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**Contributors**

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P R O P O S A L S

For PUBLISHING by SUBSCRIPTION,

A

S Y N O P S I S

O F T H E

G E N E R A L P R A C T I C E

O F

P H Y S I C K :

E X P L A I N I N G,

In a full and concise Manner, the Nature  
of DISEASES, internal and external,

W I T H

The proper M E T H O D of treating them.

Translated from the L A T I N of

J O S E P H L I E U T A U D,

Chief Physician to the Royal Family of France.

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By T. TOMLINSON.

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## An ADDRESS to the PUBLIC.

THE character which *Lieutaud*, (at present chief physician to the royal family of France) hath acquired in the medical world, and the acknowledged merit of his *Synopsis* published by order of his *Most Christian Majesty*, are such as render all apologies for attempting a translation of this useful work, unnecessary. There are several considerations which will naturally prompt every lover of science to promote this undertaking; for in the first place, there is not yet extant, in the English language, a medical performance so well executed, in respect to those essential points, usefulness and brevity, as what is now offered to be translated from *Lieutaud*; and again, many complaints having been made, especially by younger students, of the confusion and uncertainty in which a multiplicity of books injudiciously compiled and of doubtful authority, have involved them: it is the design of the translator to remove these difficulties, by publishing a plain and comprehensive *Synopsis*, so as to answer every purpose infinitely better than any book in present use can do. This work of *Lieutaud's* is the result of much study and experience, and the observations are such as practitioners may safely rely upon. Our author eminently excels in method and precision, and his medical and anatomical skill deservedly give him a preference to most other writers. He reduces the whole system of physic to one point of view, he describes the different diseases in question, their *Diagnos-tics*, *Prognostics*, and various symptoms in a clear and accurate manner; adapting at the same time his remedies with equal judgment, though he avoids crowding the body of his work with particular forms of prescriptions.

A translation of this valuable work, it is presumed, will prove not only useful to the student and practitioner, but also acceptable to the more learned of the  
profession

Profession: for tho' every medical gentleman is supposed to be capable of reading the Latin language with facility, yet there are very few who have the patience to seek through a barbarous idiom (in which foreign medical Latin is generally wrote) for sentiment and instruction. If the translator therefore can save this trouble by rendering the original of *Lieutaud* into a purer language, he flatters himself that he shall perform a task in that respect meritorious, which is all the honour he aspires to, and for the attainment of which he is content to undergo the drudgery of translation, and engage in one of the lowest departments of literature. In respect to any prejudice against *Lieutaud* as a Frenchman, it is superfluous to observe to so generous a people as the English, that no man's country can be urged as an objection to his genius. *Science* belongs to all nations however opposite in interests and politics, and the most hostile frequently borrow from each other with advantage, as France and England have mutually felt and acknowledged. Upon the same principle, *Science* is declared to be totally free from any party disputes in any country, and it is to be hoped that all liberal minds will concur in advancing the interests of *that* however they may differ in opinion upon other subjects.

But notwithstanding the evident utility of his plan, there is a formidable difficulty which occurs to the translator in respect to the *expence*, which will unavoidably attend the execution of this work; an expence greater than what any prudent man would chuse to risk alone, upon such an uncertainty as the sale of a physical book. It must be a long time before any performance however excellent, which is confin'd merely to *Science*, can possibly make its way in the world; for which reason, Authors would be deterred from engaging in works of this nature, unless assisted by the generosity of the Public. To this previous assistance the Translator of *Lieutaud* flatters himself he  
 may

may urge some claim from the importance of the subject: a favour which he need not have asked in behalf of any other book, if adapted to the present fashions, interests, and parties of the times. But for this work he is therefore obliged to solicit a *subscription* to enable him to print off one edition, and to indemnify himself: this is all he requires, being willing to sacrifice his time and labour in the cause he has undertaken. He begs leave moreover to remark, that as physic may justly be considered as a very important part of philosophy, in the knowledge and improvement of which, amongst practitioners, men of the highest rank are eventually interested in respect to their own health and safety; the translator hath for this reason ventured to solicit those for a subscription whose stations and affluence enable them to lend their assistance, hoping that these motives will acquit him to the noble personages and other gentlemen of distinction who may be applied to, of any seeming impropriety in this address to them; for he presumes to think a medical book of this nature will be useful in every library, and consequently will deserve patronage and encouragement as much as any other literary production.

Upon these principles, therefore, the translator flatters himself, that, in this undertaking, his leisure hours will be employed for the good of Society—and that he shall meet with encouragement from many generous and benevolent persons not belonging to the profession, when they reflect, that by assisting with their subscriptions to forward this work, they will become instrumental in the improvement of one of the most salutary and necessary arts (if rightly understood) that is exercised amongst Mankind.

