accompanied with an increased irritability of the lungs, and an increased secretion from the mucous membrane, at least in the advanced state of the disease.

301. The indications of cure are,

1. To moderate the symptoms, and prevent the immediate danger in the paroxysm, by bleeding, cool diet, gentle laxatives, vomits, particularly antimonials, blisters, issues, pediluvia, warm bath, opiates. Have pectorals any good effect?

2. To shorten the duration of the disease, by bark, cold bath, change of air. Have any particular medicines a specific effect in shortening the duration of the disease, or removing it at once? Is it ever cured by what makes a strong impression on the mind or nervous system? Have castor, musk, or any other antispasmodics, any lasting good effects?

## PLEURISY and PERIPNEUMONY.

302. These may be considered together, as they are generally combined, as they proceed from the same causes, and as the method of cure is the same in both.

303. A peripneumony is defined, by fever, obtuse pain under the sternum or between the shoulders, anxiety, dyspnoea, cough usually humid, and sometimes bloody expectoration, pulse commonly soft, and the face flushed and a little swelled.

304. The other symptoms attendant on peripneumony are, a sensation of great stricture of the breast, all the consequences of congestion of blood in the head, hot breath, an ardent desire to breathe cool free air, the pulse generally soft and full, but sometimes small and irregular. When both lobes of the lungs are affected, the symptoms are very violent, with orthopnoea, excessive anxiety, and debility.

305. The spurious peripneumony is distinguished from the true, by the febrile symptoms being less violent, by a sensation of oppression, rather than pain, at the breast, by its resembling more the catarrhal fever, and affecting chiefly the old and phlegmatic.

306. Pleurisy is defined, fever with pungent pain in the side, cough, which in the beginning is dry, great pain in inspiration and coughing.

307. In a pleurisy, the pain may precede the fever, may come on along with it, or may not appear till some time after it. The pain commonly shoots up to the clavicle and scapula. The dyspnoea seems to be occasioned by the pain in inspiration, rather than by any difficulty in expanding the lungs. The cough, in the progress of the disease, generally turns moist. The pulse is commonly hard and quick; but it is extremely  
ly

ly various and fallacious. Is the pleurisy most frequent in the right-side ?

308. A spurious pleurisy is distinguished by the part affected being sore to the touch, by the want of cough, or the cough continuing without any expectoration ; and sometimes by an external tumour and redness.

309. The symptoms of inflammation of the pericardium are, pain in the region of the heart, dyspnoea, great oppression, anxiety, palpitation of the heart, irregular pulse, fainting ; though this last symptom is sometimes wanting.

310. Inflammation of the diaphragm is known by excessive pain in the part affected, especially in inspiration, or in the effort to pass the foeces or urine.—Is there any peculiar delirium, hiccup, sneezing, or *risus sardonius*, that attends it ?

311. Are

311. Are there any certain marks of an inflammation of the mediastinum, or of what is called a *dorsal pleurisy*?

312. In all these inflammations of the breast, the usual symptoms of inflammatory fever are present, and the blood is fizy; but they are sometimes attended with putrid fever.

313. A resolution of the inflammation is attended by,

1. A copious and free expectoration, often a little bloody.

2. Thick urine, which sometimes seems purulent.

3. Sweat.

4. Bleeding at the nose, piles, menfes.

5. Diarrhoea.

6. Cutaneous eruptions. *Kitt, the Tockey*

7. Abscesses.—Are the critical days commonly observable? *Yes. the 9<sup>th</sup> day in Kitt.*

314. Some-

314. Sometimes there is a translation of the disease to the abdominal viscera, but more frequently to the head.—These translations are commonly fatal.

315. The signs of suppuration are, a remission of the pain, without any expectoration, continuance of the dyspnoea, slight irregular shiverings, hectic fever, partial sweating about the head and breast, dry cough, which is increased by motion, and after eating, greatest ease when lying on the affected side; sometimes sudden shooting pains of the breast.

316. The effects of the breaking of the abscess may be instant suffocation, a purulent spitting, empyema, phthisis pulmonalis, an absorption of the purulent matter, which is sometimes carried off by diarrhoea, urine, or deposition on some other part of the body. Sometimes an abscess makes its way to the abdomen, or to the skin, and breaks externally.—Are there any certain symptoms of empyema,

empyema, besides fluctuation? Is the side where the matter lies more prominent and warmer than the other?

317. A peripneumony often terminates, when it proves fatal, in a particular kind of effusion in the lungs, which gives them the appearance and consistence of liver. It terminates sometimes in a serous effusion, producing a *hydrops pectoris*.

318. A gangrene is known to have come on by a sudden remission of the pain, black ichorous expectoration, quick, feeble, irregular pulse, coldness of the extremities, cold sweats, *subfultus tendinum*, delirium, and sometimes lividity of the side.

