

**Short strictures on the method of treatment recommended by Dr. Dawson
in the acute rheumatism. / By Thomas Sanden, M.D.**

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SHORT STRICTURES
ON THE
METHOD OF TREATMENT
RECOMMENDED BY
DR. DAWSON
IN THE
ACUTE RHEUMATISM.

BY THOMAS SANDEN, M. D.

NEC TANTOS SUSTINET ÆSTUS.

L O N D O N:
PRINTED FOR T. PAYNE AND SON,
AT THE MEWS-GATE.

M.DCC.LXXXI.

PHYSIOLOGICAL

OF THE

LABORATORY OF PHYSIOLOGY

DR. J. A. W. B. W.

ACUTE RESPIRATORY

BY THOMAS SAUNDERS

AND TAYLOR

J. G. B. O. W.

NEW YORK: PUBLISHED BY
AT THE NEW YORK

NEW YORK

TO JOHN BAYLY, M. D.

THE FOLLOWING PAGES
ARE RESPECTFULLY INSCRIBED

BY HIS OBLIGED

AND AFFECTIONATE FRIEND,

THE AUTHOR.

TO JOHN BAYLY, M.D.

THE FOLLOWING PAGES

ARE RESPECTFULLY INSCRIBED

BY HIS GRACE

AND AFFECTIONATE FRIEND,

THE AUTHOR.

ADVERTISEMENT.

THE author of this small tract has a very high idea of the character and abilities of Dr. DAWSON, and is truly sensible that his Cases in the acute rheumatism and gout contain many valuable observations. The apology for making so free with his name, is the apprehension that when taken for a guide, he may lead the unskilful into mistakes.

Dr.

Dr. DAWSON's manner of writing is so animated and pleasing, that many readers may be seduced by it from a very close attention to his histories of cases: not to say that his remarks on those cases are not always and entirely "reasoning from facts", which he very justly distinguishes from "mere theorizing".

But perhaps Dr. DAWSON himself has furnished the best apology for the appearance of these slight hints in that

part

part of his work where he expresses a wish that Dr. DUNCAN had communicated and specified the instances in which his method of treating the acute rheumatism had failed. In the following pages one case of this kind is, with due deference, pointed out; and some remarks offered, which, it is hoped, may have a tendency to prevent such instances from being multiplied.

CHICHESTER:

Dec. 19th, 1781.

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Short Strictures, &c.

DR. SYDENHAM was of opinion, that in *acute rheumatism* the chief danger is to be apprehended from the fever : Dr. DAWSON, on the contrary, though he is every where properly anxious to do honor to the memory of this great man, has very different ideas on the subject. He judges that the fever is a salutary instrument in nature's hand, employ-

B ed

ed for the purpose of discussing the topical affection. On this principle he recommends large doses of the *volatile tincture of guaiacum*, with the intention (as it should seem,) of enlivening a languid fever, and “ assisting nature in the absolute expul-
 “ sion of the distemper.”

I apprehend the Doctor's favourite medicine would be very slenderly recommended by his theory, were nothing more to be said for it. It wants not, indeed, the testimony of experience, which, within proper limits, unquestionably establishes its utility: but every reader has not
 skill

skill enough to fix those limits ; and notwithstanding several hints and directions scattered through the Doctor's work, most readers would have been thankful for some definite rules, some certain marks being pointed out, indicating the propriety of abstaining from further evacuations by blood-letting, and resting the cure on the exhibition of the *volatile tincture of guaiacum*.

Dr. DAWSON does not recommend his remedy in a *recent* state of the disease : at least he never used it in that state before it fell in his way to animadvert on Dr.