N. B. Notes will be occasionally added to explain the properties of several medicines recommended by *Licutaud*, and to give some of the best forms of prescriptions used in French practice, which the English student will find it necessary and useful to compare with those administered in common by physicians of most repute in this country. These Notes are intended to form an Abridgment of the Second Part of *Licutaud's Synopsis* including his Remarks on the *Materia Medica*.

## C O N T E N T S

O F

## LIEUTAUD'S SYNOPSIS.

## VOL. I.

*Of internal Diseases.*

## S E C T. I.

*Of general Diseases.*

**O**F Fevers  
 Fever Continual  
     Putrid  
     Burning  
     Malignant

The plague  
 Sweating Sickness  
 Intermitting Fever  
 Fever Quotidian  
     Tertian  
     Quartan  
     Remitting

Plethora  
 Calenture  
 Prostration of Strength  
 Deficiency of Blood  
 Diseases from Suppression of  
     Discharges or Eruptions

Pains  
 Catarrhs  
 Cachexy, or bad Habit  
 Scurvy  
 Venereal Disease  
 Scrophula or King's Evil  
 Gout  
 Rheumatism  
 Hypochondriac Disease  
 Dropsy  
 Stagnation of Blood or Matter  
 Obstruction and Schirrus  
 Tumours

Inflammation  
 Formation of Matter  
 Gangrene  
 Venomous Bites and external  
     punctures  
 Poisons

## S E C T. II.

*Of internal Diseases of the Head.*

Vertigo  
 Apoplexy  
 Lethargy  
 Tremor  
 Palsy  
 Defect of Mind and Memory  
 Watching  
 Night Mare  
 Melancholly  
 Madness  
 Phrenzy  
 Convulsions  
 Epilepsy

## S E C T. III.

*Of internal Diseases of the Breast.*

Hoarseness  
 Cough  
 Catarrhs  
 Inflammation  
 Bastard Peripneumony  
 Asthma  
 Suffocation  
 Spitting of Blood  
 Phthific

Im-

Impoſthume  
Empyema  
Dropſy of the Breaſt  
Palpitation of the Heart  
Syncope or Fainting  
Hiccup

## S E C T. IV.

*Of internal Diſeaſes of the  
Abdomen.*

Bad Diſteſtion  
Vomiting  
Vomiting of Blood  
Canine Hunger  
Pain of the Stomach  
Cholic  
Cholera morbus  
Looſeneſs  
Bloody Flux  
Tenefmus  
Coſtiveneneſs  
Cholic Pains  
Flatulency and Tympany  
Worms  
Hepatic Cholic  
Hepatitis, or Inflammation of  
the Liver  
Jaundice  
Nephritis, or Inflammation of  
the Kidneys  
Stone  
Bloody Urine  
Ulcer of the Kidneys and Blad-  
der  
Dyſury and Strangury  
Difficulty of making Urine  
Involuntary Diſcharge of Urine  
Diabetes  
Catarrh of the Bladder  
Dropſy of the Abdomen

## V O L. II.

*Of external Diſeaſes.*

## S E C T. I.

*Of general Diſeaſes external.*

Fatneſs  
Atrophy or Waſting  
Hæmorrhage  
Phlegmon and Abſceſs  
Ulcer and Fiſtula  
Bubo  
Carbuncle &c.  
Boil, &c.  
Oedema and Emphyſematous  
ſwelling.  
Schirrhus and Cancer  
Aneurifm and Varix  
Encyſted Tumours  
Sarcoma  
Bites and Punctures of Animals  
Bite of the Tarantula  
Hydrophobia  
Contuſion and Wound  
Burns  
Gangrene

## S E C T. II.

*Of external Diſeaſes of the  
Head.*

Head-Ache  
Infolation, or Coup de Soleil  
Concuſſion of the Brain  
Diſeaſes of the Parotid Glands  
Bronchocele, or Derby Neck  
Gutta Roſacea  
Diſeaſes of the Eyes  
of the Noſe  
of the Ears  
of the Mouth  
Difficulty of ſwallowing  
Quincy

## S E C T.



## S E C T. III.

*Of Diseases of the Trunk and  
Limbs.*

Bastard Pleurisy

Lumbago

Ruptures

Diseases of the private Parts  
of the Fundament  
of the Limbs  
of the Bones

## S E C T. IV.

*Of Cutaneous Diseases.*

Obstructed Perspiration

Morbus Pediculofus

Spots and Efflorescence

Shingles

Itch

Ring Worm

Leprosy

St. Anthony's Fire

Rash

Measles

Small Pox

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

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B O O K the F I R S T .