\* 319. Schirrous tubercles, or adhesion of the lungs to the pleura, are known by a dry cough, which is increased after eating and by motion, dyspnoea, especially in going up an ascent, without signs of suppuration. Ad-  
\* hesion of the lungs to the pleura seem to be  
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the constant consequents of the disease, and are not dangerous.

320. Predisponent causes are,

1. A tense system of fibres, with dense blood.—It is most frequent among labouring people—Women are seldom affected with it, nor those subject to acid eructations.

2. Unsound lungs from previous diseases, bad conformation of the chest, tubercles, &c.

3. Winter and spring season.

4. The period of life from puberty to old age.

321. Occasional causes are the same with those of inflammatory fever, article 68. along with such as determine the blood in greater quantities to the breast.

1. External violence, great exertion of the organs of respiration.

2. A certain state of the air rendering it epidemic—sudden changes of the weather, cold, dry, northerly winds.

3. Metastasis

3. Metastasis from angina, gout, hepatitis, &c.

322. Dissections of those who have died of peripneumony and pleurisy have discovered inflammation, suppuration, gangrene, tubercles in the lungs, a buffy crust on their surface of a solid consistence, adhesions of the lungs to the pleura and other parts contiguous to the inflamed surface of the lungs, though those parts were not inflamed themselves. The pleura has been very seldom found affected alone; and, even where the proper signs of pleurisy have attended the disease, the pleura has been found often quite sound. There have been discovered purulent and serous collections in the cavity of the thorax, the lungs of a fleshy consistence, heavy, and of various colours, from red to pale, the heart enlarged, polypous concretions in the right ventricle and auricle.

323. It

323. It would seem that the difference of symptoms between peripneumny and pleurisy depend principally upon the parenchymatous part of the lungs being more or less affected. Can it be ascertained, whether the branches of the pulmonary or bronchial artery be affected in peripneumony? and is the question of any importance?

324. The question concerning the seat of the pleurisy and peripneumony is of no consequence in conducting the cure. Both are usually inflammatory fevers, and to be treated as such, though they are sometimes combined with putrid fever.—Inflammations of the mediastinum, diaphragm, &c. must be treated on the same general principles.

325. The indications of cure are,

1. The same as in inflammatory fever, art. 72.

2. To take off the determination to the lungs, by general and topical bleeding, laxatives, clysters, warm bathing, pediluvia, diaphoretics,

aphoretics that do not heat nor stimulate, blisters.

3. To promote any critical evacuation or metastasis, but particularly to promote expectoration, by the remedies just mentioned, and by expressed oils, mucilages, emollient, and sometimes gently stimulating pectorals, breathing over the steams of hot water, mild emetics, antimonials, external emollient, and anodyne applications.

4. To relieve particular symptoms, pain, dyspnoea, cough; by opiates, a bandage round the chest, and most of the remedies already mentioned.

326. When it is attended with putrid fever, and even in some epidemic pleurifies, where there are no marks of putrescency; and in spurious peripneumony, bleeding, to any considerable quantity, is improper.

## PHTHISIS PULMONALIS

327. Is defined a slow wasting of the body,

*\* Dr. Cullen is against Vomiting, but recommends Nauseating Doses only - See First Lines of Practice - Vol. 1. page 280.*

dy, with a hectic fever, cough, dyspnoea, and generally purulent expectoration.

328. The symptoms of phthisis, in the beginning, are very various, according as it is the consequence of catarrhal fever, peripneumony, haemoptoe, &c. When it is not the effect of any of these, but comes on gradually, the first symptoms are, a dry cough, slight hoarseness, sensation of stricture or oppression in the breast, dyspnoea, especially in going up an ascent, remarkable redness and cleanness of the tongue, a peculiar clearness and bluish colour of the *tunica albuginea*, irritability of the mind.

329. These symptoms increase by degrees, along with a constant frequency of pulse, hectic heats, and flushings after eating, increase of the fever in the evening, along with oppression and disturbed sleep, remission of the fever towards morning by a sweat, which at first affects only the head and breast.—The spitting becomes more copious, and

and is of different tastes and appearances, sweet, saltish, purulent, bloody, &c. It sometimes seems to be mixed with pieces of the lungs. By what marks can purulent spitting be distinguished from mucous? Does purulent spitting necessarily infer ulceration? The patient is often not able to lie on one side, as it increases the cough and dyspnoea, and often occasions considerable pain. There is sometimes a slight pain in the side, from which the patient distinctly feels the matter which he expectorates to proceed. The blood has usually a buffy coat.