DUNCAN'S opinion in this matter. But to this a very remarkable exception afterwards occurred, as will be noted in due time: not to say that any direction so vaguely expressed affords little information, the term *recent*, when applied to a disease which in different cases has a different progress, is of wide signification, and cannot be made to refer to the number of days or hours elapsed from the time of the first attack. If, on the other hand, this term, as the author uses it, relates to the state of the fever, it ought to have been explained by some obvious, decisive marks, characteristic

racteristic of that state, and not
 merely opposed (as it seems to be)
 to “ the latter stage of the dis-
 “ order”; but neither have we
 of this latter stage any instructive
 description: we are told, indeed,
 that in it “ nature struggles in her
 “ last finishing operation”; that she
 “ appears to make her last and
 “ full effort to relieve herself by
 “ throwing the disorder on the ex-
 “ tremities, &c.” that at this criti-
 cal season, the offending matter
 seems “ fully prepared to pass
 “ through the innumerable and
 “ invifible outlets of the body,
 “ &c. all which, with much be-
 fides

fides to the same purpose, does not help us to the obvious and decisive marks desired.

I shall therefore venture, with submission, to point out *one* case in which Dr. Dawson's reasoning may very much mislead the unwary practitioner, and in which the method of cure he recommends may prove unexpectedly and fatally injurious. The case I refer to, is where *acute rheumatism* is attended with a very high degree of *phlogistic diathesis*. In such circumstances it is well known, that the pain and inflammation frequently
and

and suddenly shift from one part of the extremities to another. But this disease does not always deal in such innoxious metastases. When the inflammatory tension is very great, and the balance of the sanguiferous system, in consequence thereof, exquisite; the inflammation not unfrequently quits the external parts and fixes on the nobler, to the almost certain destruction of the patient. And this is more especially liable to happen, if (in the circumstances described) copious blood-letting has been neglected, or any material error in diet or regimen committed, or perhaps we
may

may add, if the *volatile tincture* of *guaiacum* has been given in large doses, and with little caution.

As I speak from facts which are authenticated in the writings * of eminent physicians, or have come under my own observation, or have been communicated by those I could trust, much theory is hardly necessary in so plain a matter. But if I were inclined to theorize, Dr. DAWSON's justly admired SYDENHAM would support me. This illustrious author speaking of *pleurisy*,

* VAN SWIETEN *Comment. in BOERH. Aph.* §§. 1491. 1495.

risy, rheumatism, and some other
 inflammatory diseases, says, “ Jam
 “ vero cum universos hosce morbos
 “ vel adhuc comitetur febris, vel
 “ saltem fuerit comitata, donec ex-
 “ onerata in partes sive has sive
 “ illas, pro morbi ratione, materia
 “ febrili, sibi exitum invenerit;
 “ nullus dubito febrem ipsam pro
 “ morbo primario habendam, re-
 “ liquosque adfectus, a quibus ut
 “ plurimum morbi isti nomen mu-
 “ tuantur, symptomata esse; quæ
 “ vel peculiarem *criseos* modum,
 “ vel partem, in quam ruit morbi
 “ vis, præcipue spectant” *.

* SYDENHAM. *Oper.* p. 256. *Ed. Leid.*
 1754.

Now if the fever be the original disease, and the affection of the joints or limbs the effect only of its particular determination, I do not perceive by what legitimate mode of reasoning we can ascribe the cure of the topical disease to the energies which accompany the general one. The fever, it is true, is apt to subside, and the pains to remain, and in this case, the state of the question, as well as the mode of treatment, may be changed: but by what means this is to be prevented, or in other words, how we are to support the fever, and at the same time relieve, or even not increase

crease the pain, I am ignorant. The *volatile tincture of guaiacum* will give us no assistance here, for its operation is to remove both pain and fever, and thereby to teach that the last is by no means the natural remedy of the first.

I wish not to misunderstand or misrepresent Dr. DAWSON's ideas on this subject. It seems to be his meaning that the fever is nature's effort to remove the morbid matters or motions concerned from the nobler to the external parts, and consequently that there is more to fear from its deficiency, than its

exuberance. But in order to establish his theory, and accommodate it to his method of cure, the Doctor should have proved that the fever is also the proper instrument of expelling the disease out of the body, as well as of “ preparing it “ for expulsion”. This, however, he has failed to do, notwithstanding his citation from RIVERIUS and his observation “ that a fever along “ with the rheumatism was the “ happiest omen of an abbreviated “ crisis, and a speedy termination “ of the pain”. The *acute rheumatism* is certainly of less duration, and generally of easier cure than
the

the *chronic*; but how far this is to be attributed to the presence of the fever, as to its *proper cause*, is uncertain. Perhaps it only is an additional instance to the many we are already in possession of, that a general affection is more easily subdued than a topical one, and that we are able more certainly to lower redundant, than to supply deficient strength.

