

Symptomatology; or the art of detecting disease: a lecture occasionally read to the pupils at the Westminster Hospital, and published according to their request ... To which are added, tables of symptoms / [A.P. Buchan].

Contributors

Buchan, A. P. (Alexander Peter), 1764-1824.

Publication/Creation

London : printed for Callow and Wilson, 1824.

Persistent URL

<https://wellcomecollection.org/works/pnk8d2tq>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

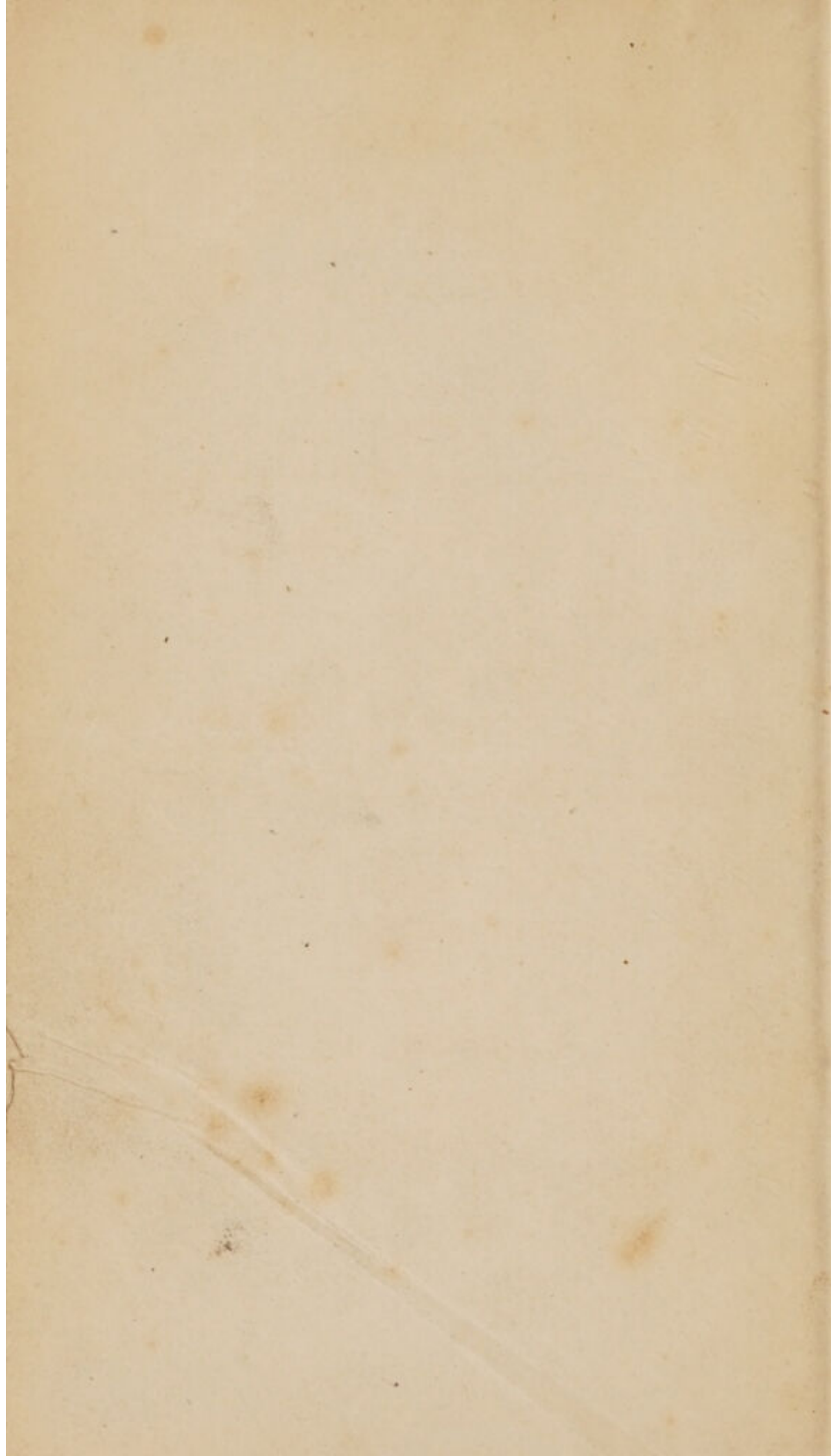


15898/B

p/w

E.xii.s
19

8/6



63735

SYMPTOMATOLOGY;
OR,
THE ART OF DETECTING DISEASE:

A
LECTURE

OCCASIONALLY READ TO THE PUPILS
AT
THE WESTMINSTER HOSPITAL,
AND
PUBLISHED ACCORDING TO THEIR REQUEST.

BY
ALEX. P. BUCHAN, M.D. F.L.S.

LATE SENIOR PHYSICIAN TO THAT INSTITUTION;
AND MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

To which are added,
TABLES OF SYMPTOMS.

LONDON:
PRINTED FOR CALLOW AND WILSON,
MEDICAL BOOKSELLERS,
PRINCES STREET, SOHO.

1824.

SYMPTOMATOLOGY;

OR

THE ART OF DETECTING DISEASE;

LECTURE

PERMANENTLY READ TO THE PUBLIC

THE WESTMINSTER HOSPITAL



ALEX. P. BUCHAN, M.D. F.R.S.

TABLES OF SYMPTOMS.

LONDON:

PRINTED FOR CATTOW AND WILSON,

LONDON:

PRINTED BY CHARLES WOOD,

Poppin's Court, Fleet Street.

ADVERTISEMENT.

THE purpose of the Author in publishing the following pages is, that they should serve as an introduction of the Medical Student to the Receiving Room of an Hospital, or the bedside of a Patient; situations for which the previous noviciate of attending lectures, or perusing books, but imperfectly qualifies him.

The criticism of men of professional experience, should these

pages meet the eye of any such,
he can only deprecate for errors,

“ Quas aut incuria fudit,
Aut humana parum cavit natura.”

The number and extent of the notes
may appear disproportionate to so
small a work ; but the additional in-
formation, which they are intended
to convey, could not otherwise have
been introduced, without totally de-
ranging the original didactic form
of a Lecture.

LONDON,
February, 1824.

THE ART OF

3

that bear a strong analogy to each other, in as far as the subject of both is the living body, have been separated to the trial advantages of either department — is a question, which it is not my present purpose to discuss.

Person me also to observe, that during a state of society when mankind sustained themselves on simple food, —

SYMPTOMATOLOGY.

GENTLEMEN ;

SINCE the earliest period of which we possess any authentic records concerning the science of Medicine, the art of curing diseases has been separated into two departments, Physic, and Surgery. Whether this division has any just foundation ; whether the means of treating disease, and of healing the various dialyses or solutions of continuity produced by external violence, processes

that bear a strong analogy to each other, in as far as the subject of both is the living body, have been separated to the real advantage of either department,—is a question, which it is not my present purpose to discuss.

Permit me also to observe, that during a state of society when mankind sustained themselves on simple food, as the ancient Romans, who lived chiefly upon boiled barley, and were comparatively little acquainted with the art of producing fermented drinks, and passed their time chiefly in active exercises in the open air, constitutional diseases were probably of rare occurrence; and when they did occur, though of a simple nature, appear to have been little understood, being attributed to the malignant aspects of the planets, or to

the influence of evil spirits, against the operation of which, prayers, exorcisms, and amulets, were then relied upon as the most efficient prophylactics.

Bodily injuries, causing solution of continuity, and loss of blood, so frequently the harbinger of death, could hardly fail to rouse even the most torpid mind to attempt some means of relief. Accordingly we find, even among the least cultivated states of society, persons, who pretend to some share of knowledge in the treatment of flesh wounds and fractured bones. If we may put confidence in some relations of those, who have visited the islands of the Southern Ocean, certain of their inhabitants perform with success the operation of removing a portion of diseased bone, inserting a piece of wood

to supply its place, over which they contrive to make the skin heal; an achievement in operative surgery, which, with all our acquired knowledge, we could hardly expect to rival.

For these and other reasons, which might be alleged, it seems probable, that the practice of surgery, as a regular profession, preceded that of medicine. In the writings of Homer we find a certain class of men mentioned, whom he terms *ἰητροί*, or healers, who appear, however, to have confined their attention entirely to the treatment of wounds; for when the Grecian army were infected by the plague, we hear of no remedies being had recourse to, except prayers and sacrifices to the gods. Homer, however, expresses himself very favourably of the

medical character. When Machaon, the *μητρος*, or physician, is observed retiring from the battle wounded by an arrow, Idomeneus thus addresses Nestor:—

Ιητρος γαρ ανηρ πολλων αταξιος αλλων

Τους εκταμνεν επι τ'ηπια φαρμακα πρασσειν.

A wise physician, skill'd our wounds to heal,

Is more than armies to the public weal.

I presume this compliment was paid to the profession of Surgery previously to the invention of tents, cauteries, and other stimulant dressings, of which our more immediate predecessors made so free an use. The Pythagorean philosophers, of which sect Hippocrates was evidently a disciple, paid particular attention to medicine, and professed to use only fomentations, poultices, and other lenient applications, in the treatment of

wounds and ulcers*. At the period when Hippocrates flourished, the distinction between the two departments of the

* I have somewhere met with the following facetious mode of settling the relative antiquity of the several departments of the profession. A surgeon insisting that his branch of the profession was unquestionably the most ancient, in as far as the first recorded operation was that performed by the Almighty upon our general father Adam, in taking the rib from his side, whereof to form woman; moreover, added he, this primitive model exhibits every step requisite in a capital operation, as performed at the present day. There is first the diæresis, or incision; secondly, the exesis, or removal of the part affected; and, thirdly, the synthesis, or healing of the wound, constituting a complete surgical operation. I grant the truth of all you have stated, replied the physician; but allow me to remind you, that previously to the operation the patient was thrown into a deep sleep by some supernatural means; for the original term imports not a natural, but

medical profession appears to have been decidedly established. He prohibits his pupils from interfering with the practice of those artists, whose province it is to extract the stone from the bladder by manual dexterity; also from the practice of midwifery, unless they have made that department of the profession a particular object of their studies.

Among the Romans, surgery, as a distinct art from medicine, appears to have sunk to a low ebb. There are good reasons to believe, that the physicians of ancient Rome entertained in their service a class of operating practitioners, who were in general emancipated slaves, or an artificial sleep, analagous to what is now termed Somnambulism; so that the performance of the operation was preceded by the exhibition of a hypnotic.

freedmen, who performed the operative department of surgery under the direction and control of their masters.

It is equally foreign to my purpose, and unconnected with the object of this address, to trace the various revolutions of physic and surgery that have occurred during some previous centuries, still less to estimate the relative importance of these departments of the profession, which indeed do not admit of being, and never ought to be placed in opposition to each other. It may, however, be observed, that, since the epoch of the introduction of fire arms into the practice of warfare, the art of surgery has greatly risen in general estimation, as well as in efficient utility. The consequences of a wound inflicted by the violent impingement of a metallic projectile, impelled by the force of gunpow-

der, were quickly perceived to be of a very different nature from those produced by the piercing of an arrow, or the stab or cut of a sword. So much, indeed, were the surgeons of those times alarmed at the novel consequences, the death of the surrounding parts, and the derangement of the nervous system affecting the whole constitution, the frequent sequelæ of a gunshot wound, that they adopted the opinion of their being produced by poisoned balls. But, as evil is frequently productive of good, the alarming symptoms produced by such wounds attracted the attention, and roused the mental energies of men of genius. All the most important improvements, in modern surgery, may be traced in France to Ambrose Parry, and in England to Wiseman ; the former of whom derived his

practical knowledge from serving in the armies of Henry the Fourth, among whom the use of fire arms had been recently introduced; the latter, in early life, passed his time among the sea pirates and freebooters of Ostend and the other parts of the Netherlands. These men, both possessed of strong minds and original views, threw much light by their writings on the profession of surgery, and even at the present day their works may be read with advantage and improvement.

Since that period the sister sciences of medicine and surgery may be said to have advanced with equal steps, and the professors of each have, with laudable emulation, availed themselves of all the improvements derived from the progress of anatomy, chemistry, and philosophy, which tend to advance the knowledge,

and improve the practice of their several professions ; which, as they intend the same purpose, to relieve the distresses and to promote the general welfare of mankind, are unquestionably entitled to equal confidence, rank, and estimation, a proposition, which no person, in this country at least, is at present disposed to controvert.

Considerable difference of opinion has arisen concerning the proper limits of the different branches of the profession. To me it appears, that the practitioners of surgery might be satisfied by conceding to them the treatment of all those diseases, which originate in dialysis, or solution of continuity, whether of the external or internal parts composing the structure of the living body. Let it be remembered, that this partition of the healing

art allots to the surgeon the treatment of every species of wound, fracture, and luxation, burns, bites, and excoriations, ulcers, fistulæ, cancer, caries, &c.; including, moreover, all diseases, which manifest their presence by external symptoms, as all the procedentia, or ruptures, every species of deformity, whether connate or acquired; of course the treatment of all excisions, or amputations, which are voluntarily submitted to with the view and hope of maintaining the life of the whole body, at the expense of the loss of a part, or with the purpose of preventing protracted misery by the infliction of pain, more acute for the time, but of comparatively short duration.

If among dialyses be comprehended the rupture of internal blood vessels, we shall consign to the surgeon the treatment

of a class of diseases not generally considered as pertaining to his province, as the discharges of blood originating from a solution of continuity of the coats of the internal blood vessels have been arranged by nosologists among the fluxes or profluviae, the treatment of which has in general been considered as belonging to the province of the physician. But as the use of the lancet can rarely be dispensed with in cases of active hæmorrhage, the point may be compromised by admitting the propriety of combining the science and skill of both branches of the profession in cases where their united efforts are frequently required to subdue disease and preserve life.

My object, in thus attempting to mark the limits of the different branches into which the medical profession has been

divided, is to enable me to point out more correctly to your notice the very different classes of phenomena, or symptoms, as they are technically termed, which severally demand the attention of the physician and the surgeon*.

It is now generally admitted, that all our ideas, all those at least concerning external nature, are conveyed to the perceptive principle through the medium of the senses. But the several senses do not transmit their impressions to the mind in the same manner. The senses more

* The difference between physic and surgery is quaintly stated in the following facete epigram, as Burton terms it, of Maximilianus Urentius : —

Chirurgus medico quo differt? scilicet isto,

Enecat hic succu, enecat ille manu :

Carnifice hoc ambo tantum differe videntur

Tardius hi faciunt, quod facit ille cito.

immediately subservient to the support of individual life, touch, smell, and taste, are excited by immediate contact of the substances, with the qualities of which they make us acquainted. But the eye is affected through the medium of the rays of light, and the ear through that of the vibrations of the air. The information derived from the former senses may be termed immediate, from the latter mediate. Of the former class of sensations, that chiefly employed in the investigation of disease is the touch, from which however the surgeon derives more knowledge than the physician.