*Concerning Internal Diseases.*

S E C T I O N I .

*Of General Diseases, or such whose Seat is uncertain.*

C H A P. I .

*Of F E V E R S in General.*

**T**HE Doctrines of Fevers with the differences arising in each remains involved in obscurity, notwithstanding what has been said of them by some authors of reputation, as well as a number of pretenders to science, who being too much addicted to pursue physiological opinions, or becoming mere copiers of the hypotheses of others, have interlarded their works with long comments or unmeaning disquisitions: insomuch that it is difficult to separate what is valuable or useful from what is uncertain and trifling. Hence it is, that many eminent physicians have en-

tertained a doubt whether it is not better to set all these aside, and to depend upon some new remarks made by ourselves and carefully selected: this we leave to the judgment of the learned, and mean while will proceed to explain, in a concise manner, such observations as have occurred in a practice of thirty years.

From the strictest attendance upon the sick we have been able to note only four species of Continual Fevers; namely,

1st. The *Simple Continual*, so called because it holds in the same state without exacerbations, (some cases excepted): the stages are uncertain, tho' it seldom lasts longer than fourteen days, unless interrupted in its due course by improper treatment.

2ly. The *Putrid Continual*, accompanied with evident exacerbations and grievous symptoms, seeming to rise from a certain ill disposition of the blood and humours tending to a putrid state; so that the fever seldom declines till those bad humours are discharged by various evacuations; which spontaneous and critical discharge is indeed the true characteristic of this species.

3ly. The *Burning Fever*, distinguished from others by an intense thirst and inward heat.

4ly. And lastly, The *Malignant Fever*, the symptoms of which rage with more violence on account of the brain and nerves being affected: herein it differs greatly from the others, and is of longer duration, and frequently becomes epidemical or pestilential.

The Fevers abovementioned do not always manifest themselves by certain signs, for sometimes they pass off easily and sometimes continue very severe: in some cases these various species seem to resemble each other and so nearly as not to be distinguished without difficulty: for which reason we need not wonder that many writers of good credit (at the head of whom stands *Boerhaave*) should suppose that such fevers were only the different degrees of one and the same disease; nor is this

This opinion contradicted by the nature itself of epidemical fevers, which, tho' happening at the same season, and in the same constitution of air, will assume various appearances similar to other distempers, hereby deceiving the unwary and leading them frequently into fatal mistakes. We know likewise that *Continual* and *Intermittent fevers* bear some resemblance to each other, both in their exacerbations and stated paroxysms as well as in the time of their access, remission, and crisis; thus the *Continual* often appear at first as *Intermittents*, and *Intermittents* will become *Continual*. But notwithstanding that affinity subsisting between them, we shall endeavour to make such particular observations as may lead to the method of cure in each. The same difficulties attend the definition of *Symptomatical fevers*, which requiring different modes of treatment, ought to be carefully distinguished from the *essential*, or such as arise from a vitiated state of the fluids. *Symptomatical fevers* are the offspring of other disorders from which they take their names, as erysipelalous, inflammatory, dysenterical, catarrhal, rheumatic, arthritic, milky, lochial, cachectic, scorbutic, &c. these are plainly known by their attending the diseases in question, viz. small-pox, measles, or erysipelas, rash, inflammation, dysentery, catarrh, rheumatism, gout, secretion of milk, lochial discharges suppressed, and wounds, contusions, burns, &c. Whereas we cannot always discover the various nature of others, which derive their origin from plethora, cachexy, vitiated bile, scurvy, venereal disease, scrophula, hysteric and hypochondriac affections, heat of the blood, bad humours, and worms nestling in the intestinal tube, obstructions, internal suppuration and gangrene, discharges suppressed, eruptions striking in, milk not rightly formed, exhausted strength, passions of the mind, insolation, &c. Of each of which in their proper places. Such of these as remain at present obscurely

treated of, must be left to the laborious researches and enquiries of posterity.