330. Though the patient's strength declines apace, yet he seldom apprehends himself to be in any immediate danger, owing perhaps to his being free from pain, sickness, or depression of spirits, and to his possessing the faculties of his mind in their natural vigour.

331. A total stopping of the expectoration, or a colliquative diarrhoea, indicate the

approach of death. The disease is most fatal in spring and autumn. When there is great purulent expectoration, and the substance of the lungs wasting fast, there is seldom any haemoptoe.—How is this to be accounted for?

332. The predisponent causes are,

1. Hereditary disposition.
2. Particular conformation, a narrow chest, prominent shoulders, long neck, deformity.
3. Particular temperament, thin habit, scrophulous disposition, peculiar delicacy of complexion, white soft skin, weak voice, disposition to hoarseness on slight occasions, uncommon sensibility and quickness of parts, disposition to haemorrhages.
4. Age from puberty to thirty-five.

333. The occasional causes are,

1. All the causes of catarrhal fever and peripneumony, as those diseases often terminate in phthisis.

2. Whatever

2. Whatever tends to produce inflammatory diathesis, congestion of blood, and obstructions in the lungs, which are often followed by haemoptoe and tubercles ;—external injuries, calculi ; whatever straitens the chest, plethora, scrophula, syphilis, intermittent fevers, asthma, cough.

3. Infection.—It is an endemic disease of Great Britain.

334. The disease seems generally to proceed from tubercles which inflame and suppurate. If the matter be contained in one cyst, it is sometimes spit up, and the patient recovers, especially if the cyst be spit up along with the matter. But there is commonly a number of such abscesses which break successively, and occasion a constant purulent spitting. If the matter be very acrid, it produces an erosion, ulceration, and quick consumption of the lungs.

335. Does the rupture of a blood-vessel in the lungs, from any sudden cause, induce

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a phthisis,

a phthisis, if the lungs are quite found ? Whence proceed the hectic fever and colliquative sweats ? These often happen previous to any purulency.—In a vomica, where the pus is confined in a cyst, is it probable that there is a daily absorption of the matter into the blood ? Why are ulcers in the lungs so difficult of cure ?

336. To what shall we attribute the danger of phthisis, attended with real purulency ?

337. The indications of cure are,

1. To remove inflammatory diathesis, which commonly prevails in the beginning of the disease, by whatever tends to obviate plethora, a milk and vegetable diet, with a total abstinence from animal food and fermented liquor, by diminishing the quantity of food ;—frequent but small bleedings, keeping an open belly, and avoiding every thing heating or stimulating, either

ther to the system in general, or to the lungs in particular.

2. To take off the determination to the lungs, by whatever increases perspiration, without heating the patient; regular exercise, long continued, and of such a kind as not to require any considerable exertions of strength, riding on horseback, (during the remission of the hectic fever,) sailing, warm cloathing, flannel shirt, country-air, temperate or warm climate, where the weather is not variable, and where consumptions are seldom found; blisters, setons, especially in the side affected; sometimes gentle emetics.

3. To mitigate the severity of particular symptoms, cough, difficult expectoration, diarrhoea, &c. by mucilaginous medicines, opiates, and sometimes stimulating pectorals.

338. On what foundation of reason or experience is the general practice founded, of giving what are called Vulneraries and Balsamics in consumptions? In what cases

can fumigations, Peruvian bark, mercury, or mineral waters, be prescribed with any prospect of advantage? What are the effects of moist air in consumptions? When is it proper to perform the operation of the empyema?

## HEPATITIS

339. Defined, fever with pain and tension of the right hypochonder, dyspnoea, dry cough, pain in lying on the left side, often hiccup, and vomiting.

340. The pain is sometimes very acute, but often so dull as scarcely to be felt. If the convex part of the liver be affected, the pain is much increased in respiration, and extends to the clavicle and top of the shoulder, and is increased by pressure. If the concave part be affected, the cough and dyspnoea are less violent, but there is greater sickness and vomiting, and often a hiccup. It is frequently attended with bilious vomiting,

vomiting, bilious stools, and a yellowish colour of the face. When the pain is acute, the pulse is hard; otherwise it is soft.

341. When the inflammation is not resolved, it terminates in suppuration or schirrus. If the external membrane of the liver be inflamed, an adhesion is formed to the contiguous parts, to the peritonaeum, diaphragm, stomach, colon, &c.; and hence, when an abscess is formed, the matter may force its way to the skin, or into the thorax, colon, &c.; sometimes the matter passes off by the biliary ducts, and sometimes into the abdomen.—A great part of the liver is sometimes consumed by suppurations, without any haemorrhage. Suppurations are often found where no previous inflammation had been suspected. A large schirrous tumor of the liver may continue a long time, without any dangerous consequences.