Still great obscurity and some contradiction involves this argument. Instances are not wanting of the complete cure of even *chronic rheumatism* by copious evacuations

tions of blood happening either by accident or design ; and what the effects of repelling by topical applications the morbid matter in this species of rheumatism would be, is not, I believe, exactly ascertained*. But if it were an established fact that such a repulsion would produce fever, this would be far from demonstrating that the fever is the instrument of expelling that matter entirely out of the body.

* If we may credit the observations of an Italian Physician of eminence, [ANT. COCCHI *dei bagni di Pisa* apud VAN SWIETEN *Comm. in BOERHAAV. Aph. §. 1493.*] this repulsion of the topical affection, does not necessarily and universally produce fever, if the case be recent, and the symptoms moderate.

body. It will hardly be asserted that the *acute rheumatism* when subsisting to any considerable degree, is a proper disease to be left to nature, or that nature is to be assisted in expelling it by such means as exasperate the fever. However, were it even so, the *volatile tincture of guaiacum* is not recommended as having such an operation. According to Dr. DAWSON, philosophy stands neuter, and does not pronounce whether it possesses a heating or a cooling quality : and as to the volatile part of it, the Doctor joins Sir JOHN PRINGLE in the observation, that it does not raise

“ any

“ any inflammatory or fixed heat,
 “ but only a momentary glow”.

Difficult as in many cases it may be to ascertain the *modus operandi* of remedies, it is always proper to attempt it. I do not refer to their internal and invisible operation, their fitness to “ fuse and incide
 “ the viscid parts of the blood, as
 “ it passes through the circulation,
 “ or by invigorating the coats and
 “ fibres of the vessels” to “ restore
 “ an equilibrium betwixt the solids
 “ and the fluids”; the existence of these effects being, as Dr. DAWSON justly observes, what “ no man living
 doth

doth or can know." I allude here only to the external, sensible and obvious effects of remedies, a strict attention to which is indispensably necessary to their successful application.

If in any disease a particular remedy has the unfailing effect of curing it without producing any change in the body more general and equally obvious, such a remedy is the *specific* for such a disease, and the question how far the *volatile tincture of guaiacum* is the *specific* for the *acute rheumatism*, is answered by Dr. DAWSON in the passage

D where

where he tells us in his own language, and in that of GEOFFROY, that it opens the several secretions by the belly, kidneys and skin. Should therefore any one assert that the *acute rheumatism* is an inflammatory disease, and, like other diseases of the same class, to be cured by one or more evacuations, I do not find any thing in Dr. DAWSON's experience or reasonings to oppose to the assertion.

From the circumstances of *Hannah Skelton's* case, Dr. DAWSON infers that his “ medicine, call it
 “ rheumatic, arthritic, or what you
 “ please,

“ please, has that accommodation
 “ (so to speak) to the disorder,
 “ as to throw it from the in-
 “ terior parts to those extreme
 “ ones, where nature, when strong,
 “ enough, is generally inclined to
 “ deposit it, in order to its elimi-
 “ nation.” I cannot entertain the
 smallest doubt of the Doctor’s ac-
 curacy in observation; but this case
 of *Hannah Skelton* is singular, and
 the subsequent method of treatment
 leaves the mind of the reader in a
 state of the utmost perplexity. On
 the ninth day of the disease, the
 menses flowing in proper time and
 degree, the *volatile tincture of guai-*

acum is given. It removes stitches and pains from the stomach, and evidently increases the pain and inflammation in the extremities: Changes these, which the weakness of an inactive fever was unable to effect. The menses ceasing, blood-letting is prescribed. *Blood-letting!* for what? to replace the affection in its original seat by lowering a fever before too languid, and rendered in the Doctor's opinion still more so by the menstrual discharge? If it was "necessary by the most efficacious means," *i. e.* by the use of the *volatile tincture of guaiacum* "to keep the malady at a distance
 " from

“ from the vital parts,” the same means which had operated so successfully were still at hand “ totally “ to expel it.” “ The case itself,” Dr. DAWSON adds, “ and its effects “ best speak.” The case, indeed, may be the best speaker of the two : but it gives us little information ; the Doctor’s method of treatment and his commentary rendering its language wholly unintelligible.