Those authors have mistaken their aim who have, from a view of this or that particular symptom or appearance, given absurd or inconsistent appellations to fevers. It is impossible to tell what they mean by the terms, *algidæ*, *lipyræ*, *epialæ*, *afodes*, \* &c. We shall therefore pass over these idle dreams, and come to matters more worth our attention; amongst which *anomalous fevers*, such as belong neither to the symptomatical or essential species, deserve notice. Every practitioner knows that the access both of continual and intermittent fevers is so dubious, as to make it difficult to discover their respective natures immediately: fevers of a bad kind especially are in their beginning very intricate, (as will be shewn hereafter) nor are there any certain signs to judge by till after the seventh or twelfth day: for which reason the most judicious avoid giving any positive opinion, unless when an epidemical constitution of air determines the doubt. Physicians are perplexed with many other difficulties in judging of fevers, which, from bad regimen and injudicious treatment, may be changed in their appearance; hence they may become *complicated* from a confused union of continual and intermittent, essential and symptomatical, acute and chronical, &c. requiring more than common sagacity to distinguish the difference.

It will appear from what has been said how difficult it is to ascertain the true nature of diseases, or to judge of their event, notwithstanding what *Hippocrates* and his methodizer *Prosper Alpinus*, together with many of the ancients and some moderns have endeavoured to

\* These and many other such barbarous names applied to fevers are so very absurd that we need not mention any more of them; the reader may find them in the writings of *Hippocrates*, *Galen*, *Aretæus*, *Avicenna*, and many other ancient authors too tedious to be quoted.

lay down. All we can gather is, the uncertainty of the whole, and how cautious we ought to be in declaring our opinions after the candid example and confession which *Hippocrates* has so honestly left to posterity. But however there are some things relative to the forming of a *Prognostic* in fevers, to be deduced from medical authors and from my own experience, which it is worth while to refer to the reader's consideration.

We will begin from the upper extremities. The *face* as an index is generally the first object of our notice; from a nice examination of which several prognostics may be taken. The *facies Hippocratica*, commonly so called, is deemed, especially in the beginning of a disease, a mortal symptom: it is known from the sharpness of the nose, hollow eyes, and temples sunk in, dryness and leaden colour of the skin, &c. Moreover, an unusual redness diffused over the countenance, a stronger pulsation of the Carotid arteries, eyes inflamed and distorted, looks fixed or wandering, forebode some hæmorrhage or delirium. The sight impaired or lost, (if not occasioned by small-pox or measles) the eyes immoveable or dim, half shut or convulsed during slumber, denote great danger, and involuntary tears, while other bad symptoms increase, foretel approaching death. In acute cases a flushing of the cheeks is the forerunner of a feverish paroxysm; in others, it shews the lungs to be distempered, especially if the nostrils are much dilated in inspiration. When the countenance appears puffed it is a sign of long duration, tho' not of danger, in the disease. Eruptions of all kinds attended with itching and breaking out near the lips and nose promise a speedy and salutary crisis.—We may observe concerning the *mouth*, that intense thirst or none at all are reckoned bad symptoms in acute fevers; when thirst suddenly ceases we have reason from many fatal instances to apprehend the worst.

worst. Trembling of the *lips*, livid or black *apthæ* or spots and difficulty of swallowing are deemed highly dangerous; the same may be said of a dry tongue parched as it were, and covered with a foul crust. A *spitting* does no harm, but on the contrary is esteemed salutary in the small-pox and some epidemical fevers. No certain observation can be drawn from the *grating of the teeth*, (exclusive of febrile rigors and shiverings) unless we know whether it has been customary with the patient in health or when asleep.

Violent *Head-aches*, continual watchings, delirium, coma or lethargy, convulsive attacks and numbness or insensibility of the parts, are dangerous and often fatal signs. When a *delirium* is succeeded by sleepiness, or if *convulsions* happen immediately after profuse discharges of blood, then death is at hand. *Bleeding at the nose* sometimes relieves the head, and in general produces no bad consequence unless it becomes immoderate. A *singing or noise in the ears* need not alarm us, nor do practitioners apprehend any ill consequence from *deafness*, especially in the decline of the distemper. The natural disposition of mind in our patients requires to be duly considered, for persons of dull capacities and fearless tempers recover more easily than those of bright parts or the timorous: and indeed as many diseases do really arise from terror and apprehension, no wonder that the same causes should be the means of aggravating them. There are instances recorded of the surprising effect which the dread of death hath produced by turning the *hair grey*, which proves of how much consequence it is for the sick to avoid grief and anxiety, and for the physician to endeavour to inspire them with cheerfulness.