342. A great inflammation of the liver is uncommon, but partial and successive inflammations and suppurations, in consequence of schirrous tubercles or calculi in the biliary ducts, are frequent. Is it possible to know whether the disease arises from any morbid affection of the *vena portarum*, or of the hepatic artery?

343. The general plan of cure is the same as in pleurisy--by bleedings, laxatives, clysters, fomentations, topical blisters, and promoting an external suppuration when the abscess points outwards. It is said, that in the hepatitis, which is common in the East Indies, after general evacuations, mercury has the best effects.

## GASTRITIS

344. Defined, fever, heat, tension, and acute fixed pain in the epigastric region, increased by taking any thing into the stomach,

mach, anxiety, nausea, vomiting of whatever is received by the stomach, hiccup.

345. It is often attended with delirium, dyspnoea, various spasmodic affections, costiveness, and sometimes suppression of urine. The attendant fever is generally inflammatory, rarely putrid. The pulse is commonly small, hard, and irregular.

346. The occasional causes are,

1. Acrid ingesta—poisons, violent emetics or cathartics.

2. Large draughts of cold drink, especially of sour fermented liquor, when the body is very warm.

3. Acrid contents of the stomach—often supposed to be acrid bile.

4. Repelled gout or exanthemata.

5. The general causes of inflammation.

347. When the inflammation is not resolved, it terminates commonly in gangrene

or suppuration. An abscess has sometimes been formed externally.

348. The same general indications of cure take place in this as in other inflammations. Large and repeated bleeding (if the fever is not of the putrid kind) is necessary, and frequent emollient clysters, as laxatives, and for the purposes of nourishment and dilution ; fomentations, blisters above the part affected. If any thing be swallowed, it should be perfectly mild, and of a proper heat.

349. If it has arisen from any acrid ingesta, or acrid contents of the stomach, the indications are,

1. To expel them by emetics or laxatives, (if the inflammation be not far advanced) or by drinking copiously demulcents, oily mucilaginous liquors, which likewise serve the purpose of dilution, and of defending the coat of the stomach.

2. To

2. To correct the poison by specific antidotes.

350. If it arises from repelled gout or exanthemata, the indication is, To bring the gout on the extremities, or to restore the cutaneous eruption.

### ENTERITIS

351. Defined, an acute fever, attended with a violent fixed pain, heat, and tension of the abdomen.

352. The pain is generally in the umbilical region, and comes in severe shoots, along with the general signs of inflammatory fever, sickness, vomiting, obstinate costiveness, (tho' sometimes a diarrhoea,) ileus; quick, hard, small pulse, hiccup, borborygmi, constriction of the anus, strangury, soreness of the belly to the touch, spasmodic contraction of the abdominal muscles.

353. If

353. If not quickly removed, it terminates speedily in gangrene, which is usually known by a sudden remission of the pain, black foetid stools, swelling and hardness of the belly, change of the countenance, lividity about the lips, a small, weak, intermittent pulse, and the other symptoms mentioned art. 239. (1.) A gangrene of the intestines often happens unexpectedly, when the symptoms of the preceding inflammation had been very slight. This gangrene is rarely attended with delirium. The inflammation seldom terminates in suppuration or schirrus. The disease leaves the patient remarkably weak.

354. The predisponent causes are the same with those of inflammatory fever.—  
The decline of life.

Occasional causes are,

1. Those of inflammatory fever.
2. Acrid ingesta, poisons, strong cathartics.

3. Acrid

3. Acrid matter in the intestines, from an internal cause ;—acrid bile, dysentery.

4. Whatever produces an obstruction in the alimentary canal ;—tumors, costiveness, spasmodic stricture, herniae, intus-susception of the gut ; metastases from other diseases,—gout.

355. Dissections have discovered inflammation, gangrene, suppuration, membranous crust on the surface of the inflamed viscera, adhesions of them to the contiguous parts, obstruction in the cavity of the intestines, which are greatly distended with flatus and foeces above the obstructed part, intus-susception, constriction and twistings of the intestines.

356. The indications of cure are,

1. The same as in inflammatory fever.
2. To remove remote causes, especially costiveness, by large bleedings, repeated clysters, cathartics that do not heat nor stimulate,

multate, fomentations, femicupium, topical blisters, sudden affusion of cold water.

3. To palliate particular symptoms, especially pain, by warm bathing, opiates.

## N E P H R I T I S

357. Is defined, an inflammatory fever, pain in the region of the kidney, frequent passing of urine, which is either very high-coloured or limpid like water, (though sometimes it is suppressed,) vomiting, stupor of the limb, and retraction or pain of the testicle of the side affected.