Neither does the case of *John Allen* afford us much more satisfaction ; the *volatile tincture of guaiacum*, *blood-letting*, *cordials*, *anodynes*, succeeding one the other in such a manner

ner as totally to bewilder the impartial enquirer after the effects of any one of these remedies. I am able to lay before such an enquirer a case resembling in many circumstances this of *John Allen*, but unhappily differing from it in the event. It is briefly as follows.

On the 17th day of October last I visited a middle aged man, who (except that in his early youth he had suffered much from the rheumatism) had always enjoyed a remarkably good share of health. I found him complaining of great pain in the right knee and hip, in both thighs, and in the loins and breast, with frequent

frequent and sudden catchings of the
 breath. The pains had not been
 fixed, but shifted from one part or
 one limb to another. In some places
 the pained parts had swelled a little,
 but at the time of my visit were
 subsided. The right knee was ex-
 tremely tender. All the pains were
 much aggravated by the heat of
 the bed. The patient had very lit-
 tle feverish heat. He had sweat
 much, and thought himself relieved
 by it three or four days before I
 saw him; but the sweating still con-
 tinued without any alleviation of
 his sufferings. He had a very slight
 cough which encreased the pain of
 the

the loins. His respiration was in general free, only interrupted by the catchings above-mentioned. The pulse beat one hundred and four strokes in a minute, with some, but no extraordinary strength and tension. The thirst was considerable. The tongue was covered with a whitish mucus. The head was clear, and the appetite unimpaired. The belly was regular. The urine deposited a copious sediment. The patient's present complaints were of nine days standing, but he had been confined to his house only a week. He had at the beginning lost blood which had an inflammatory crust

crust on it. He had also taken antimonial medicines with gum guaiacum and opiates. I directed nine ounces of blood to be drawn, and prescribed the usual antiphlogistic and relaxant course, which was pursued for a while with very little benefit. The patient living at an inconvenient distance from me, I sent to his apothecary conditional directions to give him the *volatile tincture of guaiacum* night and morning in the dose of half an ounce, and in the manner recommended by Dr. Dawson. This medicine was accordingly given (without immediately previous venæsection, and while the pains

E

raging

raging in full force were fixed in almost every limb,) and repeated during two or three days. It produced considerable sweating, but no other evacuation, and not the smallest relief. The patient afterwards took DOVER's powder with as little success. And no wonder; for seeing him again at the interval of thirteen days after my first visit, I found him in the last stage of a fatal *peripneumony*. He thought himself much better; and the pains had indeed almost entirely left him; but his manner of breathing, (of which nevertheless he made little complaint when questioned,) and his countenance

nance pointed out the imminent danger of his situation. Every thing was done that seemed likely to give relief; but it was now too late to obviate the effects of past errors: the patient, to my unspeakable regret, dying on the twenty-third day from the attack.

I am aware that some objections may be urged to the foregoing case as being inapplicable to the present subject. Dr. Dawson perhaps will say that “ the conditions on which
 “ his medicine was prescribed, and
 “ the circumstances in which it
 “ was given to my patient, being

“ unknown ; no judgment can fair-
 “ ly be formed of its effects : that
 “ it might be administered at an im-
 “ proper time, or in an improper
 “ manner ; that bleeding should
 “ have been immediately premis-
 “ ed ; &c.” All this must be al-
 lowed. I do not write to excuse
 my own mistakes, but to prevent
 others from falling into similar mis-
 takes. Trusting to that “ entire
 “ safety” of Dr. DAWSON’s remedy
 on which he so much insists, I pre-
 scribed it (somewhat at random, it
 may be,) in a case of what I judged
 to be purely *acute rheumatism* ; in
 no very recent stage of the disor-
 der ;

der; eleven or twelve days having elapsed since the first attack, and nature not having been greatly disturbed in her operations by copious bleedings. Neither were there to my apprehension when I visited the patient many marks of any very high *phlogistic diathesis*. At the same time it must be confessed sufficient attention was not paid to the catchings of the breath, the erratic nature of the pains, (which, however, were fixed when the *volatile tincture of guaiacum* was given,) and the profuse but useless sweating. Could I have seen my patient oftener, I might perhaps have formed a bet-

a better judgment, and have either let the *volatile tincture of guaiacum* alone, or prescribed it with better effect.