To enable us to detect the nature of the various diseases to which the complicated structure of the human body renders it liable, it is our duty to cultivate the senses, through which we derive a know-

ledge of their nature; which, let it be observed, are, like all the other faculties of man, capable of being improved. We should endeavour to acquire the *tactus eruditus*, the *visus eruditus*, and now that it is found practicable to detect affections of the lungs by sounds produced by striking upon the thorax, also the *auditus eruditus*. But, after all, our knowledge of disease is rather drawn from inference than evidence; the phenomena, from which we are obliged to form our opinion, being altogether distinct from the causes in which they originate. Hence may be explained the reason why the testimony of medical men often appears so unsatisfactory, and even absurd, when adduced in courts of law, where direct evidence alone is admissible.

But the capacity of discerning the na-

ture of disease varies widely in different individuals. "Quicquid recipitur, recipitur modo recipientis." I have known instances of medical men, who even after long-continued experience could never clearly ascertain the nature and distinction of diseases, nor even put questions pertinent to their investigation; while others, as was said of the celebrated Fothergill, appear to possess an almost intuitive perception of the state of their patients. The possession or the absence of this faculty constitutes, in fact, the main difference between one medical practitioner and another. What Lord Bacon says of love seems applicable to disease: "Love," says he, "is not manifested by staring in the face, but is communicated by slight glances, and sudden quick sparkles of the eye."

Symptoms indicating deranged action, or disease, have been arranged under four general heads:—

Diagnostic, indicating the present state of the patient.

Anamnesic, relating to his previous state of health and habits.

Prognostic, or opinions respecting the probable event of the disease.

Pathognomonic, distinctive of the peculiar disease with which the patient is affected.

A variety of circumstances render it often difficult to elicit from patients the truth, which we wish to discover. Internal sensations are always obscure, and therefore difficult to express, and the perception of them is frequently disturbed by the presence of unhealthy action. Disease, existing in one particular viscus,

is frequently indicated by pain perceived in a distant part of the body : affections of the liver, for example, by pain in the shoulder. In examining patients, we have moreover to contend with anxiety of mind, with unintentional misrepresentation, arising from the object of our queries not being understood. Clearness of intellect too is more or less obscured by the presence of disease, and thus common forms of expression do not always convey the same ideas to the patient and the practitioner. Even the friends of patients frequently mislead by what they consider as well-meant misrepresentations respecting the previous habits and conduct of the sick person.

We should, therefore, be careful not to trust too much to the replies of patients or their friends to our verbal inquiries in

the investigation of disease, but in preference attempt to interrogate nature herself. Doubtless there exists a pathological physiognomy well worth the attentive study of the industrious practitioner. Every internal disease of a serious nature imprints upon the countenance of the patient a certain cast, or air, from which the attentive physician may derive an important diagnostic.

It is related of the celebrated Dr. Stoll of Vienna, that he could distinguish the trade of every artisan, who applied to him for advice, by the peculiarity of his manner. I am myself acquainted with an individual, who possesses a considerable share of this peculiar discriminative faculty. Let us reflect, that the veterinary practitioner, and those persons, who make infantile diseases the chief object of

their attention, have no other means of guiding their judgment than attentive observation. The possession of this discriminative faculty in perfection constitutes what has been termed the scientific tact, and forms, perhaps, the ultimate perfection of medical talent.

And here permit me to remark, that to whatever department of the healing art the student purposes to dedicate his future life, whether he enters the public service of his country by sea or land, or pursues his professional career in the walks of civil life, he will find himself much more frequently called upon to exercise the office of a physician than that of a surgeon. It becomes, therefore, his duty, as being immediately subservient to success in his professional exertions, to make himself intimately ac-

quainted with the symptoms and treatment of general and constitutional diseases*.

In order, Gentlemen, to render the enumeration of the symptoms indicating disease of practical utility, it is necessary to classify them under such associations as may facilitate their retention by the memory. The most obvious means of attaining this purpose appears to me to arrange them according to the principal functions, by means of which the life of organized beings is maintained, the de-

* I am acquainted with a respectable physician, long settled in civil practice ; but who, previously to the late war, accompanied a marching regiment as surgeon, during a period of twenty years, who states, that the most important operation he was ever called upon to perform was the amputation of a finger.

rangement or interrupted action of which, in fact, constitute disease.

The functions of the animal economy are generally divided into what are denominated the vital, the animal, and the natural. The animal department of nature is distinguished from the vegetable and the mineral kingdom, by the individuals of which it is composed being endowed with sensation or perception. It appears almost impossible, even in idea, to separate the notion of sensation from that of animal vitality. The susceptibility of pain is, indeed, requisite to avoid danger, and consequently to maintain existence. The possession of sensation again implies that of locomotion in various degrees. It would be imputing injustice to the Creator of the universe, to suppose him capable of forming a being

susceptible of pain, without at the same time providing it with the means of escaping from the cause of suffering. The living body is so constituted, that the internal functions may go on, even during the course of a long life, without our being conscious of their operations, but the very perception of their action furnishes a proof of its derangement.

Hence it follows, that the first question we put to a patient is, whether he feels any pain; and the next, where the pain is seated. Pain is indicative of various symptoms, according to its situation. Pain in the front of the head generally indicates fulness of blood; in the occiput, or hind-head, exhaustion, or nervous debility, frequently consequent to fatigue. The former is relieved by blood-letting and other evacuations, the latter requires

repose, cordials, and gentle opiates. Fixed pain seated over one of the eyes, which has been termed *clavus hystericus*, indicates torpor or debility of the stomach, generally removable by warm, bitter ecoprotics. Sudden darting pains in the head, more especially if accompanied with perception of heat on the hand being applied to the forehead, dilated pupil, and strabismus, or squinting, in young persons, is indicative of the approach of hydrocephalus, a disease requiring the most energetic remedies. This complaint is always accompanied with defective secretion, or dryness of the nose, indicating the use of sternutatories. Another pathognomonic symptom of this complaint is the sudden starting of a child from an apparently sound sleep, accompanied with a peculiar shrill scream, which, if once

heard, is not easily mistaken. Pain of the small of the back is the precursor of fevers, particularly of the eruptive kind, and often indicates disease of the uterus. Acute pain of the bowels indicates inflammation, diarrhœa, dysentery, &c. In all cases of constipation the abdomen should be carefully examined by gentle pressure with the hand. By this means we are often enabled to discover the presence of infarcted fæces, even subsequent to the exhibition of purgatives.

Acute pain seated in the thorax indicates inflammation, as pleurisy or peripneumony; if accompanied with a saline taste in the saliva, it is frequently the precursor of hæmoptisis.

Pain in the neighbourhood of the large joints indicates what is termed rheumatism; but if seated towards the middle of

the long bones, especially if aggravated during the night, there is reason to suspect the existence of latent syphilis, which should induce farther and very cautiously conducted inquiries. It is hardly necessary to observe, that a gnawing, or as patients very often term it a squeezing pain, accompanied with a bright redness of the part affected, indicates the presence of gout*. Aching of the knee is symptomatic of disease of the hip-joint.

Obtuse pain in the right hypochon-

* I take this opportunity of stating, that in many cases of gout I have seen the most decided relief from enveloping the part affected in a poultice containing a large proportion of camphor. The patient frequently falls asleep soon after it is applied, and wakes in comparative ease. I never knew any bad consequences result from this practice.

drium, darting towards the scapula and top of the shoulder, is symptomatic of torpor or disease of the liver.

A sense of pain and weight in the loins, accompanied with nausea, indicates nephritis, or inflammation of the kidney. When this symptom is accompanied with deficient secretion of urine, none being discoverable in the bladder by the catheter, it constitutes ischuria renalis, a disease, which in every instance, that has occurred to me, has proved fatal: the patient dies comatose.

A sense of pain and heaviness in the loins often precedes an attack of hemorrhoids, and the first appearance of the menses in females*. Pain seated at

* If at that critical period, when nature attempts to establish this important evacuation, females are confined to a sedentary life, or, from false notions of

the scrobiculus cordis indicates schirrus of the stomach or liver: if very severe, and accompanied with costiveness, the presence of biliary calculi. Patients complain of this kind of pain as peculiarly severe; and as it is frequently accompanied with great despondency of mind, they are apt to conceive themselves in imminent danger, which is not in reality the case. Relief is generally obtained from the use of the warm bath.

the presence of plethora, a low diet or purgatives are recommended, the most disastrous consequences frequently ensue. An instance recently occurred to me, of a young person at this time of life being restricted to a very low diet; the due evacuation did not take place, an enlargement of one of the mam-mæ ensued, which became a cancerous fungus of immense size, and, after submitting to a severe operation, terminated the life of the poor sufferer in the fifteenth year of her age.

Pain in the region of the stomach, accompanied with the discharge of considerable quantities of pellucid saliva, indicates the presence of pyrosis, or, as it is termed by that class of people among whom it most commonly prevails, the water brash. If the nature of this complaint be doubtful, it may be always ascertained by desiring the patient to swallow a small portion of ardent spirit, which, if the cause of the complaint be present, occasions a sharp burning pain at the upper or cardiac orifice of the stomach, the real seat of the disease. This complaint, the consequence of food deficient in nutrition, is increasing in frequency among the lower classes of sedentary artisans, probably owing to the more general use of tea and potatoes as articles of diet.

The recurrence of pain in a part for-

merly bitten by a rabid animal, even at a remote period, betokens the approach of that dreadful disease hydrophobia. Pain in the region of the uterus, in parturient females, accompanied with tension of the abdomen, and collapse of the mammæ, portends puerperal fever.

If upon attentive inquiry we find there be any deep-seated pain of long duration, we should endeavour to discover whether the patient has ever experienced attacks of rigour, or shivering, which are symptomatic of the formation and existence of purulent matter, or internal abscess.

When children, under a certain age, are observed frequently to put their hands to their mouths, cry much, and drivel, the gums should be carefully examined, and if there be any appearance of the protru-

sion of teeth, the gum should immediately be lanced with a proper instrument, so as to divide the thin bony lamina of the jaw, by which the nascent tooth is covered. Experience has convinced me, that many children perish from neglect of this trifling operation being properly and in due time performed. I have seen alarming convulsions, and many symptoms resembling those of hydrocephalus, removed, as by a charm, by thus liberating a tooth.

The limits of a Lecture preclude the possibility of my adverting to every disease, of which pain is a symptom.

The opposite of pain, insensibility, or defective perception of external impressions, constitutes also a symptom of disease. Such a state may indicate apoplexy, or fractured skull, and accompanies

somnambulism, or walking in the sleep. Insensibility is sometimes, although not always, an unfavourable symptom in malignant fever. It is worthy of observation, that a person, who has been deprived of his senses by a blow upon the head, will often involuntarily raise the hand and apply it to the part affected. Impaired sensation constitutes a genus of diseases in the Linnæan classification denominated *Privitivæ**.

Another essential condition of the existence of animal nature is a free inter-

* Persons, who repress their feelings, and do not complain during an operation, are less likely to recover than the contrary. The same observation applies to parturient females, those who make most noise have the best times.

“ The grief, that does not speak,
Whispers the o’er-fraught heart, and bids it break.”

course with atmospheric air. In the earliest rudiments of a living animal, some contrivance for maintaining a connection with air may be detected. It is truly said, "that every thing, which lives, breathes." If this intercourse with air be interrupted, even for a very short period of time, life is extinguished. A large, expanded, well-formed thorax evinces the truest indication of health and vigour, not only in man, but in every species of animated being. In forming a judgment of the capability of man to sustain privation and fatigue, or his fitness to perform the laborious duties of a soldier or a sailor, the capacity of the thorax should be particularly attended to. In affections of the lungs it is always proper to request the patients to expand the lungs, by making a deep and full inspiration, keep-

ing at the same time the fingers upon the pulse, and to note whether this action is performed with facility or with a painful effort, or affects the pulse.

It is an observation of Hippocrates, that if, in fever, the breath feels cold to the hand, it is an unfavourable symptom. In the real scurvy, the malignant sore throat, and in typhus fever, the breath is offensive. In phthisis the smell of the breath is rarely unpleasant. I have observed it to exhale a sort of sweet mawkish odour. In children, troubled with worms, the breath has a very peculiar odour, probably arising from that diseased state of the organs of digestion, which is the source of these *viventia inter viventem*.

All organic diseases of the viscera, contained within the thorax, are of a se-

rious nature, as freedom of respiration is immediately subservient to the support of animal existence. Foreign physicians are of opinion, that much knowledge of the nature of affections of the lungs may be derived from the percussion of the thorax; and for the purpose of conveying the sound they employ a peculiar instrument. If the thorax sounds as if it were hollow, the lungs are supposed to be sound. But if the percussion imparts the idea of solidity, there is reason to suspect adhesions of the pleuræ, the existence of water, or of purulent matter. Allowing that an experienced ear can detect such morbid affections, the discovery is of little moment, as art as yet possesses no means of removing such complaints, even if clearly proved to be present.

Another condition essential to the ex-

istence of animal life is the perpetual renovation of the ultimate principles, which enter into the composition of an individual. The whole of the organization of every living existence is in a state of perpetual flux. While every particle is renovated, the individuality of the whole is maintained by the predominance of the living principle. The organs of digestion, by which the process of renovation is performed, however important in themselves, are possessed of comparatively but an obscure share of sensibility. Were it otherwise, in place of assimilating, the stomach would instantly reject the mass of heterogeneous materials, with which it is too often offended.

A case lately occurred in the Hospital corroborative of this fact. A man had for many months been affected with dys-

pepsia, or rather complete loss of appetite, accompanied with extreme extenuation. He continued, however, to take small quantities of food, till the time of his death. On examination of the body, a large portion of the stomach was found converted into a hard schirrous mass, interspersed with dark-coloured tubercles, presenting altogether the character of cancer. In other parts of the stomach there were a number of apertures, which, during life, must have been connected by adhesive inflammation with the neighbouring viscera, by which the escape of the contents of the stomach into the abdominal cavity was prevented. Notwithstanding the existence of this mass of disease, the patient never made any other complaint, than of a dull burning pain at the pit of the stomach. But although

the organs, by which food is converted into nutriment, do not afford many very palpable indications of their state of disease; the means, by which the materials of nutrition thus assimilated or vitalized is distributed to the various parts of the body, has always been considered as affording the surest indications of the general state of health of the living organism.

From the most remote antiquity physicians have been accustomed to judge of the relative states of health, and of disease, by the pulsation of the arteries, so termed from the notion, that they were tubes for the purpose of conveying air. The physicians of Greece used to examine the state of the pulse by applying the back of the hand to that part of the

thorax where the pulsation of the heart is most discernible. By the Romans, however, it was known, that the pulse might be examined in various parts of the body. The fact is, that we may be said to create the pulse we feel, by our compression of the artery. If an artery, which extends for some length without sending off branches, as the carotid, be exposed and examined in a living animal, no alternate dilatation and contraction is discernible to the eye. But if gently compressed between the finger and thumb a pulsation immediately becomes palpable, caused by the slight obstruction formed to the successive undulations of blood ejected by the action of the heart. These pulsations form of course a measure of the number of contractions of the heart

in relation to any given duration of time*.