From the head we now descend to examine the *breast*. In respect to which it is to be observed, that a *weak and tremulous* tone of *voice*, *difficulty of breathing*, *stertor* and *hiccough* are reckoned very dangerous, so likewise is an  
anxiety

anxiety about the præcordia in whatever state it afflicts the sick; but we must not draw bad omens from that particular tightness of the breast which is oft the forerunner of some critical cutaneous eruption. Under this article we are to notice the *Pulse*, that grand criterion in practice, and index of the state and motion of the heart, by which we discover the degree of strength and febrile heat, circumstances of the utmost importance. A moderate pulse therefore between the extremes of full and languid, strong and weak, hard and soft, gives hopes of recovery from the equality, due proportion and order in the strokes of the artery: on the other hand, when the pulse is small and contracted, unequal and irregular, hard and quick, it indicates a more severe and obstinate disease; when it is weak and intermits, or eludes as it were the touch of the finger, and at the same time faintings come on, then death is at hand. Arteries attacked with certain spasms or beating out of due time, presage no good. If the pulse seems to be near its natural state and yet the morbid symptoms increase, we are to apprehend a fatal event. We must here mention those paroxysms or *exacerbations* which returning irregularly or every other day, do not threaten danger; but when daily or twice a day, or oftener, they are to be dreaded: happening only every fourth day, they denote a tedious disease, and are proofs of that affinity subsisting between continual and intermittent fevers, which we hinted at before. Besides this examination of the pulse, there are other circumstances to be attended to, such as the *subfultus tendinum* so highly dangerous, and a *dry skin*, from which together with the degrees of heat and cold we form variety of prognostics: lastly, an unusual *tremor of the hands* and the irregular motion of them to and fro, are reckoned amongst the mortal symptoms.



To pursue our method, we now come to the Abdomen or *lower belly*, from observing the state of which many indications are taken: that inflation or swelling below the ribs, which is common in fevers, portends no mischief: but if it rises beyond ordinary bounds, or is attended with violent pain, the consequences may be fatal. A *vomiting* at the beginning of the disease is salutary in general, nor is it amiss in more advanced stages if a quantity of viscid or bilious matter is discharged; but it is the reverse, especially when emetics and cathartics have been administered without proper effect, and a black and foetid slime is evacuated. A *purg- ing* sometimes relieves the head, but if it continues violent there may be danger; involuntary stools, watery, frothy, slimy, accompanied with worms, bloody, black and uncommonly putrid and offensive, occasion much trouble and difficulty in the cure. In respect to the *urine*, if it is discharged in too great quantity, light coloured or bloody (especially in the Small-pox) or viscid and brown, these circumstances ought to alarm us; when it either totally stops or is voided involuntarily, the disease is generally dangerous or mortal: and when it is flame-coloured in the beginning of acute fevers, it denotes a short duration of them, but however an uncertain event. In affections of the brain, if the urine is pale or bloody, or wine-coloured, the prognostic is bad; if it is turbid and appears loaded with various matter during the state of concoction in fevers, things will succeed to our wish. As to other prognostics which Quacks pretend to draw from *casting the water*, (as the phrase is) they are justly exploded as fallacious.

The temperament of body in respect to perspiration, is a matter worth attention in fevers, whether it breaks out gently or profusely. If the quantity of sweat is deficient in intermittents, those will then prove obstinate. Sweating is sometimes symptomatical, for when

it precedes the febrile fit, it is unfavourable; when more than commonly profuse in the course of the distemper, or when it becomes continual, clammy, and foetid, there is always danger; and so much more in proportion as it differs from its usual state, either in smell, consistence and colour. Cold sweats, especially of the face, prognosticate death. We must not be terrified at spots, pustules and other eruptions appearing on the skin, as they frequently bring relief: in many fevers a breaking out near the mouth proves salutary, and even the *petechiæ* in malignant fevers are not dangerous in themselves. The *Rigors* and *Horrors* which attend febrile paroxysms forebode no mischief unless they continue longer than ordinary, in which case the disease will be protracted: but if they return out of due course of time or too frequently, then we are to suspect a latent formation of matter, or a delirium or some other grievous symptom. As to that particular species of shivering termed *Horripilation* which arises from hysteric or hypochondriac affections, and in atrophies and other chronical cases, we shall mention it when we come to treat of those diseases.—It now follows that we should briefly speak of those *pains* which afflict the sick in fevers; in whatever part arising they are not dangerous unless the viscera are unsound, but if there is an obstruction, inflammation, suppuration or sphacelus, the consequences may be fatal. When pain suddenly ceases without any alleviation of other symptoms the sick will soon die. But we must carefully make a distinction, and except such pains as have their origin from other diseases and are aggravated only in consequence of the febrile fit, (for instance) venereal, scorbutic, rheumatic, and others which are in fact more terrible than dangerous. Such are the general *phænomena* in fevers from which the indications of death or recovery are to be taken, tho' we must ever remember, that in acute cases all prognostics are

uncertain, and therefore we ought to be cautious in declaring our opinions. Some circumstances occur in fevers which require only common methods of treatment, others demand particular remedies, and in order to distinguish the spontaneous and salutary efforts of nature from symptoms of a dangerous tendency, it is necessary to explain what is meant by the *Crisis* of a disease.