358. The pain sometimes stretches along the ureter and down the thigh, and is commonly attended with nausea, flatulency, dysuria, and sometimes with colick pains. The patient lies most easily on the affected side. It terminates favourably, by a discharge of thick urine, sweat, piles. It terminates unfavourably, as appears by dissections, in gangrene, suppuration or schirrus, which

are known by the symptoms formerly mentioned. The consequences of suppuration are various. A suppuration in the kidney, and a *tabes renalis* sometimes take place, without any remarkable signs of previous inflammation; and, tho' the whole kidney be consumed, no haemorrhage is produced. A lameness of the leg is sometimes the consequence of the kidney becoming scirrhus. Though the disease affects only one kidney, the other seems to be affected by a spasmodic stricture.

359. It is a rare disease, except when it is the consequence of calculi, and very seldom occurs but in the decline of life. The occasional causes, besides the general causes of inflammatory fever, are,

1. External injuries.
2. Calculi.
3. Acrid diuretics.—Are not some causes assigned for nephritis, from a supposition that they might produce it, but without any

N

direct

direct experience that ever they did produce it ?

360. It is supposed not to proceed from calculi, when the fever and pain begin about the same time; when the fever has no remarkable remissions, when there is no stupor of the leg nor retraction of the testicle, and when there have been no previous symptoms of the calculous diathesis. It is sometimes difficult to distinguish it from an enteritis, unless by the seat of the pain, and an attention to the remote causes.—The small pulse and obstinate costiveness which occur in enteritis, are wanting in this disease. It should be distinguished from hepatitis and lumbago.

361. The general indications of cure are the same as in other phlegmasiae, and depend chiefly on general and topical bleeding, repeated emollient and laxative clysters, cooling cathartics, mucilaginous drinks, ferricupium,

micupium, opiates. Can blisters be applied safely?

## R H E U M A T I S M

362. Is defined a pain, which chiefly affects the great joints, and the muscles belonging to them, and commonly proceeds from an evident external cause. It is either attended with inflammatory fever, and then is called the *acute* rheumatism, or is without fever, and is called *chronic* rheumatism.

363. An acute rheumatism begins with the usual symptoms of inflammatory fever. In a day or two, the pains begin to affect various parts of the body, particularly the shoulders, knees, and wrists, though sometimes these pains exist from the beginning. They often shift, are most severe in the night, are exasperated by the slightest touch, and sometimes affect the whole joints, so as to render the body immoveable.—The pain is often attended with redness and swelling

of the part.—The urine is commonly high-coloured, but often with a natural sediment; the belly is costive, (as it is in most diseases attended with great pain,) and there are frequent glutinous sweats, which give no relief, but the parts most pained seldom sweat, especially if the sweating be forced. The fever has no regular type. The head is generally clear; there is no depression of spirits, no sickness nor internal distress of any kind. The blood is commonly remarkably fizy, especially in the advanced state of the disease.

364. The pains often remain when the fever is gone off, and sometimes turn worse.—Its duration is uncertain.—It generally goes off gradually, without any sensible crisis, sometimes is removed or relieved by a sweat, haemorrhage, great discharge of urine, salivation, cutaneous eruptions and ulcers, rarely by a diarrhoea. It never terminates in suppuration or gangrene, but sometimes there is a serous or gelatinous effusion.

365. In the chronic rheumatism, the pains are equally severe, and the blood equally fizy, but there is no swelling nor redness.— When it continues long, it seems to induce a slight degree of paralytic affection on the part. It is not dangerous, unless (which is very rare) there is a metastasis to the viscera, but it is often obstinate, and apt to recur.

366. The lumbago is a fixed acute pain in the loins, not fore to the touch, sometimes stretching to the *os sacrum*, and along the ureters, so as to resemble a nephritic paroxysm. The patient cannot lie in bed, but is continually moving his body backwards and forwards, and cannot, without the most violent pain, attempt to stand erect.

367. The ischias is a violent fixed pain in the hip-bone and *os sacrum*, often stretching down the limb. It is seldom attended with fever; sometimes, though very rarely, a suppuration happens in the joint, and a

luxation. It is the most obstinate species of rheumatism, and resembles most the gout, particularly in its alternating sometimes with stomach-complaints.

368. Rheumatic pains must be distinguished from such as are venereal, scorbutic, nervous, or gouty.

369. The predisponent causes are,

1. Cold climate, and where the state of the air is very variable.—Why is it more peculiar to cold climates than other fevers attended with topical inflammation?

2. Spring and autumn.

3. Plethora, sanguine temperament, the period between puberty and the decline of life.

4. Whatever has debilitated and relaxed the system, and rendered it more irritable—great evacuations, living much in warm rooms, mercurial salivation, in which the patient has been kept very warm.