The state of the pulse may be explored in any part of the body, which admits of the artery being compressed against a subjacent bone, as at the temple, or on the edge of the inferior maxilla, the part where veterinary practitioners seek the pulse of their patients. By modern physicians the wrist is commonly selected

* How very little the important discovery of the circulation of the blood, which has justly immortalized the name of Harvey, has contributed to improve the practice of medicine has often struck me with surprise. The ancients, although ignorant of the circulation, drew equally accurate diagnostics from the pulse as the moderns; and the Chinese physicians, in this respect, seem far to excel those of Europe. The more modern discovery of the lacteal and lymphatic systems has thrown much more light on the nature and cure of diseases.

as the most accessible and convenient part to examine the state of the pulse.

The impropriety and indecorum of a physician immediately on entering a sick chamber seizing the arm of an invalid, and rudely applying his hand to the pulse, especially if a stranger to the patient, is abundantly obvious. The very presence of a medical man often agitates the nerves of a sick person so much as to occasion material aberrations from the real state of the pulse. Conceiving it impossible to offer more correct instructions for the conduct of a physician, on such an occasion, than those laid down by Celsus, I shall translate the passage from the work of that elegant writer.

“ It by no means,” says he, “ becomes a skilful physician, as soon as he enters the apartment of the sick, to seize the

hand of the patient. He ought preferably to sit down, and with a calm and compassionate countenance to inquire concerning his usual state of health; and if he perceives him to labour under any degree of timidity or depression of spirits, he should endeavour to sooth his mind by kind and encouraging conversation. After a proper interval, he ought in a quiet and gentle manner to apply his fingers in succession to the carpus. How frequently," he adds, "does the very sight of a physician perturb the pulse, the rhythm of which is liable to be deranged by a variety of slight circumstances."

Only a slight sketch of the various indications to be derived from the pulse can be attempted on the present occasion. The brief tract of the late respectable

Dr. Heberden affords an excellent example of strict philosophical disquisition on this subject. Bordieu's more extensive treatise, on the discovery of the crisis of diseases from the pulse, is chiefly translated from a still more voluminous work on the same subject by Dr. Solano, a Spanish physician, the study of which will amply repay the attention it demands. I have myself verified at the bed-side of a patient many of his minute, and what, perhaps, would be considered, by those who had not tried them by the test of experience, fanciful indications; and I have no doubt, that many more of his prognostics would be discovered to be founded in truth, by those who would carefully make the experiment.

The Chinese physicians, it is well known, have long had the credit of pay-

ing very particular attention to the pulse : they even pretend to derive a much more minute and accurate knowledge of the state of the sick from that source than European practitioners lay any claim to. I possess a small volume, professing to be a view of the Chinese mode of judging of the pulse, translated by some of the original Jesuit missionaries. The patient is directed to be laid in bed, with his arm resting on a small cushion. The physician must be seated, and both parties are enjoined to remain calm, silent, and collected. The fingers are next to be applied in due succession, one after another, in order to judge of the compressibility of the artery. The Chinese do not infer solely from the rapidity of the pulsations. Their mode is to compare the number of pulsations of the ar-

tery with the intervals of the respiration of the patient. The number of pulsations of a man in moderate health they consider in relation to the time of a natural inspiration and expiration. Four beats of the pulse, during this period, they consider as indicating perfect health. If it exceeds five pulsations it is considered as too quick; if under that number, as too slow, respecting good health*.

* In Barrow's scientific account of the Chinese embassy, there is a relation of a medical gentleman attached to the corps, who, being affected with chronic diarrhœa, determined to put the skill of the native doctors to the test in his own person. Having sent for a professor of the healing art, he put his hand out of bed, and requested to be informed what was his complaint. After a minute and attentive consideration of the pulse in various parts of the body, conducted in profound silence, and accompanied with all proper professional solemnity, the

It is required to reckon fifty pulsations in order to form a correct indication. Their chief divisions of the pulse are four : the superficial, the profound, the quick, and the slow. These they consider as having relation to the four temperaments, the choleric, the sanguine, the phlegmatic, and the melancholy. The doctrine of the temperaments at one time prevailed over the whole of the scientific world ; and it may be well to pause ere

doctor declared to him the nature of his disease. Then taking from one of the loculi of his medical chest, which always accompanies the doctor, carried by a servant, a small quantity of powder, tendered it to him as a remedy. The English surgeon, whose faith was strengthened by the truth of the prognostic, swallowed the drug, and speedily recovered. The Chinese doctor, satisfied with a very small gratuity for this specimen of his skill, retired, professing himself to be amply remunerated.

we discard opinions, which once held so complete a sway over the human mind.

The pulse may in general be considered as indicating the state of irritability of the living fibre; but many other accidents must be taken into consideration, besides the mere frequency of the beat. A physician of experience rarely makes use of a watch, which, by concentrating his attention merely to the frequency of the pulsations, distracts his attention from considerations of paramount importance. The late Dr. William Hunter used, in his admirable lectures, to ridicule this foppery of the stop-watch, then newly introduced, in a strain of happy irony*.

* As one of his few surviving pupils, the author cannot resist the present opportunity of recording his recollection of that peculiar union of taste, ge-

The pulse is full or small, in proportion to the quantity of blood circulating in the vessels: it is slow, quick, strong, or weak, in proportion to the vigour with which the heart contracts: hard or soft according to the tension and consequent resistance of the coats of the arteries. If the beating of the artery imparts a sensation similar to that of an elastic cord twitched under the fingers, whether slow or quick, the quantity of circulating blood may always be artificially diminished with safety and advantage.

The organic pulse, not easily described
nius, and urbanity of manner, which rendered his lectures on anatomy and physiology so attractive—a combination of gifts, in which he has not hitherto had a rival. The Doctor was the real founder of what is now termed the Hunterian school. A tribute to the memory of the dead cannot be deemed flattery.

in words, which Solano mentions, denotes the approaching crisis of disease, and is by him denominated the “*lapis lydius Apollini*.” He also notices the *pulsus myuris*, or the creeping pulse, tapering away under the fingers like the tail of a rat, always an unfavourable symptom. Farther knowledge of the pulse must be derived from personal experience.

The retention of the various substances, received into the stomach for the purposes of nutrition, within the living body is only of a temporary nature. When they have served their destined purpose, they are again thrown off or expelled. The functions of the living body, by which these purposes are effected, are termed secretion and excretion. These processes complete the circle of actions constituting the animal economy. These

living powers mutually compensate each other. Their regular operations constitute health; and the interruption of them disease.

In our inquiries concerning health, or the causes of disease, our attention should be particularly directed to ascertain the state of the various secretions, of the urine, fæces, saliva; and were we possessed of any easy and accurate means of discovering the quantity of the insensible perspiration (the daily amount of which surpasses threefold all the other secretions taken together), it should by no means be neglected*.

* A great proportion of the diseases, to which the inhabitants of this country are subject, are the consequences of checked perspiration, owing to the sudden vicissitudes to which the climate is liable, and perhaps still more to the artificial state of heat and rarefaction of the air, in which our private apartments

From the appearance of the urine it was formerly deemed possible to derive sufficient knowledge of the state of the animal economy, to enable us to ascertain the nature of many complaints from the inspection of that secretion alone; and doubtless much knowledge of the state of health may be derived from due attention to the state of the urine*.

Clear limpid urine, exceeding the and places of public resort are maintained during the winter. So that when people attribute their ailments to *catching cold*, which is, in fact, checked perspiration, they are giving an accurate physiological account of the cause of their disease, which indeed displays itself under various forms.

* That the urine affords a delicate test of the state of health is evident from its appearance being so easily changed by the ingesta, or the state of the digestion. Infusion of rhubarb taken into the stomach is often apparent in the urine in the course of an hour.

healthy quantity, is a diagnostic symptom of that class of diseases usually denominated nervous.

In order to enable a person to examine the urine with propriety, a portion of that passed first in the morning after sleep should be set apart in a cylindrical glass vessel. When this vessel is held between the eye and the light, if a cloudy appearance be observed suspended towards the top, it has been termed *nubes*, or *nubecula*; if in the middle, *enæorema*; if at the bottom, *hypostasis*.

From the respective stations of these *nubeculæ*, much useful information was formerly supposed to be, and doubtless may be derived. The *hypostasis* frequently indicates the crisis of fever, and a favourable termination of the disease. Small thread-like substances observed floating

in the urine are, in general, certain indications of recovery. Red particles, adhering strongly to the sides of the containing vessel, which patients commonly denominate a red sand, generally indicate disease of the liver. During a paroxysm of gout, the urine is commonly perfectly limpid, and deposits no sediment; but with the decline of the fit becomes extremely turbid, with copious deposit of flocculent matter. Such appearance encourages a hope, that some remedy may yet be discovered for this painful disease, as it appears to be connected with the suppression of some matter, that ought to be secreted from the system.

Quantity of urine greatly augmented, accompanied with sweet odour and taste, indicates diabetes. Let me observe, that, in this complaint, I have known advan-

tage derived from a total absence from sugar, and every kind of fermentation*.

Very important information, especially respecting the diseases of children, is to be derived from the inspection of the alvine discharges. Notwithstanding the old sarcasm, that "*Fæces et urina sunt medicis prandia prima*," no false delicacy or misplaced pride should deter a man, determined to discharge his professional duties conscientiously, from ascertaining by the evidence of his senses the real appearance of the *fæces*. No disgrace attaches to a professor of medicine for using every means within his power to ascertain the nature of disease. Such conduct does honour to his character, and

* Whether there be a predominant tendency to the acid or the alkaline idiosyncrasy in the constitution may be discovered by dipping a bit of test paper in the urine.

rarely fails to conciliate the confidence of his patient. The advice of that great improver of philosophical investigation, and accurate judge of human nature, Lord Bacon, may be cited in support of the opinion now advanced.

His lordship notes, that "men use commonly to take a prospect of nature, as from a high turret; and to view her afar off; and are too much taken up with generalities. Whereas if they would resolve to descend, and approach nearer to particulars, and more exactly and considerately look into things themselves, there might be made a more true and profitable discovery and comprehension. The remedy of which error is to go nearer to the object. And, therefore, there is no doubt, but if physicians, letting go generalities for a while, and suspending their assent thereto, would make

their approaches to nature, they would become more complete masters of their art, and better enabled to accommodate their means of cure to the various states and conditions of diseased action."

The condition of the stomach and alimentary canal, or the chylopoetic viscera, as they have been termed, are in general inferred from the appearance of the tongue, the inspection of which should never be omitted, in the examination of a patient. When the tongue appears parched without thirst in fever, or is affected with a tremulous motion, it is an unfavourable symptom. When red and tremulous it betokens the approach of diarrhœa. When extremely red in inflammatory sore throat, or pleurisy, it is symptomatic of danger. A thin, dark-coloured pellicle, extending along the centre of the tongue, indicates, I think, the presence of hydro

thorax. I have observed this symptom to vanish when the fluid was temporarily removed by the operation of active remedies, and reappear when effusion again recurred. A foul, or loaded tongue, is commonly supposed to indicate the necessity of purgatives. In many instances this is certainly the case. In that species of fever denominated gastric, or bilious, as it occurs in this country, the tongue is in general very much loaded; but under the action of frequent purging, I have observed this appearance to increase; and, if the evacuant system be persisted in, the patient sinks, and death ensues. This fact particularly demands the attention of the younger practitioner; for if the strength of the patient be duly supported by cordials, and light nutritive diet, the disease, which under proper treatment is rarely dangerous, subsides by degrees, and

the patient will, in general, gradually, although slowly, recover.

Thirst is symptomatic of indigestion; frequently a precursor of dropsy, although drinking freely of weak liquors is not, as is vulgarly thought, a cause, but a concomitant of that complaint. Deficient appetite accompanies, but does not cause fever. An unnatural craving for food is often the precursor of disease, especially of apoplexy*. Celsus very judiciously observes, that a change in appearance of the person, even for the better, indicates the approach of disease. “*Ante adversam valetudinem, ut supra dixi, quædam notæ oriuntur, quarum omnium commune est, aliter se corpus habere atque consuevit; neque in pejus tantum, sed etiam in melius.*”

* A voracious appetite in children indicates scrophulous obstructions in the mesenteric glands, and is an unfavourable symptom.

Ergo si plenior aliquis et speciosior, et coloratior factus est, suspecta habere bona sua debet."

In chronic, and indeed often in acute diseases, an eager craving for food is frequently the precursor of death: this fact is so familiar to the common people of the North, that it is commonly called the *yeard hunger*. The immediate approach of death is frequently indicated by a strong propensity to exonerate the bowels, and sick persons often expire during the effort. I think I have observed several instances of death being accelerated by the injudicious exhibition of an irritating cathartic, in cases of extreme debility.

Medicine, like all other sciences indeed, appears to have originated in Egypt. The leisure, which the peculiar

situation and climate of that country imposed upon its inhabitants during a certain season of the year, may, perhaps, account for the singular development of their intellectual faculties.

The state of medicine in Egypt, as described by Herōdotus, might answer almost equally well for an account of the condition of the healing art, as it exists in this country at the present day.

“ Every distemper,” says the father of history, “ hath its own physician, who confines himself to the study and cure of that alone, and meddles with no other ; so that all places are crowded with physicians ; for one class hath the care of the eyes, another of the head, another of the region of the belly, and another of occult distempers.”

Diodorus, speaking of the Egyptian

physicians, says, "they prevent distempers, and keep the body in health, by refrigerating and laxative medicines, by abstinence and emetics. They hold a superfluity in food as the original of all distempers, which, being prevented by the above-mentioned regimen, greatly contributes to maintain the body in health."

Joseph is said to have had physicians even among his servants. "And Joseph commanded his servants, the physicians, to embalm his father's body; and the physicians embalmed Israel." And the prophet Ezekiel describes balm as being brought from Gilead by a virgin, the daughter of Egypt.

One of the terms most commonly used in the medical language of the present day is Egyptian. The epithet applied to malignant fever, typhus, is derived

from typhon, which means, in general, the evil principle. Typhon was represented at certain seasons of the year as contending with the Sun, and in as far as the evil principle overcame the good, disease prevailed among mankind. This allegory conveys precisely the same notion of the origin of malignant fever, as is assigned by the prevalent medical theory of the present day. When the stagnant waters left by the inundation of the Nile began to be exhaled by the sun, the endemic diseases of fever and dysentery became prevalent, and were said to be produced by *τύφωνος εκπνοας*, the blasts of Typhon, the same which are now denominated marsh miasmata, the exciting causes of the fever, which proved so fatal at Walcheren, and has more recently drawn public attention to the Millbank Penitentiary,

where the two great sources of malignant fever, marsh miasmata and human effluvia, became unhappily combined.

The term defluxion, which in some parts of this country is still applied to catarrhal affections, is a relic of the same ancient opinions; diseases were then supposed to be caused by effluxes of the stars or planets.