There are undoubtedly many appearances in fevers which strike the unexperienced with terror, and which are in reality only the forerunners of a *Crisis*, or which constitute the *Crisis* itself. Indeed we may venture to assert, that there is scarce any acute fever but what may be judged of from some *critical* symptom more or less visible, notwithstanding what a few modern authors say, who by their impatience in practice and in prescribing untimely, interrupt the efforts of nature and defeat her intention. Amongst the most skilful in the art, men who, by their observations on the laws of nature are best qualified to judge, a *Crisis* is allowed to be nothing more than a spontaneous discharge of the morbid matter, and is commonly preceded by a troublesome tho' salutary commotion in the humours of the body. This perturbation in the animal œconomy some rash practitioners absurdly endeavour to quell, to the manifest hazard and even destruction of the sick, who are made to suffer in this case more by injudicious treatment than the struggles of the vital powers. Experience teaches, that fevers are removed in consequence of some evacuation by the several emunctories of the body, or thro' the pores of the skin; and that this relief is effected by spitting, hæmorrhage, vomiting, purging, copious discharge of urine loaded with various substances, abscesses, buboes, boils, efflorescence, cutaneous eruptions, &c. by which means the disease is in its first principles extinguished, and the seeds being eradicated every thing returns to  
its

its pristine state. But when these efforts of nature which constitute the *Crisis* are insufficient or irregular, the distemper is protracted or aggravated, on which account it may be useful to examine the doctrine advanced concerning the *critical days* in fevers.

These, according to *Hippocrates*, are reckoned, from the invasion of the disease, to be the fourth, seventh, eleventh, fourteenth, seventeenth, and the twenty-first. Each period contains three days and a half, which little agrees (as some have imagined) with the superstitious numbers of *Pythagoras*. In general we may observe, that fevers (even in spite of improper treatment) will terminate in death or in recovery on the critical days abovementioned, tho' this accurate calculation of *Hippocrates* may be extended to the forty-second day, being twelve periods of three days and a half. It is known that true tertians scarce ever disappear till after the seventh fit or period, that inflammatory fevers are usually determined on the fourth or seventh day, a peripneumony on the fourth, unless suppuration comes on, and then it is protracted to the seventh, fourteenth, and even to the twenty-first day: the measles, erysipelatous and scarlet fevers commonly go off on the seventh, the small-pox appear on the third or fourth day from the attack, and mature on the seventh. In Epidemical fevers we have many instances of a critical sweat breaking out on the seventh day and relieving the patient; but it would be endless to mention all the differences that happen in this respect. Epilepsies in children have lasted, according to some writers of good credit, seven months and sometimes as many years: we say nothing here of the periodical returns, or of the duration of the Catamenia.—These are the natural laws and principles by which fevers are regulated, tho' their periods will now and then seemingly vary on account of the uncertainty of calculating the time of their first access.

It appears from these observations, that the morbid matter lurking in the inmost recesses of the viscera is by the action of the vital organs expelled, an operation which constitutes what is called *concoction*, the doctrine of which is perhaps too much cried up by the ancients, and too much neglected by the moderns. For certainly whoever attempts to practise with reputation, and would avoid making his profession a meer trade, ought to pay the utmost attention to these efforts of nature, and consequently observe this process of *concoction* as an established principle notwithstanding the seeming impropriety of the word. We may just add, that the critical times before mentioned, do not always exactly conform to fixed rules, for the difference of air, seasons, age, habit, peculiar method of treatment, diet, strength of constitution, and a thousand other circumstances, will sometimes retard or accelerate the Crisis. Sometimes it is brought about in a manner imperceptible to us, and sometimes it never happens at all; but yet we should not relax our vigilance in observing those days, lest we should be led to disturb the operations of nature by an unseasonable administration of medicines.—For a more accurate account of this matter we refer to the French Dictionary called, *Encyclopedia*, wrote by the famous *Bordeu*, an eminent physician of *Paris*.