5. Previous rheumatism.

370. The

370. The occasional causes are the same with those of catarrhal fever, chiefly the sudden application of cold when the body is warm, and sometimes a sudden change of weather from cold to warm.

371. The proximate cause is, an inflammation of the membranes and tendinous aponeuroses of the muscles, and sometimes of the ligaments.

372. There seems to be a suppressed perspiration and spasmodic stricture on the skin, at least in the beginning of the disease, and the inflammatory diathesis prevails through the course of it. Is the blood vitiated, in regard to its consistence, or other qualities? The same apparent predisponent and occasional causes produce acute and chronic rheumatism, catarrhal fever, pleurisy, &c. Whence do these different effects arise? Why does the inflammation in rheumatism never terminate in suppuration or gangrene?

373. The indications of cure in acute rheumatisms are,

1. To remove the general inflammatory fever, by bleeding, cooling laxatives, the antiphlogistic regimen, diaphoretics that do not heat nor stimulate, as nitre, *spiritus mindereri*, &c. antimonials.

2. To relieve the topical affection, by topical bleeding, fomentations, poultices, vapour-bath, opiates, every contrivance to facilitate motion, without increasing pain.

374. In the chronic rheumatism, the indications of cure are,

1. To promote a diaphoresis by antimonials, and sometimes by medicines that may stimulate more than would be proper in acute rheumatism, gum-guajac, mustard, &c. opiates, joined with emetics, mineral waters, particularly Bath and Buxton, warm bath, warm climate, cold bath, flannel-shirt.

2. To relieve the local affection by topical bleeding, topical blistering, frictions, application of fur or soft flannel, warm stimulating

*Pulv. Sudorif. Dover.*

lating applications, aether, exercise, particularly riding, exercise to the part affected.

375. Is large and repeated general bleeding necessary in acute rheumatism? Is it proper to attempt the cure of either acute or chronic rheumatism by forcing profuse and long continued sweats, either by sudorific medicines, or by keeping the patient in a hot room, and loaded with cloaths? Are repellent or narcotic external applications safe? What are the effects of issues, mercury, soap, mineral waters, bark, electricity, goat-whey?

## G O U T

376. Defined, pain affecting the joints, especially those of the feet, not constant, but returning by paroxysms.

377. It is distinguished into the regular and irregular.—The first makes its attack in severe paroxysms, affects chiefly the foot, especially

especially the joint of the great toe, and, when the paroxysm is over, the patient is left in perfect health. This is usually the case when it seizes before the decline of life, while the constitution is sound and vigorous. —In an Irregular gout, the pain and swelling are less considerable; but the constitution, especially the nervous system and alimentary canal, is more disordered, both before and during the paroxysm, and the intervals between the fits are shorter.

378. In the regular gout, the patient is sometimes seized suddenly, without any warning, when seemingly in the most perfect health; but the fit is often preceded by some of the following symptoms: Loss of appetite, acidity in the stomach, flatulency, indigestion, costiveness, various disorders of the nervous system, a general languor, a sensation as if cold water was trickling down the thighs; sometimes a keen appetite the day before the fit, and a swelling of the veins of the leg.

379. The

379. The patient is generally waked about mid-night with a violent pain in the foot, often attended with chilliness and shivering, which are succeeded by some degree of fever. The duration, degree, and kind of pain are various ; but it commonly remits towards morning, and then the patient falls asleep, and a gentle moisture comes out all over the body, as well as on the parts pained, which then appear swelled and red. In general, the pain remits when the part swells.

380. The patient continues easier thro' the day ; the pain, with some degree of fever, increases towards evening, and, after a restless night, they remit in the morning with a gentle diaphoresis.—The pain, after being for some time fixed in one place, shifts to another, and in this way visits most parts of the foot, and in a few days removes to the other foot.—While the constitution continues vigorous, the knees and wrists are seldom affected.—The urine is  
high

high coloured, and not in the usual quantity ; but, in the decline of the fit, it becomes copious, with a large sediment.—The appetite is impaired, and the belly costive.—Blood, drawn during the paroxysm, has usually a buffy coat.

381. During the fit, there is usually an uncommon flow of spirits and clearness of understanding, notwithstanding the patient's want of sleep.

382. When the fit goes off, the parts affected become itchy, the cuticle scales off, and a lameness is left, proportioned to the severity and duration of the disease.

383. The duration of the fit is uncertain ; but, in general, when the pain is most violent, it is of the shortest continuance, and the interval between the fits is longest. The interval is generally a year, but sometimes two or three years.