To the same remote source may be traced the origin of the doctrine of critical days; a doctrine, which, if at one period it attracted too much attention, seems at present to have fallen into unmerited contempt.

It is a singular trait in the philosophy of the human mind, that the most abstruse and difficult of all sciences, that department of knowledge, which in a peculiar manner evinces the existence of intellect,

and exalts man far above the animal creation, astronomy, should in Egypt have attained a degree of perfection hardly surpassed at the present day. The origin of the zodiacal symbols has never yet been satisfactorily accounted for. Medicine was originally considered and studied as a branch of philosophy. “*Primoque mendendi scientia, sapientiæ pars habebatur**.” But the philosophy of those times was chiefly occupied in the study of astronomy, a science, which, as determining the proper periods of the labours of agriculture, was essentially necessary to ensure the support of human existence.

A connection between the several periods, as well as the total extent of human life, with the revolutions of the

* Celsus.

planetary bodies, must early have been evident to persons versed in astronomy. They could not avoid observing, that the duration of life was commensurate with a certain number of the revolutions of the earth round the sun, while other vicissitudes in the animal economy seemed more nearly connected with the various phases of the moon.

From the sacred Scriptures, whence we derive our most accurate acquaintance with the knowledge of the Egyptians, we learn, that “God created lights in the firmament of heaven, to divide the day from the night; and appointed them for signs, and for seasons, and for days, and for years.” And as man’s life is made up of days, and of years, and his health is influenced by the seasons, it was natural

to conclude, that his welfare might be catenated with the apparent positions of these luminaries.

Let us consider how far these general opinions are connected with facts. We have already seen, that the age of man is comprised in seven decades of revolutions of the earth round the sun. Why this period should limit the duration of human life we can assign no other reason, than that such is the will of the Creator of the universe.

Hippocrates, who is well known to have been a disciple of the Pythagorean philosophy, which again was derived from Egypt, divided the life of man into seven ages ; a doctrine, which has been so embalmed in the poetry of Shakspeare, as to be familiar to every reader of the English language.

The father of physic moreover taught his disciples, that certain phenomena of disease were connected with the lunar changes. The synodical, or mean period of a lunation, is four times seven, or twenty-eight days. Each of these septenary periods he again divided into three days and a half; and each of these periods he considered as decretorial, or indicative of some change in the state of the patient for the better or the worse.

Unquestionably the physicians of antiquity were better enabled to determine the periods of febrile diseases than the moderns, in as far as they did not attempt to arrest the course of disease by the administration of active remedies, but contented themselves with watching the progress of nature, and regulating or aiding her curative efforts. And, as far

as my experience enables me to judge, I have observed, that, in cases where the disease is allowed to pursue its regular course and terminates in recovery, relapse is less frequent, and the health of the patient is more completely re-established than when the natural progress of the disease is counteracted by the administration of medicine*.

These observations peculiarly apply to the treatment of typhus fever, as occurring in this country. If by the proper admi-

* The authority of the sagacious Sydenham is decidedly in favour of permitting fevers to pursue their natural course. “Cujus ope viam paulatim prætentantes, ægrum in tuto possumus collocare, modo ne plus satis properemus; qua quidem festinatione nihil ego quidquam exitiusius esse autumo, nec re ulla alia febricitantium plures vita spoliare.” Sydenhami Opera,

nistration of cordials, the free admission of pure air, cold ablution, &c., the patient be kept alive until the twenty-first day, recovery may confidently be expected, and by the twenty-eighth day ultimate convalescence may be depended upon.

To exemplify the doctrine of critical days, as applicable to a regular febrile disease in this climate, let us take a case of natural small pox. On the seventh, or, at farthest, on the eighth day from the time of infection, the eruption is completed, and the pustules full of matter; by the fourteenth day the scabs generally desquamate; and on the twenty-first recovery may be considered as complete. Now, although by one mode of treatment this disease will terminate favourably, while, under another, or improper one, death will ensue, it will hardly be con-

tended, after the first rigour has denoted the approach of fever, that any interference of art could have arrested the natural progress of the disease.

Uterogestation, and its subsidiary functions, appear to be influenced by, or at least connected with, the periods of the lunar phenomena. In the healthy human female, menstruation recurs every twenty-eight days, coinciding with the synodical, or mean time of a revolution of the moon. If twenty-eight be multiplied by ten, it gives ten lunar months, the precise time of healthy gestation*. Accurate observa-

* That ten lunar months is the true period of gestation is noticed by the author of the Wisdom of Solomon, "In my mother's womb was I fashioned to be flesh in the time of ten months." It is curious, that this period is composed by adding together the units of which the number seven is composed.

$$1 + 2 + 3 + 4 + 5 + 6 + 7 = 28.$$

tion has proved, that in a great majority of healthy females, the menstrual periods coincide with the full or the change of the moon; such as deviate from these times may be considered as irregular*.

* The following observations, taken from the Medical Surgery of the judicious Kirkland, will, I trust, be found deserving the attention of the student of midwifery. Respecting the influence of the moon on women in labour, he observes, “ talking of the opinion respecting the influence of the moon upon the human body, with a clergyman of Gloucestershire, a man of learning and a clear understanding, who had made observations many years upon what happened in her different motions: among other things he found, that the symptoms of parturition very frequently came on at her southing, or at the opposite point; that if they went off, or lingered for a time, they returned at these periods, as regularly as the moon, till the work was accomplished; and so great an adept was he in this species of augury, that being consulted by his rural neighbours, when they had reason to expect the event, he was able to foretel at

The medical philosophy of the present day rejects the opinion, that there is any what time their herds would increase. He brought his son up to surgery and midwifery, who, in consequence of the instructions he received from his father, attended to these circumstances in his practice at Gloucester, and found they very often corresponded with the observations the old gentleman had made, when there was no impediment in the way. If a woman, for example, be taken slightly in labour about five in the morning she will probably linger all day, the labour pains will increase with vigour by six in the evening, and parturition be completed.

“ If the woman is at her full time, and every thing in proper order for a happy delivery, it will often be completed by the first impression made by this planet.

“ If, from the peculiar situation of the fœtus, more time is required ; at whichever period of the moon the labour begins, it will go on twelve hours and a half, or thereabouts, which is the time she takes to gain the opposite point, and will then, per

connection between the paroxysms of the maniac, and the phases of the moon. It is difficult, however, to comprehend why the term *σηληνιτικοι*, equivalent to moon-struck, or lunatic, should have been applied to persons thus affected from the
haps, terminate; or double that period may be requisite. I have often kept my patient and the family in temper and spirits by my predictions through a tedious labour, which is a matter of no small concern in the practice of midwifery. In short, every old woman in the kingdom knows, that women after falling into labour often get better, and go on to the opposite hour, or, perhaps, near twenty-four, or forty-eight hours longer, soon after which the pains recommence with vigour, and nature finishes her work.

“ In warm climates it is a common observation, that persons labouring under dangerous diseases die about the turn of the tide; this period of course coincides with the southing of the moon.”

most remote antiquity, unless there existed some foundation for the opinion.

Buffon observes, that the natural duration of the life of every animal is determined by multiplying seven times the period required by them individually to arrive at maturity, or ability to propagate their species*.

* The following septenary periods of human life are copied from a work by the celebrated Stahl : —

“ A seven months’ child will live. If a child breathe freely the seventh hour after birth, it will survive. The seventh day, the remains of the navel string drop off. At twice seven days a child notices the light. At thrice seven observes objects, and follows them with the eyes. At seven months the teeth begin to appear. At twice seven months, begins to walk. At thrice seven months begins to utter words. At four times seven months walks alone. At seven years the teeth are renewed. At twice seven years the beard appears. At three times

Certain phenomena of the animal economy are also associated with the diurnal revolution of the earth round its own axis, the cause of the alternations of day and night; such as the recurring necessity for sleep, the desire for food, and for exonerating the intestines. This period may again be subdivided into three of eight hours each, in which certain changes of minor importance may be noticed. About eight o'clock in the morn-

seven years the body attains full growth. At four times seven life is in perfection, and till five times seven continues so. At six times seven the strength and health begin to fail. At seven times seven the mind has attained maturity. Ten times seven is the full age of man; after which period life in general is only trouble and vexation." Blumenbach observes, that a large proportion of persons, who attain old age, die in their 84th year = 12×7 .

ing a slight acceleration of the pulse takes place, which subsides about ten; and again recurs at one o'clock, and continues till three; and a third time about six in the evening, and continues till bed-time. These slight accesses of fever become more conspicuous in the hectic habit; and in the treatment of delicate constitutions it becomes of importance, that the times of meals should be so regulated as not to interfere with, and consequently to increase these paroxysms. The attack of tertian intermittents is found to coincide with the morning paroxysm of fever, and that of quartans with the evening.

Care should be taken to distinguish the rigour, which precedes the attack of fever, from that by which the commencement of internal suppuration or deposition of pus is indicated. Two instances have come

within my knowledge, in which a practitioner was so far deceived by an access of rigour as to prescribe an arsenical preparation for the cure of ague, which in one case was symptomatic of suppuration of the testicle, and in the other of lumbar abscess.

To some I may doubtless have appeared to have dwelt longer on these doctrines concerning the periods of disease than the importance of the subject demands. Such, however, were the opinions anciently held by men possessed at least of an equal share of wisdom as ourselves, and certainly not less attentive to the phenomena of disease. On these data were founded the prognostics of the physicians of antiquity, a department of the knowledge of medicine in which they seem to have far excelled the moderns.

I have found a certain degree of attention to them an useful practical guide to myself, and would recommend an attentive observation of them to every student of medicine, more especially to those, whose duty may call them to exercise their profession in tropical climates; in such climates these doctrines originated; and, as we approach the equator, the influence of the planetary bodies will certainly be found to augment*.

Unnecessarily to multiply our questions is always distressing to a patient. Irritability of temper is generally the concomitant of disease, and I have often observed, that sick persons will frame such replies as you seem to expect, rather than be teased with a protracted examination.

* For a detailed and accurate account of these phenomena, see Balfour on Sol-lunar Influence.

This is probably one reason why many persons resort to those, who pretend to discover the nature of diseases from the inspection of the urine alone, without asking any questions. Patients are moreover prone to consider too many questions as implying ignorance of the nature of their complaint. A lady once asked me, in a peevish tone, how those persons, who cured horses and dogs, found out what was the matter with them. We should, therefore, carefully endeavour to make ourselves acquainted with every obvious indication of disease, that may tend to diminish the necessity of troubling our patients with a multitude of interrogatories.

A variety of appearances indicative of the relative states of health and disease are afforded by the organs of vision. A

yellow tinge of the cornea indicates some derangement of the organs subservient to the secretion of the bile.

A dark blue or unclean appearance of the same part is a pathognomonic symptom of diseased spleen. I discovered the certainty of this symptom in consequence of having an opportunity of seeing a number of men, who returned from the unfortunate expedition to Walcheren. In all of them this peculiar colour of the cornea was strikingly obvious. The bodies of almost all, who died, were examined, and in every case the spleen was found diseased and enlarged, in some cases weighing not less than nine pounds.

When the cornea appears of a pearly whiteness, accompanied with an expanded pupil, hollowness of the temples, the teeth generally sound, but with a bluish tinge,

a tendency to phthisis pulmonalis may always be suspected.

A peculiar bright sparkling appearance of the eyes, together with hurried and irregular motions of these organs, denote the approach of delirium or insanity. The presence of the latter disease is peculiarly indicated, according to the observations of Dr. Haslam, by a laxity of the integuments covering the occiput.

A dull, prominent eye, betokens a propensity to apoplexy, as does also enlargement and fulness of the tongue. In advanced life this complaint is frequently produced by venous plethora: in such cases blood-letting is by no means always indicated as a remedy.

Distended pupils indicate diminished irritability.

Thickness of the eye-lids and alæ nasi

are symptomatic of scrofulous diathesis. When this fulness of the eye-lids is accompanied with redness on the margins, caused by inflammation of the ducts of the sebaceous glands, it generally betokens a propensity to over-indulgence in fermented or distilled liquors. It is frequently of importance, in relation to the treatment of disease, to ascertain whether the fact be so, without making any direct inquiries, which in such cases are very apt to give umbrage, especially to female patients. The truth may often be detected by indirect queries; such as, whether they are fond of tea. The habit of indulging in spirituous potations impairs the inclination for the weaker beverage. The Chinese have a proverb to this effect, "The man, who does not love tea, covets rack." Even the particular kind of intoxi-

cating liquor, to which a person is addicted, may frequently be surmised from the physiognomy. Indulgence in vinous potations produces turgidity of the eyes, and a dark red inclining to purple hue of the complexion. Beer, a yellow, bloated countenance, enlargement of the abdomen, and slowness of muscular action, well exemplified in the general condition of the draymen of London. Gin gives a leaden colour, deadness of the eye, emaciation, great depression of spirits, and diminution of muscular power. Brandy produces a peculiar ferocity of temper.

I have been enabled to detect a secret attachment to the use of opium, a habit daily gaining ground in this country, from a peculiar, flaccid, greasy state of the skin, and a singular intolerance of light.

Colica pictonum is attended with a pe-

culiar wasting of the muscles forming the ball of the thumb.

Itching at the point of the urethra is frequently symptomatic of stone in the bladder.

Some years ago I attended an officer possessed of great firmness of mind. His complaint was supposed to be a disease of the kidney. While he slept I had frequently observed his lower lip to become suddenly pale, accompanied with slight convulsive motion in a lateral direction. After death, one of his kidneys was found converted into a bag of pus. On consulting Morgagni, I found this peculiar appearance mentioned as a diagnostic symptom of diseased kidney. Hence may be inferred the advantage of paying a minute attention to the science of Symptomatology.

Redness of the nostrils, accompanied with an inclination to pick them, indicates the presence of worms in the intestinal canal.

I have observed, even in the worst species of fevers, when many unfavourable symptoms were present, that if any appearance of eruption or scabbiness appears about the margin of the lips or alæ nasi, recovery is not to be despaired of.

An aphorism of Hippocrates states, that in general, if a patient, labouring under any serious disease, yawns, or coughs, or sneezes, or any other involuntary action takes place, recovery may be expected.

Doubts have been entertained respecting the existence of a tendency to hereditary disease. Such scepticism appears to have originated rather in the affectation of singularity, than from the

spirit of truth, and the observation of nature. The existence of hereditary virtue is generally acknowledged. “Fortes creantur fortibus.” Certain families are celebrated for virtue, for valour, for genius. Why then should we doubt, that others may be prone to infirmities and defects. Does any one question the evident resemblance of children to their parents? Is not the circumstance of an extra finger, or even of a peculiar mark upon the skin, observed to descend from generation to generation? A resemblance in the mental qualities of children is no less obvious than in their bodily conformation. Upon this influence of the constitution of parents upon their offspring depends the whole system of improving the breed of animals. Why then entertain any doubt, that children are born with a disposition to

the diseases of their parents, both corporeal and mental? These diseases do not indeed disclose themselves until certain periods of life, when children may be said to occupy, as it were, the place of their parents in society. Of certain families the lives of individuals never exceed fifty years. Others at certain periods of life are attacked by paralysis, phthisis, or insanity. A hereditary disposition to scrofula will hardly be questioned. Certain families are liable to cancer, a tendency to which is said to be indicated by a dusky skin, accompanied with a florid complexion.