It may justly be inferred upon the whole, that the more simple method of treating diseases is in fact the safest, and this consists in a proper use of venesection, emetics joined with cathartics, diluting, cooling, temperating, antiseptic, sudorific liquors, and anodynes, of each of which we shall treat particularly in due time. But great caution is requisite as well in the administration as the choice of them, for fear of interrupting instead of assisting nature: whatever she points out is to be our guide in practice, we are to follow (says *Hippocrates*) where she leads, as without her aid

aid all medicines are vain; and she in her turn requires little more help than a slender regimen: nay, even meer water \* alone drank plentifully, yet not so as to offend the stomach, from six to twelve pints in the space of twenty-four hours, during the first three or four days of the fever, has proved effectually serviceable and saved many lives. There is an instance recorded of a certain monk of *Malta* who used to order the coldest water only, both for medicine and aliment, for so long as thirty days, in cases of acute diseases, and this (however rash the practice may seem) he did with good success: nor does this copious dilution with water or other small liquors hinder us from opening a vein if the blood moves with too much velocity, or if the vessels appear turgid. At the same time the first passages ought to be unloaded by emetics joined with cathartics, and I can venture to declare from much experience, that by these simple methods alone, fevers have frequently been extinguished, or at least many bad symptoms have been prevented, and indeed these methods will facilitate the cure of any other acute distemper: but the same would be improper when the patient is much reduced, or in tender infancy, and extreme old age.

Although bleeding is deservedly esteemed a necessary remedy in the cure of fevers, it is not so in all; and

\* We must make proper allowances for the different constitutions, and customs of living in different ages and nations, before we attempt to establish this as a general rule. In the primitive times when men were temperate, their bodies were easily reconciled to low regimen and aqueous diluents; but in plethoric habits and in people accustomed to high food, and fermented liquors for a series of years, it would be dangerous to attempt to reduce them immediately to water. A change must be brought about by degrees, especially in nervous cases, in which wine must be given, and the diluting liquors used to assuage thirst must be slightly impregnated with grateful herbs, aromatic bitters and vegetable acids, in the choice of which we are to consult the taste or particular longing of the patient.

an improper repetition of it may prove dangerous. There is indeed no doubt but that inflammatory fevers require this evacuation more than once, but yet there are some of these fevers which partake of an epidemical constitution, under which circumstance, according to the opinion of *Huxham* and of the best practitioners, bleeding does harm. Nor are we in any fever to bleed indiscriminately during the whole stage of it, for that operation is seldom of service after the third or fourth day from the attack, except in some very urgent and extraordinary cases; a caution recommended to those who are too fond of blood-letting.—It is allowed by all that emetics joined with cathartics and given immediately at the first access are of eminent service; for when these evacuations have been neglected in acute cases, the fever has increased after losing blood, because the vessels thus emptied have afforded free admission to the indigested bad humours in the first passages. But yet these medicines are not to be given without great circumspection in the advanced state of the disease, or till after concoction when the organs and vessels have recovered their usual tone and offices; for, as *Hippocrates* says, the concocted not the crude are to be discharged, and the established rule of physic enjoins the practitioner to do little previous to this separation of the humours: indeed the injudicious and hasty use of purgatives will frequently occasion such inordinate commotions as no anodynes can afterwards appease. Such is the doctrine of the great masters of medicine amongst the ancients, a doctrine whose truth is confirmed by daily practice, and which the wiser moderns in general observe; though some misled by new opinions and dreaming of nothing but a certain putridity in fevers, have pursued another tract to the great misfortune of their patients. Nor must we drop this subject till we have examined well the properties and powers of the medicines in question;

for

for purges are given with two intentions,—the first is that the bad humours, morbid matter, or vitiated bile lying in the stomach and intestines may be discharged, for fear of their being conveyed into the blood by the lacteals, and consequently exciting a dangerous and obstinate fever: therefore it is necessary that this evacuation should be attempted (instantly) as soon as the disease appears. The second intention is, that the morbid matter affecting the blood and humours may be passed off by the intestinal canal as a common sewer, but not till this matter is separated by the action of the vital powers and freed from its own shackles as it were, being hereby rendered more fit for purgation, and more easily carried off. Otherwise it cannot escape through the vessels on account of that spasmodic contraction of the organs occasioned by the stimulus from the cathartics: under this circumstance it is no wonder that the design of the prescriber is defeated when he attempts to purge before signs of *concoction* \* appear;

\* The doctrine of *concoction* which our author assents to (induced no doubt by the result of his own attentive observation) has occasioned much debate in the medical world, and like other controverted points, remains still involved in obscurity. By *concoction* we are to understand the separation and expulsion of the morbid matter in fevers by the action of the vital powers, and not that species called digestion, which is no more than the constant and regular process in the alimentary tube. Those nice distinctions which the commentators on *Hippocrates* (Aphor. xxii.) affect to make are very rarely observable in practice; nor do the signs of *concoction* in fevers appear so manifestly in every case as to point out the precise time in which, on that account, evacuations are to be used. In respect to purging in fevers, it is generally allowed that glysters are the best forms because they not only empty the intestines gently but act as fomentations also: Dr. Freind says very sensibly, (de Febr. Comment. 7) “If any relief is to be sought for from purgatives in fevers, the moderns seem to have given the best directions concerning them; for instead of the rough and strong doses used by the ancients, they order lenient and gentle medicines whose operation is more safe and more manageable at the option of the prescriber.” See also Dr. Glas’s Com. the *Second* and the *Seventh*.