I wish it moreover to be understood that I do not here mean to attribute the fatal issue of the above case to the exhibition of Dr. Dawson's remedy alone. Other errors and irregularities arising from the notion entertained by some of the patient's attendants that his disease was the *gout*, and required a cordial treatment, undoubtedly concurred. But on the whole the case has impressed on my mind a lesson which

I be-

I believe I shall never forget, and which, though it militates immediately against the leading principle of Dr. DAWSON's treatise, I wish to convey in all its force to my readers, namely, *that in acute rheumatism the chief thing to be dreaded and to be subdued, is excess of phlogistic diathesis.*

To return to the case of Dr. DAWSON's patient, *John Allen*: his second illness afforded the remarkable exception I alluded to above*; for the Doctor "departed from his general rule in drawing off blood
both

both early and freely, and administering the *volatile tincture of guaiacum* in a recent stage of the disease." Yet here the effect was most happy; for in three days the patient was able to walk abroad. What inference can fairly be drawn here? is it that the medicine is as well suited to the beginning as to the latter periods of the disease, or that the repeated bleedings (that "injudicious practice" as the Doctor terms it) rendered it less noxious or more beneficial? I should incline to the latter supposition, as Dr. Dawson had before recommended the exhibition of his remedy

dy as soon as possible after venæ-
 section. This idea, however, it may
 be observed, is not consonant with
 the Doctor's opinion delivered in
 another part of his work ; namely,
 that in *acute rheumatism* the fever
 does that for the patient, “ which
 “ no human art or medicine can
 “ do.” For it should appear from
 the case before us, that repeated
 bleedings may have almost as good
 an effect, and as well prepare the
 way for administering the *volatile*
tincture of guaiacum. Be this as it
 may ; the patient, as if on purpose
 to save the credit of his favourite
 medicine, whether given in the first

stage of a new disease, or in the latter stage of an old one, relapsed a second time, and was cured by it.

Of this sort is the chief defect of Dr. DAWSON's treatise. With all the attention I am master of, I can discover from it only *two* circumstances to which his medicine is peculiarly and universally adapted. I find that *costiveness* is a *symptom*, and *venæsection* immediately *premised*, a *remedy*, which particularly favours its exhibition: But (these excepted) I can find no certain marks which point out the propriety of administering

tering it in preference to, and exclusion of other remedies.

Here I must beg leave to remark on the vague manner in which Dr. DAWSON uses the term *fever*. For this, indeed, he has the authority of SYDENHAM and others. But the ancient physicians (though no systematic nosologists) wisely distinguished *fever* from that state of the body which accompanies a violent inflammation of any part of it. The more enlightened moderns have adopted this distinction, and very properly judge that the increased action of the heart and arteries, which makes

part of the character of *pleurisy*, *rheumatism*, and other inflammatory diseases, is no more a *fever* than it is any other disease one may name. Dr. DAWSON's language is more particularly exceptionable, because it leads to indeterminate and unsupported theory. We know that a *fever*, when moderate, works its own cure, and, when violent, has always a tendency to do so: But it is otherwise with an inflammatory state of the body; the direct tendency of this (if not subdued) being to destroy the patient, or to produce some other disease. Hence Dr. DAWSON using the term *fever* in preference to any other,

other, may take some advantage of his reader's misapprehension of the *vires medicatrices naturæ* *, and of the circumstances in which they are beneficially exerted.