But the tendency to peculiar hereditary disease is mainly discoverable by attending to the structure and conformation of the nails. The organization of these parts is analogous to that of the horns of animals. Formerly they were termed the

spermatical parts, as being formed from the seminal principles of parents*. The various breeds of cattle are distinguished by the structure of their horns, and in like manner the resemblance of children to their parents is especially marked by the relative appearance of their nails. A child will invariably be found chiefly disposed to the diseases of the parent, whom it mostly resembles in the formation of the nails. The children of Mulattoes, and even of Negroes, when recently born, are nearly as fair as the offspring of Europeans in tropical climates, but even at that early period experienced native midwives can accurately ascertain the purity of the blood, by carefully examining the nails.

* Vide Brown's Vulgar Errors.

From no circumstance are we enabled so accurately to determine the predisposition to pulmonary consumption as from the unciform configuration of the nails. If a child inherit this peculiar structure of nails from a parent, who has died of phthisis, escape from a similar fate is hardly possible. It has been observed, that young persons addicted to the habit of biting their nails are prone to pulmonary consumption. Another diagnostic symptom of phthisis is the patient's confident hope of recovery. Of this I lately witnessed a striking example in a young lady, who insisted on her mother ordering a very expensive dress only three days previous to her death.

It is an unfavourable omen when the countenance of a sick person assumes a

strong resemblance to that of either parent, not, perhaps, observable during health.

Dropsy and diabetes, which has aptly been termed *hydrops ad matulam*, are sufficiently obvious to the senses of sight, touch, and taste.

It is the duty of the professors of medicine to investigate the nature of disease with a clear, unbiassed understanding, unprejudiced by theory, and influenced alone by a direct purpose to discover the truth. We ought carefully to be upon our guard against what Lord Bacon terms the *idolæ mentis*, the influence of which he considers as constituting one of the chief impediments to the advancement of human knowledge. An idola, or notion, may consist in referring every phenomenon to some preconceived theory, which has

obtained possession of the understanding. Some practitioners, for example, suppose, that in this climate every anomalous form of disease may be referred to a scrofulous diathesis. Others, that all irregular constitutional complaints originate in a gouty disposition. When the nature of the venereal disease was not so well understood as at present, all undefined complaints were referred to some relics of that complaint lurking in the constitution. Boerhaave laid it down as a practical axiom, "*in dubio suspica luem.*" Fifty years ago the diseases of persons of fashion were termed nervous; delicacy of the nervous system being at that period considered as indicating refinement of manners. In the days of queen Elizabeth those slight irregularities of mind, which manifest their existence by oddity of man-

ner, and complaints of unreal diseases, were attributed to deranged structure of the spleen. The proper use of that organ being equally unknown then as it continues to be at the present day, conjecture made it the seat of certain diseases: the singular man was characterised as “one, whose spleen outweighed his brains.”

The present prevailing theory attributes a great portion of anomalous complaints to irregularities in the biliary secretions. The importance of this secretion to the animal economy may indeed be inferred from finding, that the organs subservient to its formation pervade the whole range of the animal creation. The derangement of functions so essential to vitality cannot fail to be productive of disease. The existence of disease of the liver is by no means, in all cases, to be discovered by

external examination in the living body, although such examination should certainly not be omitted, for many complaints of the liver originate in torpor of that viscus, which is frequently connected with diminished bulk. No doubt this opinion has derived considerable support from the number of persons, who of late years have returned from India in reality affected with liver complaints. Such persons are in general wealthy; and, as wealth confers distinction, people are contented to be told, that they labour under complaints, which are common among persons of rank and fashion. Until the late Dr. Heberden exposed the fallacy of the opinion, persons used to be flattered by being told, that their complaints originated in a tendency to gout. But why the inhabitants of this country should be more

prone to biliary complaints than they were sixty years ago, it would be difficult to assign a satisfactory reason*.

We should also be careful not to excite artificially the feelings of a patient, and

* It is difficult to account for the prevalence of liver complaints in India. The warmth of the climate will not alone account for the fact. The climate in the Brazils, as being nearer the equator, is much hotter; but diseases of the liver are by no means common. Neither can intemperance be considered as the exciting cause, as persons, who drink water alone, and even dogs carried from this country, are equally liable to affections of the liver. I have heard an opinion advanced by a person of great experience, who had long resided in India, that liver complaints originated in the use of unwholesome water. This is the opinion of the natives, among whom those who can afford it are very attentive to the quality of the water they use in diet. The *scelera aquarum* are not sufficiently attended to.

thence to infer the existence of disease. This, perhaps, is occasionally effected by handling the hypochondria, or other parts where we may suppose disease to be seated, too roughly; and if the patient shrinks from, or expresses uneasiness at such examination, to infer that a disease is in reality present, which we in fact produce.

Experience has convinced me, that a great proportion of those cutaneous complaints, upon the classification and delineation of which more pains have of late been bestowed than upon the means of curing them, are in fact connected with irregularities of the biliary secretion, and are most effectually removed by rectifying their functions. Persons, who live on wholesome food, and use sufficient exercise, are rarely troubled with cutaneous defecations. The source, too, of many

aberrations of intellect, nervous complaints, as they are termed, may more certainly be detected by attending to the state of the biliary organs, than by dissecting the brain.

It behoves medical men also to be upon their guard against wilful deception on the part of certain descriptions of patients. Such as attempts to conceal pregnancy, affectation of epileptic fits, and similar impostures. Attempts at such deception are of frequent occurrence in the army and navy, where men, pretending to be afflicted with fictitious complaints, in order to shun the execution of their duty, are denominated malingerers. As many of these deceptions are occasioned by swallowing tobacco, which taken into the stomach produces all the effects of narcotic poison, their reality is extremely

difficult to detect. A frequent source of imposture in charitable institutions arises from the natural wish of persons in distressed circumstances to pass some part of the cold of winter in the warmth and comfort of an hospital, a place not intended for the reception of poverty, but of disease.

Eyes sunk, collapsed temples, pinched nose, ears cold and contracted, the lips livid, a pale and dirty state of the skin, appearances, which having been first pointed out and grouped together by the father of physic, have been termed the "facies Hippocratica," coldness of the breath, a propensity to sigh and shed tears, with floccitation, or an inclination to pick the bedclothes, are the immediate harbingers of dissolution.

To these symptoms may be added the

state of the mind, as depicted by the acute and accurate Aretæus: "The senses are highly acute, the powers of the mind active, and the sick are disposed to foretel future events. First of all they foresee, that they are about to enter upon another life, and then they foretel to the bystanders things yet to come to pass. They, indeed, sometimes think these vaticinations the effect of delirium; but upon the occurrence of the events foretold men are astonished. Some also address their conversation to those already departed from this life; readily discover their presence by their quick and refined sensation; the soul easily distinguishing and holding conversation with the men with whom they are to associate; for before it was immersed in turbid humours and darkness, but after the disease has exhausted these humours, and removed the

cloud from their eyes, they perceive aerial beings; and the soul, being now disengaged from all corporeal impediments, they become true prophets. But those, who have arrived at this degree of exhaustion of humours and refinement of intellect, do not very long survive, the powers of animal life being already dissipated."

In the intercourse, which necessarily takes place between medical men and their fellow-creatures, when oppressed with sickness and with sorrow, it may appear almost superfluous to recommend a due degree of attention to humanity of conduct. Indeed, in many instances of human suffering, a considerable share of resolution is required to enable us to maintain that share of firmness of mind necessary to enable us to discharge our professional duty with propriety. Our

firmness should, however, be always blended with gentleness.

As early as the age of Hippocrates, the propriety of observing a due decorum in the conduct of the physician was well understood, as may be observed in the elegant treatise of that ancient author, concerning the vesture and demeanour becoming the profession*. Galen acquaints us, that with a view to compose his mind into a proper frame for the discharge of his professional duties, he used to repeat to himself, morning and evening, the golden verses of Pythagoras. Temperance and prudence are virtues essential to the medical character.

Neither in the records of ancient Greece nor Rome do we find mention made of any charitable institution for the relief of the poor or the sick. The stern republicans

* De Medico, et de Decenti Habitu.

of Rome sent their unfortunate slaves, when afflicted with hopeless sickness, to perish upon a desert island in the Tyber.

The first hospital for the sick, of which any account has been preserved, was established at Jerusalem by a devout Christian lady, named Paulina, for the reception and relief of such pilgrims as became afflicted with sickness during their visit to the holy sepulchre. They were attended and succoured by a set of lay-monks called the Brothers of St. John of Jerusalem, the origin of the far-famed Templars, or Knights of Malta, who during many ages were equally celebrated for their skill in curing wounds and treating diseases, as for their intrepid courage and undaunted bravery*.

* To the poor man an hospital proves a most welcome and useful asylum, not only on account of the medical treatment he there receives, which,

As those beneficent institutions, now so generally diffused over the civilized world, however, is for obvious reasons better than what falls to the share of persons in the common ranks of society, but from his being maintained in an equable and proper temperature, and constrained to regular habits of life ; still more by removing him from that state of anxiety of mind and depression of spirits, which sickness necessarily occasions in the families of the poor. The same advantages are not derived from Dispensaries ; it is, therefore, to be regretted, that the contributions of the charitable should be diverted from the support of Hospitals to establishments of such inferior utility.

The necessity of a knowledge of anatomy to the science of medicine is incontrovertible. A fervent zeal for professional knowledge can alone induce youth to submit to the drudgery of so disgusting a study. That this pursuit should be impeded by the enormous expense at present attending upon it in this country, presents a formidable obstacle to the progress of science. I could never see any valid reason, why the bodies of persons dying in charitable institutions, who are without friends to defray

originated with the promulgation of Christianity, the fundamental virtue of which is charity, and have been augmented in proportion to the diffusion of the Christian religion, the best foundation of medical morality will be found in a sincere conviction of the truth of, and a practical faith in the doctrines of him, who has been justly termed the Great Physician.

Whatever opinions a man may pretend to maintain during the buoyancy of health, when afflicted with disease, those doctrines, with which the minds of a great majority of persons in these countries have been imbued in their early years, revert to the support of suffering human the expense of their funerals, should not, by the interference of the legislature, be rendered available to the improvement of medical knowledge, thus making some compensation to the public for the money expended in their eleemosynary support.

nature ; and few circumstances have more tendency to aggravate the feelings of the sick, than to hear them treated with levity or ridicule.

Death has been justly said to level all distinctions ; and during the progress of disease, which forms one of the many avenues leading to that awful consummation, a tendency towards this final equalization of conditions is easily discernible. The high and the low, the rich and the poor, stretched upon the couch of sickness, equally claim, and are equally gratified with those testimonies of humane feelings, which indicate a due attention to their situation, and manifest a sincere inclination to alleviate their sufferings.

I have frequently doubted whether medical men were justified in upbraiding persons, who seek relief from public charities, with those aberrations from the

paths of morality, which may have reduced them to distress. The poor and afflicted are in general sufficiently aware of their own misconduct; and irritating interrogatories frequently elicit peevish and unsatisfactory replies, even to our best intended queries. A physician is not strictly speaking the moral, but the medical reformer of his patients. The "*sacer est miser*" should be a maxim ever present to the mind of the officer of a public charity. The "*vultus quasi miserantis*," a countenance as if commiserating the frailties of human nature, attributed to the fathers of Solomon's House by Lord Bacon, in his new Atlantis, aptly denotes what ought to be the deportment of a physician.

As we can never be sure what description of persons may be reduced by distress to apply for charitable relief, we

should bear in mind the anecdote related by Menage of a man of learning, who having been compelled by the combined afflictions of poverty and disease to seek an asylum in the Hotel Dieu; when he heard a physician observe to his colleague, in a language, which they little supposed was intelligible to the unfortunate patient, "Fiat experimentum in corpore vili," immediately rejoined, "Corpus non tam vile pro quo Jesus Christus haud dedignatus est mori."

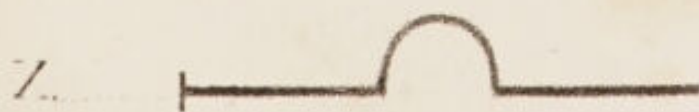
FINIS.

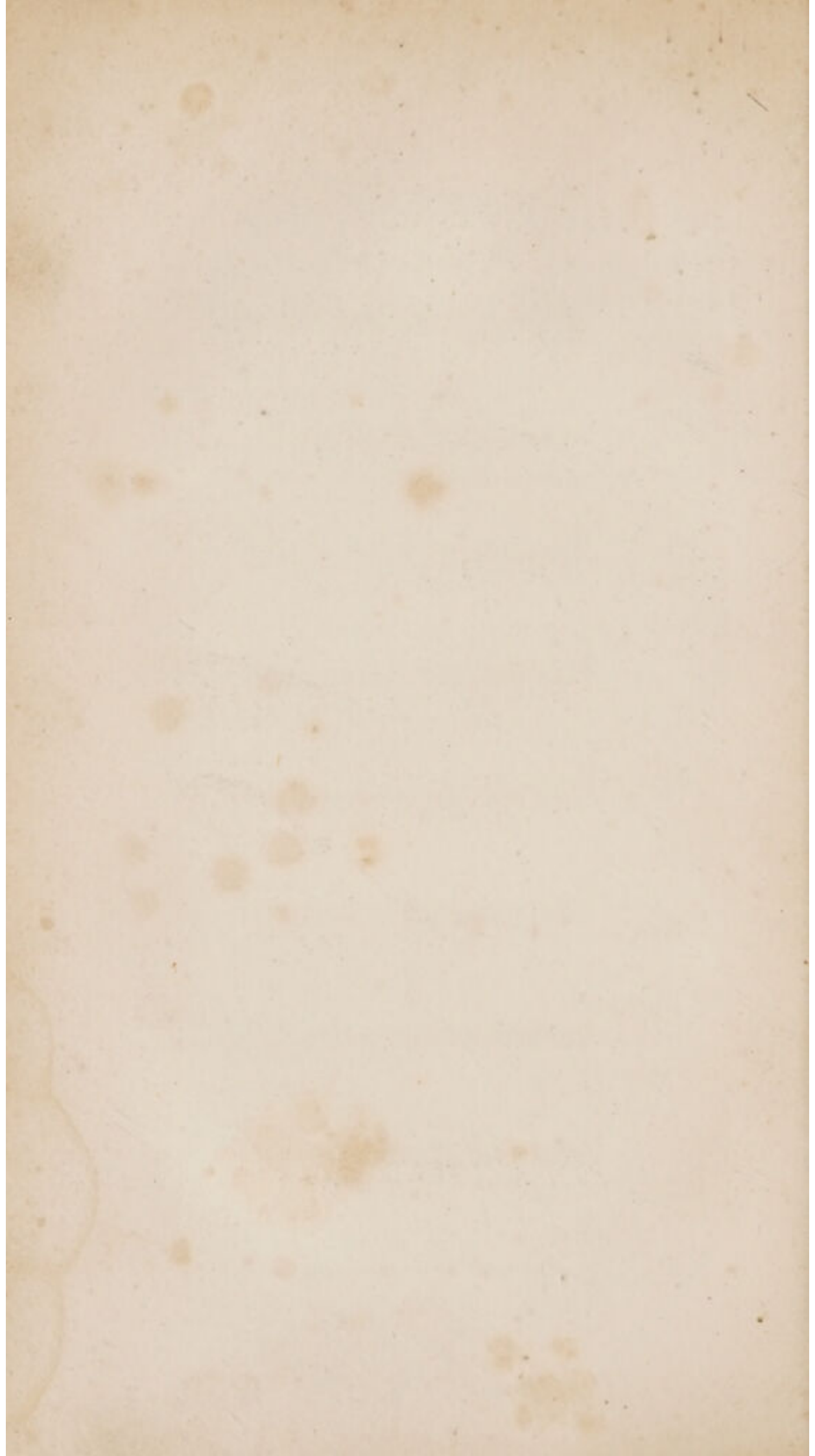
THE SKETCHES on the opposite page, copied from the *Semiotice Pathologica* of Gruner, are intended to render obvious to the eye the perceptions indicated to the sense of feeling by the pulse.