384. In

384. In feeble or broken constitutions, or when the disease has been of long duration, the paroxysms become less severe, but continue longer, and the disease becomes more moveable. The many disorders which, in those cases, affect the alimentary canal, head, breast, and nervous system, and which alternate with pains and swellings of the joints, constitute what are called Anomalous or Wandering gout, which often prove fatal. The morbid affections of the viscera, in such cases, are sometimes inflammatory, and attended with fever, sometimes are merely spasmodic.

385. People who have the gouty diathesis have often slight attacks of the disease which do not disable them from walking, and which go off in a few days spontaneously, or in consequence of exercise, evacuations, or a low diet.

386. When the gout has made its attack early, it sometimes ceases altogether about  
the

the age of fifty.—The paroxysms are seldom severe, when the disease does not come on before the decline of life.

387. After a regular fit of the gout, the patient enjoys perfect health, and gets free from many complaints he had before been subject to.—It has sometimes removed epilepsy, and other nervous disorders, asthma, dropy, *gutta serena*, intermittent fevers, nephritic and stomachic complaints, and sometimes alternates with these disorders.

388. When it has continued long, it often produces chalky concretions, weakness, rigidity of the joints, and sometimes absolute lameness.

389. It is not dangerous when confined to the extremities, but often proves fatal upon a sudden recession of the pain and swelling, and the disease falling upon the viscera, or where, from a deficiency of vigour in the constitution, or other causes, the viscera alone are affected.

390. It

390. It is distinguished from the rheumatism by the following circumstances.

1. The pain is more confined to the joints of the extremities, is less apt to shift, and, when it does shift, it is more frequently to the corresponding limb, or to the internal parts. The pains are more shooting, and more generally attended with redness and swelling.

2. It is hereditary.

3. It chiefly attacks men, and those of a particular temperament and make of body; those of a large size, and who are advanced in life.

4. It is produced by internal causes, less obvious than those which produce rheumatism.

5. It is generally preceded by disorders of the alimentary canal and nervous system, and often alternates with these and other internal diseases.

6. It often proves a salutary crisis to many disorders.

7. It is more apt to return at stated seasons.

8. It may be distinguished by a known preceding gouty diathesis.—The gout and rheumatism, however, are often complicated together.

391. The predisponent causes are,

1. An hereditary disposition.

2. The meridian or decline of life, unless the hereditary disposition or exciting causes be very powerful, and bring it on sooner.

3. Plethoric habit of body, large size.

4. Male sex.

5. Early venery.

6. Irritable nervous system.—Is it connected with any peculiar sensibility of mind, or acuteness of the mental faculties?

392. The occasional causes are,

1. Irregularities in regimen ;—excess in eating, especially what is heating and stimulating, immoderate use of fermented liquors, whatever produces indigestion or acidity in  
the

the stomach, sudden changes of diet, but above all, the neglect of proper exercise.

2. Suppression of usual evacuations.

3. External injuries.—Strait shoes, sprains, contusions, excessive fatigue in walking.

4. Spring season, and the end of autumn.

5. Violent emotions of mind, tho' these sometimes cure it ;—immoderate study, late hours.

6. Sudden application of cold to the body when it is overheated.—It is never epidemic.—Is it ever contagious? Has any particular diet, or drink, or medicine, a specific effect in producing the gouty disposition, or bringing on a fit of the gout?

393. The gout is not merely a local disease, but a disease of the system.—The predisposition to it is sometimes brought into the world with the patient, but is more frequently produced by intemperance and indolence. Is the gout ever suddenly produced by an occasional cause, where no such predisposition has existed?

394. It has been generally thought to proceed from a separation of some morbid matter from the fluids, and a deposition of it on the joints. This morbid matter has been supposed by some to exist in the blood, and the nature of it has been variously specified, as proceeding from acid, alkaline, and other kinds of acrimony, from lentor, from a superabundance of earthy or tartareous particles, and from a pituitous tenacity.—Others have supposed a certain acrimony or lentor of the nervous fluid to be the proximate cause of the gout. On what foundation are these hypotheses built?

395. Some have referred the proximate cause to a disorder in the nervous system, but without attempting to specify what this disorder is. Others have supposed that the occasional causes act by debilitating the nervous power, and that a gouty paroxysm is produced by an increased action of the heart and arteries, which they consider as excited in consequence of a law of the system,

*Dr Cullen has assumed this principle for Intermitte.*

tem, by some latent power in the constitution, in order to remove this debility or atonia.—How is this hypothesis supported?

396. Where is the seat of the disease? What is the nature of the tophi? Why are the feet chiefly affected? Are gouty people (while the constitution is vigorous, and the paroxysms regular) less subject than others to epidemic and other diseases, except catarrhal complaints and those of the alimentary canal and urinary passages?