I am sensible that on this subject several eminent physicians concur with Dr. DAWSON in supposing, that in *acute rheumatism* the increased action of the heart and arteries is nothing more than an effort of nature to overcome the resistance to the circulation of the blood, arising from the contraction of the small vessels of the parts affected in that disease. I suspect, how-

* Vid. GAUB. *Patbol.* §. 633. & sequ.

however, that much is wanting to render this opinion probable. If the topical affection universally preceded the general one, it might be admitted; but this is not by any means the case. Indeed at any rate I do not see how the inflammation in rheumatism differs in this respect from any other inflammation. To encrease the action of the heart and larger vessels is not the way to remove any inflammatory disease; the resistance always encreasing in proportion, and perhaps more than in proportion to the impulse: so that the *vires medicatrices naturæ*, if they have any place here, fail of their end entirely.

After

After all, admitting the theory to be just; supposing that in every case of *acute rheumatism*, the *first* change in the body is a contraction of the small vessels of the part affected; this change is indicated by paleness and coldness of that part, with difficulty of moving it. To overcome the resistance here produced, the heart and arteries are stimulated to increased action; violent pain is thus excited, and if the patient be of a tense, firm habit, symptoms of high *phlogistic diathesis* take place; the affected part at length swells and becomes red, and the pain is considerably mitigated. The contraction and resistance are
now

now overcome : the disease, therefore, by the supposition, should be removed. But the fact is quite otherwise. Not only other parts are liable to pain, but that very part in which we have supposed the proximate and immediate cause of the complaint removed, is liable to suffer again and again ; and we are left to seek in the general affection of the system, not the means of cure, but the cause of disease.

Dr. DAWSON might have borrowed from some of the more celebrated among the modern teachers of physic, a theory, of which the above hints are an imperfect outline.

line. It seems at first sight excellently well adapted to recommend his medicine, the exhibition of which (if at all adviseable on such a footing) might be regulated by the state of the affected parts, whether swelled and red, or the contrary; but this Dr. DAWSON has not attempted, nor (as we have seen) would it have answered his purpose to attempt it.

I must here entreat my reader's indulgence, while I digress a little to observe that sometimes in *fevers* properly so called, and more particularly in the worst kinds of them, violent

G

pains

pains of the muscular parts sometimes arise, imitating very nearly *rheumatic* pains, but differing in this respect, that they seem to have a tendency to *gangrene*, or at least to such a kind of *ecchymosis* as indicates a very dissolved and corrupted state of the blood. Early in the spring of last year, a fever of a very malignant nature broke out in a particular district near the sea coast. The *fomes* of it I had some reason to believe was brought from an infected ship lying at *Spithead*. Among the first symptoms was a violent pain in the muscles of the right side. Most of those attacked, died.

died. Very soon after death, and in some before death, the part affected turned black. A medical gentleman with great humanity attended these unhappy people, who were chiefly of the very lowest class. He soon afterwards became indisposed, and not thinking of infection, lost some blood. The arm in which the bleeding was performed, very soon turned red, swelled and painful, and in a word covered with an erysipelatous inflammation. Symptoms of fever which he had before in some degree, were increased, and at length assumed the type of a double quotidian, and an aspect the most formidable that can

be conceived. The paroxysms were of dreadful violence, particularly the morning one; the patient becoming excessively faint, and almost insensible; breathing most laboriously, and sometimes having his respiration for a while suspended; the pulse in the mean time being so weak and irregular, as hardly to be felt; and the face and neck covered with a cold and clammy sweat. On the night preceding his last and fatal paroxysm, the patient was attacked with the most excruciating pains in the calves of his legs *, which subsisted

* Vid. HIPPOCR. *Coac. Prænot.* 47. Ed. VANDER LINDEN. *PROSP. ALPIN. de præsag. Vit. et Mort. Lib. 2. Cap. xx.*

sisted in spite of repeated doses of opium, till he lost all sense. For some hours before he expired, his legs were marbled with very broad livid streaks, as if they had been most violently bruised, and soon after death became quite black.