“ *Segnius irritant animos demissa per aures,
Quam quæ sunt oculis subjecta fidelibus.*”

He terms them *pulsus organici vel criticales*, and, except the two last, are supposed to indicate an impending critical affection of, or hæmorrhage from, the parts according to which they are denominated.

1. *Cephalicus, vel Capitalis.*
2. *Pectoralis.*
3. *Gutturalis.*
4. *Nasalis.*
5. *Ventralis.*
6. *Uterinus.*
7. *Splenicus.*
8. *Hæmorrhoidalis.*
9. *Dysentericus.*
10. *Convulsivus.*
11. *Vibratus.*





TABLES OF SYMPTOMS,

ALPHABETICALLY ARRANGED.

[The subsequent Tables of Symptoms, arranged in alphabetical order, may, it is hoped, prove an useful manual to the student. They are merely the result of compilation; indeed, are chiefly copied from the Symptomatology of Berkenhout, a work now rarely to be met with. The prognostics derived from the works of Hippocrates are designated by the letter *H*.]

ABSCCESS forming in the legs, in diseases of the lungs, beneficial. *H*.

———— forming in the legs, in acute diseases, salutary. *H*.

———— distant from the primary seat of an acute disease, with signs of coction, good. *H*.

ANXIETY, in acute diseases, frequent, and, if extreme, always dangerous.

———— with cold extremities, in fevers, bad. *H*.

ANXIETY, great, in consequence of a wound,
bad. *H.*

———— frequently precedes a crisis in fevers.

APHTHÆ, are pustules on the internal surface
of the mouth and on the tongue, generally
white in the centre, containing each a small
ulcer beneath the cuticle: common to children
at the breast.

———— a frequent symptom in the advanced
stage of a consumption.

———— sometimes occur in inflammatory fevers,
and, by neglect, prove troublesome and dan-
gerous.

———— in malignant fevers, generally a fatal
symptom.

———— frequently a symptom of inveterate
scurvy.

APPETITE, natural or habitual, returning in the
decline of a fever, good.

———— for food increased, a symptom of
DIABETES.

———— depraved, a symptom of CHLOROSIS.

———— for food, want of, a symptom of CA-
CHEXIA.

———— for food, want of, with loathings, eruc-
tations, distention of the stomach, pain, and
heart-burn: DYSPEPSIA.

———— for food, want of, a constant symptom
in acute diseases, and salutary until after the
crisis.

APPETITE for food, want of, in chronic diseases, always a bad symptom.

————— for food, want of, in tedious dysenteries, bad. *H.*

BELLY, below the navel, sore, painful, with pain in the forehead soon after delivery: symptoms of **PUERPERAL FEVER**.

————— hot, with head, hands, and feet cold, in fevers, bad. *H.*

————— hot, with pain at the pit of the stomach, in fevers, bad. *H.*

————— lank and liquid to the feel, in any disease, bad. *H.*

————— tense, with constant slight pain, pulse weak and irregular, aspect wild, livid colour round the lips, indicate internal gangrene, though no previous symptoms of inflammation may have been observed.

————— tense, painful, sub-elastic, sore, in putrid fevers, frequent, and often proceeds from elastic air generated by the putrid contents of the intestines.

BLOOD, mere inspection of, affords no positive information.

————— if the coagulum resists the pressure of the finger, it is a sign of health; if it yields easily, it betokens disease.

————— a yellow crust on its surface, in peripneumonic patients, denotes great inflammation. *Morgag. II, ep. 22, art. 31.*

BLOOD, not coagulating in the basin, a sign of putrescency.

———— covered by a crust or cake of gluten, when cold, indicates inflammation; but the absence of this crust does not prove the contrary.

———— is covered by a cake of gluten, in acute rheumatism; also during pregnancy.

———— issuing from different parts, without increased impetus, a symptom of putrescence.

———— effused under the skin or cuticle, in petechiæ, maculæ, or vibices, denotes putrescence.

———— spit up, mixed with air, *i. e.* frothy, comes from the lungs. *H.*

BREASTS, in pregnant women, suddenly becoming soft, portends miscarriage. *H.*

———— in pregnant women, growing hard again, after being soft for a time, intimates that the danger of miscarriage is past. *H.*

———— of women swelled, sometimes a symptom in the mumps, or external sore throat, CY-
NANCHE PAROTIDEA.

BREATH, cold, in fevers, bad. *H.*

———— in putrid fevers, fetid.

———— offensive with diseased gums, indicates an enlarged spleen. *H.*

———— — offensive, in scorbutus, and in some genera of Cachexiæ.

———— offensive extremely, in the ulcerous sore throat.

———— peculiar, in children that have worms.

BREATH, putrid in consumptive patients.

CATARRH, with frequent sneezing, a constant symptom in the eruptive fever of the MEASLES.

———— sometimes a symptom in the ULCEROUS SORE THROAT.

CONCOCTION indicates a speedy crisis, and the safety of the patient.

———— necessarily precedes a favourable crisis.

———— early, in fevers, good.

CONTRACTION, spasmodic, of the joints, with convulsions and violent periodical pains.

CONVULSIONS, in children, often precede den- tition, particularly cutting the canine teeth. *H.*

———— in acute fevers, bad. *H.*

———— in consequence of immoderate purging, fatal. *H.*

———— from pain in the bowels, bad. *H.*

———— in consequence of a wound, fa- tal. *H.*

———— from loss of blood, or other dis- charge, fatal. *H.*

———— in phrenetic patients, always fatal.

———— in children, often precede the eruption of the small-pox.

———— in children, frequently from worms.

———— in children from three to six

years old, sometimes a symptom of **HYDRO-
CEPHALUS.**

CONVULSIONS from suppression of urine, attended with subsultus tendinum, fever, and delirium, bad.

———— excited by attempts to swallow liquids in **HYDROPHOBIA.**

———— during labour from plethora, or extreme pain. If they return after delivery, fatal.

———— from poison taken into the stomach.

———— from stones in the kidneys or ureters.

———— with rumbling of the bowels, and imagination of a ball rising to the throat, pale urine, thoughts extravagant and inconstant,

HYSTERIA.

COSTIVENESS, on critical days in fevers, bad. *H.*

———— obstinate, with vomiting and violently painful twisting of the intestines: **ENTERITIS.**

———— a frequent symptom of **NEPHRITIS.**

———— a symptom of **HYPOCHONDRIASIS.**

———— a symptom of **DYSPEPSIA.**

———— obstinate, in fevers, with suppression of urine and black tongue, portends **DELIRIUM.**

———— frequently a symptom of **ATROPHIA.**

COUGH, in dropsical patients, bad. *H.*

———— a constant, symptom of inflammation of the lungs, or pleura.

———— sudden, with increased excretion from the nose, eyes, and fauces: CATARRHUS. *Aurel. chron. ii, 7.*

———— pathognomonic in the Measles: generally it is one of the first symptoms, and continues through the whole disease; yet sometimes, though rarely, it does not come till after the disquamation.

———— slight, short, and frequent, without expectoration, or catarrhal symptoms, often proceeds from tubercles in the lungs, and ends in CONSUMPTION.

———— dry, with difficulty in breathing, a sense of weight in the breast, and gradual wasting, is probably owing to stoney matter in the lungs.

———— dry, generally a symptom of HEPATITIS.

———— dry, an hysterical symptom.

———— dry, from habitual indigestion.

———— dry, and sometimes violent, from the liver being enlarged or hardened.

———— dry, with some difficulty in breathing, continuing three or four months, pulse gradually beating quicker, portends CONSUMPTION.

———— dry and hoarse in the MEASLES.

———— dry, frequent, increased by motion or eating, breathing short after the least exercise,

lips and cheeks red, thirst and hectic fever : vomica in the lungs.

COUGH, dry, frequent and painful after the second day, in inflammation of the lungs, bad.

—— frequent and violent in pulmonic inflammation, bad.

—— frequent during pregnancy.

—— with purulent expectoration, from an ulcer in the lungs.

—— often a symptom of dentition.

—— from worms in the intestines.

—— with expectoration sometimes tinged with blood ; pain obtuse under the sternum, or between the scapulæ, anxiety, difficulty in breathing, pulse generally soft, face swelled, red, purplish : PERIPNEUMONIA.

—— convulsive, strangulating, contagious ; a disease of children : PERTUSSIS.

CRISIS, in fevers generally indicated by some exacerbation of symptoms on the third, fourth, or fifth day.

—— the third is the index to the fifth, ninth, and eleventh—the fourth index to the seventh—the fifth to the fourteenth. *H.*

—— happens on the fourth, seventh, eleventh, fourteenth, seventeenth, twenty-first. *H.*

—— not happening, indicates a tedious disease rather than danger. *H.*

—— generally preceded by a restless and bad night. *H.*

DEAFNESS, in fevers, after a loss of blood, with black stools, bad. *H.*

———— in fevers, sometimes precedes bleeding at the nose, or diarrhœa, either of which proves salutary. *H.*

———— in acute fevers often portends delirium. *H.*

———— with a sense of weight in the head, and dimness of sight, portends bleeding at the nose. *H.*

———— sometimes relieves extreme pain in a weak part. *H.*

———— in disorders of the small intestines, bad. *H.*

———— in child-bed women, with acute pain in the side, indicates dangerous DELIRIUM. *H.*

———— in violent diseases, bad. *H.*

———— with tremor, in acute fevers, bad. *H.*

———— at the latter end of fevers, when the patient is much exhausted, bad. *H.*

———— with red urine without sediment, fortels DELIRIUM. *H.*

———— partial, or total : DYSECOEA.

DEGLUTITION obstructed, and respiration not materially affected : DYSPHAGIA.

———— painful and difficult, swelling and redness of the fauces, frequent and difficult excretion of mucus, with the fever SYNOCHA ; INFLAMMATORY SORE THROAT. ANGINA.

———— not very painful nor difficult ; ton-

sils and fauces inflamed and swelled, covered by a white, or cineritious crust, concealing small ulcers, with a scarlet eruption on the neck, breast, and arms, and fever, **TYPHUS: ULCEROUS SORE THROAT OF FOTHERGILL AND HUXHAM.**

DEGLUTITION of liquids exciting painful convulsions, from the bite of a mad dog: **HYDROPHOBIA.**

————— difficult, sometimes a symptom in **HYSTERIA.**

————— difficult, sometimes from a palsy of the muscles of the larynx.

————— difficult, in acute fevers, a bad symptom.

DEJECTION, pathognomonic in malignant putrid fevers.

DELIRIUM, in consequence of a wound in the head, bad. *H.*

————— with cold shuddering, after excessive drinking of strong liquors, bad. *H.*

————— in consequence of hemorrhage, bad. *H.*

————— in consequence of long continued watching, bad. *H.*

————— in fevers, when the patient has no strength left, fatal. *H.*

————— in continued fevers, with great difficulty of breathing, fatal. *H.*

————— in the beginning of fevers, bad. *H.*

DELIRIUM, during rigour, in fevers, bad. *H.*

———— from violent pain in the bowels,
bad. *H.*

———— with profuse sweat, and difficult re-
spiration, fatal. *H.*

———— ending in tremor, fatal.

———— in consequence of intense application,
generally mortal. *H.*

———— in fevers, without symptoms of con-
coction, bad.

———— succeeding melancholy, fatal.

———— though slight, if attended with trem-
bling and dimness of sight, portends PHRE-
NETIS. *H.*

———— violent, frequently terminates in con-
vulsions. *H.*

———— never without danger in acute dis-
eases.

———— with laughter, least dangerous.

———— with trembling and groping with the
hands, in fevers, generally fatal. *H.*

———— in fevers, sometimes precedes a crisis.

———— silent, with the power of speech,
mortal. *H.*

———— mutable in manner and degree,
bad. *H.*

———— in a small degree, often precedes an
Erysipelas in the face: if it increase with the
progress of the disease, attended with coma,

the patient dies apoplectic on the seventh, ninth, or eleventh day.

DELIRIUM, a common symptom in the confluent small-pox.

————— in the last stage of a consumption.

————— violent, with acute fever, eyes and face inflamed: **PHRENITIS**.

————— sometimes a symptom in the ulcerous sore throat.

————— in pneumonic inflammation, a very dangerous symptom.

————— beginning with the fever, indicates an idiopathic **PHRENITIS**.

————— sometimes a symptom in every disease attended with fever.

————— preceded by a violent headach, in childbed women, a symptom of uterine inflammation.

DISCHARGES, exhibiting signs of concoction, indicate a speedy and salutary crisis. *H.*

————— at the beginning of fevers, are not critical. *H.*

DISCHARGE, copious, in fevers, before concoction, indicates no crisis, a tedious disease, or relapse, or death. *H.*

————— copious, in fevers, after concoction, salutary.

————— copious, in fevers, affording no relief, bad.

DISCHARGE, natural, in the decline of fevers, returning to its wonted periods, good.

———— natural, uninterrupted, good. *H.*

———— critical, often relieves delirium.

———— unusual, of blood or other humours, without fever or increased impetus: **APOCENOSIS.**

———— unusual, gradual, and slow: **PROFUSIO.**

———— of tears, without external cause: **EPIPHORA.**

———— unusual, of saliva: **PTYALISMUS.**

———— of urine, involuntary, without pain: **ENURESIS.**

———— by drops of mucus from the urethra: **GONORRHŒA.**

———— increased, from the nose, fauces, or bronchia: **CATARRHUS.**

DISTORTION of features, in violent fevers, a very bad symptom. *H.*

DREAMS, extravagant, not deducible from the actions of the day, denote disease. *H.*

DROPSY of the entire surface of the body (anasarca), a symptom in the Scarlatina of Sydenham: it generally comes on after the eruption has disappeared, and subsides in two or three days.