397. The general views in the treatment of the gout are: 1. To prevent the fits; or to make the intervals between them as long as possible.—But if the gout itself has been critical, and proved a cure for a worse disease, the paroxysms are to be encouraged.—As the nature of the predisponent seminum and the proximate cause are not ascertained, the indications of cure must refer to the occasional causes, and to what experience has shewn to be useful. 2. To mitigate,

gate the severity of the fit, and shorten its duration.

398. In the cure of the gout two cases are to be carefully distinguished. 1. Where the constitution is sound and vigorous, where the fits are severe and regular, and where there is a tendency to plethora and inflammatory diathesis. 2. Where the constitution is debilitated and diseased; the fits irregular; the alimentary canal, head, breast, and urinary passages, affected with various complaints alternating with fits of the gout. The method of cure in these two cases is very different, both in the intervals and during the fit.—It is absurd to suppose that any one regimen, or any one medicine, can be universally useful in the gout.

399. In the case art. 398. n. 1. the indications in the intervals of the fits are, to avoid occasional causes, and to obviate their consequences, particularly plethora and inflammatory diathesis, by, 1. A cool regimen; either a total milk and vegetable diet,

or the most moderate use of fermented liquor, and animal food plainly dressed. 2. By gentle evacuations, bleeding, cooling laxatives and diaphoretics, issues. 3. Exercise, especially walking, frictions, cold bath, and (where the predisposition is very strong) severe bodily labour. 4. An easy chearful mind. 5. Regular hours in regard to sleep. 6. Warm climate.

400. In the case art. 398. n. 2. the indications during the intervals are, 1. To support the *vis vitae* by the moderate use of animal food and wine (which should be regulated by the patients former habits.) 2. To promote an equal distribution of the blood, especially to the extremities, and to keep up a free perspiration by exercise, frictions, temperate bathing, warm bathing, and warm pumping, (especially when the joints become stiff,) warm cloathing, keeping the legs and feet warm, a warm climate. 3. To obviate debility, indigestion, and acidity in the stomach, by avoiding the occasional causes of these ;

these ; by the cautious use of bitters, adstringents and aromatics, Peruvian bark, never long continued at a time ; testacea, lime water, alkalies, Bath and Buxton mineral waters, &c. occasional emetics, stoma-  
chic laxatives. 4. To avoid all sudden changes of regimen.

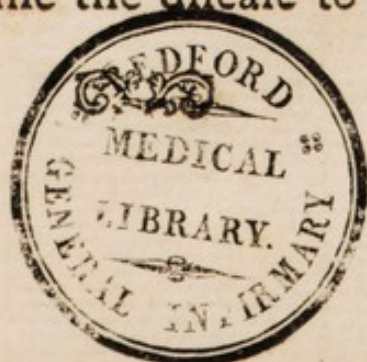
401. During the paroxysm the indication is, to mitigate the symptoms, without repelling the gout. This may be answered in the case art. 398. n. 1. by, 1. General and topical bleeding, laxatives and diaphoretics that do not heat nor stimulate. 2. Light diet and cool regimen. 3. External anodyne applications, but not long continued, vapour-bath, wool, fur, soft flannel.—Are cold applications ever safe? 4. The cautious use of anodynes in the decline of the paroxysm.

402. During the paroxysm in the case art. 398. n. 2. it is proper, 1. To use a cordial regimen, and to give a particular attention  
to

to the state of the stomach and bowels. 2.  
To use such external applications as rather  
tend to invite and detain the gout in the  
extremities.—Sometimes stimulant applica-  
tions are proper.

403. Are there any safe and efficacious  
external applications for dissolving the chal-  
ky concretions ?

404. If the gout attacks the stomach with  
violent pain, flatulence, sensation of cold,  
&c. the warmest cordials, and sometimes  
opiates, are necessary. In this and every  
other case where the viscera are attacked,  
all endeavours should be used to determine  
the disease to the extremities, by frictions,  
pediluvia, acrid cataplasms, blisters, &c.—If  
it seize any of the viscera, along with fever  
and the symptoms of topical inflammation,  
it should be treated like any other inflam-  
matory fever affecting the same part, while  
the above-named external applications are  
used to determine the disease to the feet.



to the state of the stomach and bowels. To use such external applications as rather tend to invite and detain the gout in the extremities—sometimes stimulant applications are proper.

403. Are there any safe and efficacious external applications for dissolving the chalky concretions?

404. If the gout attacks the stomach with violent pain, flatulence, tension of cold, &c. the warmest cordials and sometimes opiates are necessary. In this and every other case where the viscera are attacked, all endeavours should be used to determine the disease to the extremities, by pedicuvial and cataplasms, blisters, &c. it is less any of the viscera, and the symptoms of topical inflammation it should be treated like any other inflammation, never affecting the same part, while the above named external applications are used to determine the disease to the feet.



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