To return to the immediate subject of these pages: Dr. DAWSON has hinted it as his opinion that the *gout* and *rheumatism* are diseases little different in their nature; and in this he is no doubt confirmed by the almost equal success of his medicine in both. I shall not here urge the authority or the arguments

ments of Dr. CULLEN: these, it may be presumed, would have little weight with Dr. DAWSON. But RIVÉRIUS * and SYDENHAM appear to have entertained very different ideas on this subject. “ Morbus
 “ hic,” says the latter of these great men, “ quoties a febre sejungitur,
 “ *Arthritis* sæpe audit; quamvis
 “ essentialiter ab illâ distinguatur,
 “ prout cuivis facile constabit, cui
 “ uterque morbus intimius fuerit
 “ perspectus †”. There are cases, however, in which these diseases run into each other, and are not to be
 sepa-

* *Prax. Med.* xvi. 3.

† SYDENH. *Oper.* p. 172. *Ed. Leid.* 1754.

separated or distinguished: but I apprehend that if any one in practice should be so unfortunate as to mistake a regular and severe fit of the *gout* for an *acute rheumatism*, and treat it accordingly with liberal evacuations by blood-letting, purging, &c. he would be in danger of doing more mischief than that of merely changing the disease into a *chronic rheumatism*; tragical as such a change may appear to the imagination of Dr. DAWSON.

CHEYNE, indeed, has observed, (and for this purpose is cited by our author) that “hot and inflammatory
 “matory

“ matory rheumatisms by violent
 “ evacuations may be translated
 “ upon the noble organs.” What
kind of evacuations is here alluded
 to, may admit of some doubt, as
 immediately afterwards it is subjoin-
 ed, that “ excessive bleedings, and
 “ other violent evacuations con-
 “ stantly bring a hectic or a dropfy
 “ on the patient.” Effects very
 different surely from transferring
 the disease to the noble organs.

In answer to this, and to the
 like vague deductions from uncer-
 tain hypotheses, it may, I believe,
 confidently be asserted, that in *acute*
rheumatism

rheumatism whatever mischief may follow from an excessive and imprudent waste of the vital fluid; the translation of the disease to the internal and nobler parts is not among its consequences. Whenever this happens, as it sometimes fatally does, *it is owing either to the original excess of phlogistic diathesis, or to the neglect of means requisite to moderate it, or to the employment of means fit to encrease it.*

To conclude; were I to attempt doing that for Dr. DAWSON's readers which he has omitted to do for them himself: namely, to help
 them

them to a knowledge of the circumstances in which the exhibition of the *volatile tincture of guaiacum* should, in *acute rheumatism*, take place of blood-letting and other remedies; I would recommend it to them to examine and compare the different passages in the works of Dr. SYDENHAM which relate to this subject *. They will there find that this illustrious author limited the evacuation of blood-letting according to the constitution and strength of the patient, his former habit of living, the season of the year, or the like; and
not

* Vid. SYDENH. *Oper.* pp. 272, & sequ. 317. 320, & sequ. 584, & sequ. Ed. Leid. 1754.

not from any hypothetical reasonings respecting the internal and invisible operations of the fever, &c.

Following, but at any immense distance, the steps of this great man, we may lay it down as a practical axiom, that while symptoms of high *phlogistic diathesis*, indicated by hardness of the pulse; great heat of the skin; violent pains diffused through many of the limbs, or shifting suddenly from one to another, and perhaps accompanied by severe spasmodic twitches of the muscles, and profuse sweats affording no relief; while these symptoms, I say, sub-

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sist;

fist; large and repeated bleedings are the chief remedy to be depended on. We have reason to believe that in *acute rheumatism* the strength is less liable to be impaired by such a treatment than in most other diseases*. We have therefore less to fear from persisting in it; and it has been shown above how mischievous the neglect of it may prove. In different circumstances from those just now mentioned: namely, when the general inflammatory tension is abated, and when the pain is fixed to one joint, or a few joints only, we

* RIVER. *Loco citat.* PRINGLE'S *Diseases of the army* p. 157. Ed. 8vo. 1768.

we must, with our great master, take care not to push bleeding too far : other evacuations then become proper. SYDENHAM seems to have insisted chiefly on the milder purgatives ; but the experience and philanthropy of Dr. DAWSON have afforded us a more general evacuant, and a much more efficacious remedy in the *volatile tincture of guaiacum* taken in large and repeated doses.

T H E E N D.