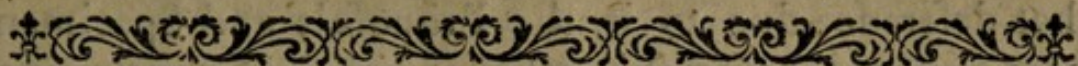
and



and it is obvious that several grievous symptoms must unavoidably arise from so absurd and ill-timed a practice.

To proceed: most physicians are well acquainted with the great and extensive use of *diluent, temperating* liquors, and medicines\*. These are serviceable in every stage of the disease, to restrain the impetuous motion of the blood, to render the impacted and condensed humours fluxible, to relax the vessels, and to assist the secretions. The purest water is sufficient for these purposes, and perhaps is preferable to the Ptisans, Apozems, and broths which in fact owe their virtue to this simple element: but as there are some patients who express a dislike to water by itself, on this account it may be slightly impregnated with cooling herbs, and rendered palatable by the addition of sugar, honey, lemon juice, syrups, &c. *Refrigerating* and *antiseptic* medicines are in high esteem to quell the raging humours, check the too rapid course of the blood, to prevent putrescence, and to assuage that inward burning heat which infests the viscera. *Diaphoretics* and the like, are of great service when the fever seems inclinable to go off by perspiration, otherwise we must be careful in administering them, notwithstanding some hypothetical conjectures in their favour. *Anodynes* are unsafe unless very skilfully managed, for they are apt to occasion a stupor upon the vital organs, and hinder concoction, and often, during their action, throw a flattering mask over the disease, which may perhaps from

\* *Diluent, temperating liquors, and medicines.* Our author has, in the second part of his Synopsis, given several forms of prescriptions under each class of medicines mentioned in the text, the most elegant and efficacious of which it is proposed to transcribe and range all together in an *Appendix*, to be added to each volume of this translation. To this *Appendix* we shall therefore refer for the formulæ belonging to every *class* hereafter occurring, and recommended in the different diseases treated of throughout the whole work.



## ADVERTISEMENT.

**M**ANY difficulties occur to the Editor of *Lieutaud's Synopsis* either in carrying on, or discontinuing this Translation. To the former a more numerous subscription than what at present is raised, is necessary: and in respect to the latter, after the pains and expence already bestowed, and the trouble given to the Subscribers, He feels himself at a loss how to make an apology. In the present State of Medical Literature there are but few books which will defray the expence of publication; and whatever the merit of such works may be, there are many arts requisite to make them sell with which authors in general are unacquainted. Hence it is that Literary Property becomes extremely precarious, and that but few individuals can afford, or in prudence venture to undertake works of any considerable extent unless supported by Subscription, or connected with Booksellers. There is a very sensible Tract lately published, entitled, "Observations concerning Literary Property," (printed at *Cambridge*, and said to be wrote by the eminent and learned Dr. *Law*, present Bishop of *Carlisle*) in which the numerous difficulties and inconveniencies incidental to Authors, are clearly pointed out, and the nature and various causes of them well explained, to which Pamphlet the Reader is referred for more particular information on the subject here hinted at. As to the present attempt the Editor can only say, that he stands acquitted to himself in his intentions, and humbly hopes that the Subscribers will excuse him from prosecuting it to his own loss, as the Proposals have been in the particular mode in which they were dispersed, unsuccessful. In respect to the Public, He submits with that

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that deference due to it, the Proposals and Specimen here annexed, being still desirous either of continuing the work by subscription, or of resigning the property into the hands of any Bookfellers who choose to engage in it.

The Editor cannot conclude this Address without returning his most humble thanks to those noble Personages and other Gentlemen who have already honoured him with their Subscriptions, or consented to have copies of this intended Translation, and hopes he may without offence take the liberty of mentioning their names.

N. B. *Gentlemen who choose to encourage this Undertaking are requested to give in their Names to the Editor in Birmingham, (Letters Post paid) or to William Nicoll, N<sup>o</sup> 51, St. Paul's Church-Yard, London.*

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