DROWSINESS and profound sleep, in children cutting teeth, portends convulsions. *H.*

———— with loss of memory, difficulty in

speaking, numbness of limbs, with incubus, sometimes precedes APOPLEXY.

DROWSINESS, with languor, preceded by cold shivering, generally one of the first symptoms of the SMALL-POX.

———— with a dry cough, and running at the eyes and nose, precedes the eruption of the MEASLES.

EARS singing, with teeth grinding, in acute fevers, often presage death. *H.*

———— singing, with dimness of the eyes, with a sense of weight in the upper part of the nose, foretel a bleeding at the nose, or DELIRIUM. *H.*

———— singing, with violent head-ach, precedes APOPLEXY. *H.*

———— one or both intensely painful in acute fevers, with other bad symptoms, fatal. *H.*

———— hearing imperfectly, in acute fevers, often precedes DELIRIUM. *H.*

———— cold, pellucid, contracted in fevers, bad. *H.*

ERUCTION, acid, in a diarrhœa, as a new symptom, good. *H.*

———— acid, generally a symptom of HYPOCHONDRIASIS.

———— frequent, from indigestion.

ERUPTION, red, on the neck and breast, in a SORE-THROAT, good. *H.*

———— red, on the neck and breast, in a SORE-THROAT, suddenly disappearing, with pain in the chest, and difficulty in breathing, fatal. *H.*

ERUPTION, miliary, in fevers, with sweat about the neck only, bad. *H.*

———— scarlet, generally a symptom of the ULCEROUS SORE-THROAT, cynanche maligna: it first appears on the second or third day of the disease, continues about four days, spreading gradually from the neck and breast to the extremities.

———— scarlet, in the SCARLATINA ANGINOSA, of which the Ulcerous Sore-throat is only a symptom.

———— miliary, red, commonly called a rash.

———— about the mouth, with deafness, sometimes favourably critical in malignant fevers.

———— miliary, vesicular, sometimes attends the distinct SMALL-POX; generally owing to heating medicines, warm clothing, and a close room.

———— miliary, first red, but on the second day shows whitish vesicles on the top of each pimple; not idiopathic, but a symptom in various fevers, produced, according to Dr. Cullen, by profuse sweating, or loss of blood; thence frequent in child-bed.

———— of boils or bubos, with fever extremely malignant and contagious: PESTIS.

———— of small inflamed pimples, commonly first appearing in the face and neck on the third or fourth day of fever, and gradually forming pustules, which, in four or five days more, are

filled with ripe matter, and about the eleventh day begin to fall off in dry crusts ; VARIOLA.

ERUPTION, resembling the small-pox, but without suppuration or much fever, and scaling off about the third or fourth day : VARICELLA.

———— of small red pimples in clusters, about the fourth day of fever, attended with sneezing and other symptoms of corryza, and, in three or four days more, falling off in branny scales : RUBEOLA.

———— red, flat, scaly, generally dry, on the upper part of the forehead, with ulcerated tonsils, and pains in the bones, particularly the shins, yielding to mercurials only : SYPHILIS.

———— resembling the itch, except that the pimples are solid : NETTLE-RASH.

———— scarlet, appearing about the fourth day of an inflammatory fever ; the spots at first distinct, but finally run into each other, and in three or four days scale off : SCARLATINA.

———— of red spots, like those produced by nettles, generally appearing on the second day of a contagious remitting fever, whose exacerbations return once in twenty-four hours, disappear during the remission, and return with the fever towards evening, scale off in three or four days : URTICARIA.

———— vesicular, the size of a walnut, in different parts of the body, appearing on the first, second, or third day of a malignant fever, and

continuing several days, finally discharging a thin ichor: PEMPHIGUS.

ERUPTION of sore pustules on the internal surface of the mouth, and on the tongue; generally white in the centre, containing each a small ulcer under the cuticle, common to children at the breast, sometimes a symptom in consumption, in inflammatory, and in malignant fevers, in the lues venerea, and in the scurvy: APHTHE.

———— gradually thickening the skin, which becomes rugged, rough, greasy, and destitute of hair, resembling that of an elephant, extremities numb, face disfigured by tubercles, voice hoarse and nasal: ELEPHANTIASIS.

———— scaly, white, rough, itching, scabby, spreading over the whole, or great part of the body: LEPRA.

———— resembling a mulberry or raspberry, in various parts of the body: FRAMBOESIA.

———— aggregate, of minute red pimples, spreading, sometimes obstinate: HERPES.

———— of small ulcers on the head, discharging a humour, which dries into a white friable crust: TINEA.

———— of minute pustules and ulcers, violently itching, chiefly between the fingers: PSORA.

EXACERBATION, on the third day, in continued fevers, bad. *H.*

———— in fevers, generally the night

preceding a crisis, which may be thence foretold, especially if it hath been properly indicated. *H.*

EXACERBATION, twice in twenty-four hours, *viz.* about noon, and about seven or eight in the evening, in hectic fevers, from matter formed in some internal part, generally preceded by a slight shivering.

EXPECTORATION, in pneumonic inflammation, the sooner appearing concocted the shorter will be the disease. *H.*

_____ in diseases of the lungs, though purulent, if it be discharged with ease, if it relieve the patient, and his breathing be tolerably easy, there is no great danger. *H.*

_____ in Pleurisy or Empiema, suddenly suppressed, fatal.

_____ of pus, suddenly ceasing entirely, fatal. *H.*

_____ bilious, in EMPIEMA, mortal. *H.*

_____ purulent indicates an abscess in the lungs.

_____ of blood, followed by a spitting of pus, bad. *H.*

_____ of blood, sometimes the cause, but frequently a symptom at different periods of phthisis pulmonalis. It is seldom of consequence in that species arising from tubercles.

_____ of blood, succeeded by ulcera-

tion, not so certainly fatal as a consumption from tubercles.

EXPECTORATION of blood, in doubtful cases, more probably from the lungs, than the pleura.

EXTREMITIES of the body, suddenly changing from hot to cold, and *vice versa*, in fevers, bad. *H.*

———— cold, with acute diseases, bad. *H.*

———— cold, in violent pains in any part of the abdomen, bad. *H.*

———— cold, with great heat in the body, bad. *H.*

———— ponderous, in fevers, bad. *H.*

———— hot, in bed, with restlessness, a frequent symptom of indigestion.

EXTUBERANCE, soft, not painful: **SARCOMA**, or **POLYPUS**.

———— harder, and often ragged: **VER-
RUCAL**.

EYES, in fevers, become clearer towards a crisis. *H.*

———— distorted, in fevers, bad. *H.*

———— constantly moving, portend madness. *H.*

———— sunk, a fatal symptom in fevers. *H.*

———— sore, with continued head-ach, threatens blindness.

———— their lids livid, in fevers, bad. *H.*

———— not closed, during sleep, in fevers, bad. *H.*

———— perceiving objects indistinctly, in malignant fevers, a bad symptom. *H.*

EYES, in many diseases indicate the state of the body. *H.*

—— shedding tears involuntarily, in acute diseases, bad. *H.*

—— much inflamed, with pain in the neck, may portend bleeding at the nose. *H.*

—— totally deprived of sight, in malignant fevers, mortal. *H.*

—— fierce, in fevers, portends DELIRIUM, or PHRENITIS. *H.*

—— appearing one larger than the other, in fevers, bad. *H.*

—— fixed, in fevers, bad. *H.*

—— moving unequally : STRABISMUS.

—— inflamed, painful, with intolerance of light : OPTHALMIA.

FACE, Hippocratic, *i. e.* cadaverous, *viz.* eyes sunk, nose sharp, temples collapsed, ears cold and contracted, skin harsh, colour pale, or blackish, eyelids, lips, or nose livid, the immediate har-binger of death. *H.*

—— well coloured, plump, and supercilious, in acute fevers, bad. *H.*

—— continuing pale and swelled, denotes disease in the head, or in some of the viscera. *H.*

—— florid, with a dejected aspect, in fevers, bad. *H.*

—— inflamed, in fevers, with coma, rigour, and sweat, mortal. *H.*

FACE, with a fixed livid hue on the cheeks, in puerperal fevers, bad.

—— swelled, pale, with a yellowish colour in the cheeks, indicates a tendency to rickets.

—— cadaverous, early in any disease, fatal.

—— pale, sallow, generally a symptom of **CACHEXIA**.

FAINTING frequent, without evident cause, portends sudden death.

—— frequent, pulse irregular, quick, weak, with anxiety and pain about the heart: **CARDITIS**.

FEAR, ridiculous, a symptom of **HYPOCHONDRIASIS**.

FEELING, diminished or depraved: **ANÆSTHESIA**.

FEVER, without remission, indicates a long disease. *H.*

—— with violent pain in the side, short breathing, and cough: **PLEURITIS**.

—— with cough, short breathing, without violent pain: **PERIPNEUMONIA**.

—— suddenly ceasing, without apparent cause, or good symptoms, will probably return.

—— succeeding an apoplectic fit, good. *H.*

—— from a wound in the head, coming on the fourth, seventh, or eleventh day, fatal. *H.*

—— had better follow than precede convulsions. *H.*

—— a symptom of every considerable inflammation, external or internal.

—— with internal pain, and a glutinous whitish

crust on the surface of the blood, denotes inflammation.

FEVER, puerperal, soon after delivery, bad.

———— a symptom in every species of SORE-THROAT.

———— hectic, a symptom of PHTHISIS PULMONALIS.

———— acute, with violent head-ach, face and eyes inflamed, wakefulness, and violent delirium: PHRENITIS.

FITS, epileptic, in children, often precede the eruption of the SMALL-POX. If they have but two fits on the eve of the eruption, a mild disease may be expected.

FORGETFULNESS, in fevers, with languor and deprivation of voice, generally fatal. *H.*

———— in fevers, with cold shiverings, bad.

———— frequently recurring in any disease, bad. *H.*

GIDDINESS often precedes a discharge of blood from the anus.

———— frequent, with head-ach, faltering of the tongue, singing in the ears, and want of recollection, in plethoric and elderly people, portends APOPLEXY.

———— frequent, with drowsiness and head-ach, portends APOPLEXY.

———— with loss of appetite, a bitter taste, and no fever, a symptom of a foul stomach.

GLANDS swelled and painful, in fevers, indicate a long disease. *H.*

HAIR falls off in the last stage of a consumption. *H.*

—— matted and complicated inextricably: TRI-COMA.

HANDS catching at imaginary objects, gathering the sheet, or picking the quilt, in fevers, fatal. *H.*

—— painful, with pains in the feet, in fevers, bad. *H.*

—— and feet swelled and red, in fevers, bad. *H.*

HEAD-ACH, violent, with singing in the ears, without fever, often precedes APOPLEXY. *H.*

—— long continued, with sore eyes, portends blindness. *H.*

—— violent, with shivering and colliquative sweats, in fevers, generally fatal. *H.*

—— violent, without an evident cause, in angina, bad. *H.*

—— constant, in acute fevers, a bad symptom. *H.*

—— with loss of voice, followed by cold shivering, in fevers, fatal. *H.*

—— with extreme weakness, rigour, or bloody urine, in fevers, fatal. *H.*

—— with a little deafness, hands trembling, pain in the neck, with urine blackish and thick, in fevers, bad. *H.*

—— with stupor, and inflamed eyes, portends hæmorrhage. *H.*

HEAD-ACH, with thirst, wakefulness, weak voice, great debility, and loose belly, portends DELIRIUM. *H.*

———— violent, with florid countenance and strong pulse, portends hæmorrhage. *H.*

———— with dimness of sight, and pain in the stomach, in fevers, sometimes portends bilious vomiting. *H.*

———— violent, continued, after delivery, generally fatal.

———— with giddiness, difficulty of breathing, and pains in the loins, generally precedes a discharge of blood from the hæmorrhoidal veins.

———— in young women, about the menstrual period, if attended with giddiness and short breathing, portends too copious a discharge.

———— with extreme lassitude, generally the first symptom of fevers.

———— violent, in acute fevers, threatens PHRENITIS.

———— frequently from indigestion.

———— from wind in the stomach.

———— from costiveness.

———— from plethora.

———— periodical, from an aguish diathesis, not increased by moderate exercise, appetite as in health.

———— violent, in a single small spot, as if a nail were driven into the head, an hysterical symptom.

HEAD-ACH, like that from a crowded play-house, with great depression of spirits, generally precedes the ulcer in one of the tonsils, in a **PUTRID SORE-THROAT**.

HEARING imperfect or depraved : **PARACUSIS**.

HEART-BURN, pyrosis, a symptom of indigestion.

HEAT, great, of the abdomen, with pain at the pit of the stomach, in fevers, bad. *H.*

—— equal over the whole body, in acute diseases, good. *H.*

—— preternatural, succeeds lassitude and rigour at the beginning of fevers, and generally terminates in sweat.

—— fever, 112 degrees of Fahrenheit's thermometer.

—— not much augmented in putrid fevers.

—— in the part, a symptom in external inflammation.

—— preternatural in the head and precordia, with worm symptoms, in children from five to ten years old, in **HYDROCEPHALUS INTERNUS**.

—— partial, in fevers, bad.

—— internal, excessive, with great thirst, and cold limbs, in fevers, bad.

HEMORRHAGE from the nose, in fevers, on the seventh, ninth, or fourteenth day, good. *H.*

—— from the nose, in ardent fevers, better on the fifth than the fourth day. *H.*

—— from the nose, a few drops only, in chronic diseases, bad. *H.*

HEMORRHAGE from the nose, a few drops only, in pleurisy, bad. *H.*

———— from the nose, two or three drops, in delirium, fatal. *H.*

———— copious, from the nose, relieves delirium.

———— from the nose, two or three drops only, in fevers, bad. *H.*

———— from the nose, in ardent fevers, is generally indicated by a pain in the neck, weight in the temples, dimness of sight, and tension of the hypochondria without pain. *H.*

———— from the nose, with frequent headache and giddiness, in plethoric habits, sometimes precedes **APOPLEXY**.

———— in fevers, beneficial, though the urine be still crude. *H.*

———— from the nose, copious, in fevers, generally relieves, and is often critical. *H.*

———— hemorrhoidal, in inflammations of the brain or pleura, good. *H.*

———— frequent from the nose, in the decline of life, portends **APOPLEXY** or **PALSY**.

———— from the nose : **EPISTAXIS**.

———— from the anus : **HEMORRHOIS**.

———— from the vagina : **MENORRHAGIA**.

HICCUP, sometimes a symptom of acute hepatitis, or inflammation of the external membrane of the liver. *H.*

———— in consequence of great evacuation, fatal. *H.*

HICCUP, in violent cholic, bad. *H.*

———— with lassitude and stupidity, in fevers, bad. *H.*

———— relieved by sneezing. *H.*

———— with loss of voice, fatal. *H.*

———— with delirium, and difficulty of breathing, fatal. *H.*

———— a symptom of gastritis, hysteritis, and every other internal inflammation.

———— a symptom in various fevers.

———— frequently from indigestion, from worms, from flatulence, from poison taken into the stomach, or the bite of poisonous animals, from extreme evacuations.

———— sometimes in the decline of fevers, without danger.

———— from suppressed menses, hæmorrhoids, urine, or perspiration; from strangulated hernia; from wounds; from suppuration in any of the viscera: from gangrene internal or external; from excoriation of the œsophagus or stomach, by violent medicines; from the brain being wounded or depressed; from scurvy; from lues venerea; also an hysterical symptom.

HOARSENESS, a constant symptom in the eruptive fever of the measles, with a dry cough, and some difficulty of breathing.

———— with a peculiar hollow voice, a symptom of the PUTRID SORE-THROAT.

HYPOCHONDRIUM inflamed or painful, always dangerous. *H.*

————— painful, in fevers, not relieved by sweat, bad. *H.*

————— painful with hardness, if on both sides, very bad : less dangerous if on the left only. *H.*

————— swelled and painful at the beginning of fevers, fatal. *H.*

————— right, in fevers, hard, followed by jaundice, bad. *H.*

————— tense and retracted, bad. *H.*

————— distended, in fevers, with frequent sweats, and fixed pains in the shoulders, bad. *H.*

————— tense, hard, and painful, in fevers, bad. *H.*

————— tense, even without pain, in fevers, bad. *H.*

————— soft, and without pain, in fevers, good.

————— suddenly becoming tense, and the pulse suddenly increasing in strength and celerity, indicates some evacuation about to take place.

————— right, tense, with internal pain extending to the clavicle ; breathing difficult, with fever, dry cough, and hiccuping :

HEPATITIS.

HYPOCHONDRIUM, left, tense, with internal pain, tumor, and fever : **SPLENITIS**.

———— right, painful, with jaundice, from gall-stones passing the biliary ducts.

———— right, hard and swelled, with obtuse internal pain, sense of weight, when lying on the left side, countenance pale, yellowish; urine high coloured and thick; finally, short-breathed and œdematous : **SCHIRROUS LIVER**.

HYSTERICIS, sometimes from a gouty cause.

———— from worms in the intestines.

———— often from obstructed menses.

JAUNDICE, with nausea and costiveness, an early symptom of the Colica Pictonum, Painter's or Devonshire Colic.

———— appearing, in fevers, on the seventh, ninth, eleventh, or fourteenth day, good; unless a hardness be felt in the right hypochondrium. *H.*

———— appearing, in fevers, before the seventh day, bad, unless attended with diarrhœa. *H.*

———— in fevers, with the right hypochondrium hard, bad. *H.*

———— with deafness, urine high-coloured and turbid, bad. *H.*

———— even before the seventh day, in bilious fevers, if preceded by rigour, good. *H.*

IMPOTENCE, or want of passion : **ANAPHRODISIA**.

INDIGESTION, a constant symptom of **HYPPOCHONDRIASIS**.

INFLAMMATION, or pain, near the heart, always dangerous. *H.*

————— of the eyes, a symptom of **PHRE-
NITIS**, and of **SYPHILIS**.

————— of the face, in erysipelas, usually continues eight or ten days.

————— of the fauces, with pain and difficulty in swallowing, and with fever: **CYNANCHE**.

————— of the nose becoming gradually purple, tumid, blackish, pustulous, in malignant fevers, a fatal symptom.

————— of the organs of respiration, with acute pain in the side: **PLEURITIS**; without, **PERIPNEUMONIA**.

INSENSIBILITY, in fevers, denotes **DELIRIUM**. *H.*

————— total, respiration and circulation continuing, joints of the limbs relaxed, pulse full, soft, slow: **APOPLEXIA**.

INTERMISSION, or remission, a favourable symptom in all fevers. *H.*

LANGOUR extreme, in fevers, bad. *H.*

————— with cold shiverings and drowsiness, generally the first symptoms of the **SMALL-
POX**.

LASSITUDE, without apparent cause, indicates disease. *H.*

LASSITUDE, in fevers, with a copious discharge of thick whitish urine, on the fourth day, good. *H.*

———— with hiccup and stupor, in fevers, bad. *H.*

———— with frequent rigours, restlessness, and pain in the back, bad. *H.*

———— with real debility, generally the first symptom of all fevers, whether continued or intermittent, countenance pale, succeeded by rigour, heat, and sweat.

———— with pain in the back, head-ach, often with vomiting, sometimes with convulsions, precedes the eruption of the SMALL-POX.

———— a frequent symptom of chronic diseases, particularly jaundice, dropsy, scurvy, worms, &c.

LEGS drawn frequently up, and again stretched and twisted, the patient lying on his back, in fevers, very bad. *H.*

—— painful, with palpitation and pain about the navel, in fevers, sometimes portends delirium. *H.*

—— painful, in fevers, a malignant symptom. *H.*

LIPS livid, cold, inverted, in fevers, bad. *H.*

—— livid generally before death. *H.*

—— relaxed, cold, and pallid, before death. *H.*

—— ulcerated, in fevers, after a favourable crisis. *H.*

LIVIDNESS, in fevers, a common harbinger of death. *H.*

LOOSENESS, in fevers, when the patient is sleepy and torpid, very bad. *H.*

————— with thirst and want of appetite, in a hectic fever, bad. *H.*

————— supervening on OPTHALMIA, good. *H.*

————— frequently succeeds the measles, and continues some time.

————— a general symptom in the advanced stage of an hectic fever; with night sweats, always fatal.

————— a bad symptom late in a long disease.

————— frequently a symptom of the PUTRID SORE-THROAT; in adults generally fatal.

————— in the beginning of pneumonic inflammation, of no service.

————— sometimes precedes the CONFLUENT SMALL-POX, and often continues after the eruption.

————— sometimes precedes the eruption of the MEASLES.

————— with a slower pulse, in puerperal fevers, good.

————— colliquative, a symptom of the plague.

LOQUACITY, extreme and audacious, in fevers, portends frenzy.

MATTER, laudable, is pure, white, and not fetid. *H.*

————— in the brain, one cause of APOPLEXY.

————— translated to the brain from the stump of an amputated leg.

————— discharged from the lungs, with a hectic

fever, an unequivocal symptom of **PHTHISIS PULMONALIS**.

MATTER discharged from the lungs, without hectic symptoms, no proof of confirmed phthisis, and is often cured.

——— formed within the thorax, from previous inflammation, may be known by a rigour, succeeded by a sense of weight, instead of pain, in the side affected. *H.*

MENSES suppressed : **AMENORRHŒA**.

——— suppressed a symptom of **CHLOROSIS**.

——— suppressed, a symptom and effect of **PHTHISIS**, not the cause.

MIND, in malignant, jail fevers, much disturbed and confused.

——— its functions injured, without fever, or coma : **VESANIÆ**.

——— its functions very weak : **AMENTIA**.

——— partially insane : **MELANCHOLIA**.

——— totally insane : **MANIA**.

——— active during sleep : **SOMNIUM**.

NAILS, black, cold, contracted, or relaxed, fatal. *H.*

——— livid, in fevers, with extreme weight of the limbs, fatal. *H.*

——— livid, with difficulty in breathing, a symptom of **EMPYEMA**. *H.*

——— curved inwards, and cold, a symptom of **EMPYEMA**. *H.*

——— curved inwards, a symptom in the last stage of a consumption.

NOSE, sharp, in fevers, bad. *H.*

—— or lips, livid, in malignant fevers, generally fatal. *H.*

—— in malignant fevers, purple, blackish, swelled, pustulous, fatal.

PAIN in the back, frequent, without evident cause, in fevers indicates malignity. *H.*

—— in the back, with rigours, and restlessness, in fevers, often portends a diarrhœa. *H.*

—— in the back, long continued, in tertian agues, indicates a discharge of grumous blood, by stool. *H.*

—— in the back, with weariness, head-ach, sickness, and sometimes with convulsions, precedes the eruption of the small-pox.

—— in the back and joints, during the hot stage of fevers.

—— in the bones, particularly the shins, a symptom of the pox; also of the sea-scurvy.

—— in the bladder, with swelling, frequent painful attempts to make water, often without success; with tenesmus and fever: CYSTITIS.

—— in the bowels, with fever and other dysenteric symptoms, bad. *H.*

—— in the bowels, in acute fevers, bad. *H.*

—— in the bowels and loins, often precedes a discharge of blood from the anus.

—— in the bowels, with tenesmus, gradually increasing; mucous or bloody stools, with nausea and fever: DYSENTERIA.

PAIN in the bowels, particularly about the navel, and often with contraction of the muscles of the belly, and constipation : **COLICA**.

—— descending to the lower bowels, in the **COLICA PICTONUM**, indicates copious stools and relief.

—— in the bowels, more continual in the **COLICA PICTONUM** than in the dysentery.

—— in the bowels, increased by erecting the body, without other peculiar symptoms of inflamed viscera : **PERITONITIS**.

—— in the bowels, violent, particularly about the navel, with vomiting, obstinate constipation, and fever : **ENTERITIS**.

—— in the chest, with anxiety, a sensation of heat under the sternum, and a saltish taste in the mouth, portends spitting of blood, in persons liable to that disease.

—— in the chest, under the sternum, in coughing, or in either side of the thorax, a frequent symptom in a **PHTHISIS PULMONALIS**.

—— sudden in the chest under the sternum, a little towards the left side, whilst walking ; sometimes when in bed, and sometimes attended with a pain in the middle of the left arm : symptoms of **ANGINA PECTORIS**.

—— obtuse in the chest, under the sternum, or between the scapulæ, in **PERIPNEUMONY**.

—— fixed in the chest, with torpor, succeeded by fever, fatal. *H.*

PAIN, violent, in the ear, with much fever, portends dangerous delirium. *H.*

—— with swelling round the edges of the feet and toes, in the painter's colic.

—— in the face, tongue, &c., in women past forty, sometimes is the effect of a cancerous humour.

—— in glandular swellings, indicates, in fevers, a tedious disease. *H.*

—— about the heart, without a crisis, in sore-throats, with loss of strength and sensibility, fatal, notwithstanding other favourable symptoms. *H.*

—— violent in the head, in sore-throats, bad.

—— obtuse, in the right hypochondrium, under the short ribs, extending to the shoulder, indicates inflammation in the substance of the liver.

—— acute, in the right hypochondrium, immediately under the short ribs, extending to the clavicle and top of the shoulder, with fever, hard and strong pulse, urine high coloured, sometimes with difficulty in breathing, or hiccup, or jaundice, or vomiting, are symptoms of inflammation in the external membrane of the liver: HEPATITIS.

—— in the left hypochondrium, increased by swelling, tension, and heat in the part, with fever: SPLENITIS.

—— in the region of the heart, with irregular pulse,

great anxiety, palpitation, and faintings : CAR-
DITIS.

PAIN, internal, fixed, with fever, denotes inflamma-
tion.

—— internal, suddenly ceasing, in cases of internal
inflammation, pulse continuing quick, indicates
gangrene, or mortification begun.

—— remitting, in cases of internal inflammation,
other symptoms continuing past the first or
second week, with a sensation of weight in the
part, and some anxiety, indicates a tendency to
suppuration.

—— internal, violent, and continued, always dan-
gerous.

—— in either kidney, with frequent inclination to
make water, vomiting, numbness in one or both
legs, and sometimes retraction of a testicle :
NEPHRITIS.

—— violent, in the legs, will sometimes relieve a
dry cough. *H.*

—— in the legs, with pain and palpitation about
the navel, and flatulence on the critical day of a
fever, sometimes portends DELIRIUM. *H.*

—— in the loins, translated to the head, with a
numbness in the hands, and singing in the ears,
foretels DELIRIUM. *H.*

—— suddenly translated to the legs, in Angina,
with fever, bad. *H.*

—— in the loins, sudden, with suppression of urine,
indicates a discharge of gravel, or thick urine. *H.*

PAIN in the loins, often precedes uterine, or hemorrhoidal flux. *H.*

— in the loins and sides, in jaundice. *H.*

— in the loins, in fevers, with lassitude and restlessness, bad. *H.*

— in the legs, in fevers, a symptom of malignity. *H.*

— in the loins, long continued, in tertian agues, indicates a discharge of grumous blood per ano. *H.*

— sudden in the legs and feet, in fevers, solves delirium. *H.*

— in the muscles, sometimes in the joints, frequently recurring, worst in bed, without fever :

RHEUMATISMUS CHRON.

— acute, with redness, in the muscles and larger joints, shifting from one part to another, with fever ; blood showing signs of inflammation, and urine high coloured. **RHEUMATISMUS ACUTUS.**

— whilst matter is forming, more violent than after it is formed. *H.*

— of the neck, in fevers, a bad symptom, especially if extreme frenzy be threatened, if attended with hardness and locked jaw, fatal. *H.*

— in the pharynx, in persons wounded, portends convulsions.

— violent about the ribs, on either side, increased by inspiration, which is therefore short and difficult, cough dry, or spittle streaked with blood, pulse quick and strong : **PLEURITIS.**

- PAIN in the side of the thorax a symptom of pleurisy, and of peripneumony: in either disease, on dissection, the lungs are generally found inflamed, and adhering to the pleura.
- in the side of the thorax, in pneumonic inflammation, moving or extending from one side to the other, dangerous.
 - in pneumonic inflammation, suddenly vanishing, without assignable cause, portends delirium, and death within twenty-four hours. *H.*
 - about the pit of the stomach, sometimes an early symptom of malignant fever. *H.*
 - acute at the pit of the stomach, on pressing, a symptom of HEPATITIS.
 - at the pit of the stomach, with loss of appetite without rigour, generally the first symptom of the painter's colic.
 - at the pit of the stomach, may be caused by stones in the gall ducts; pulse but little increased.
 - hot in the stomach, increased by taking food, with fever, hiccup, and vomiting: GASTRITIS.
 - in the sternum and vertebræ of the thorax, with pleuritic symptoms, indicates inflammation of the mediastinum.
 - violent at the lower end of the sternum, shooting to the back, generally precedes a locked jaw.
 - burning, in the upper orifice of the stomach and œsophagus, with frequent watery eructa-

tions : PYROSIS. A common symptom of pregnancy.

PAIN in any part of the surface of the body, with redness, heat, and swelling, denotes inflammation, which, if considerable, produces fever.

—— in the ball of the great toe, preceded by symptoms of indigestion, commonly the first symptom of the Gout.

—— in the thigh, suddenly vanishing, with a light cloud in the urine ; expect some commotion of the mind. *H.*

—— universal, at the beginning of inflammatory fevers.

—— in the part wounded by a mad dog, though healed, portends hydrophobia and rabies.

—— in the region of the womb, with swelling, heat, and tension ; vomiting, and the os uteri painful on being touched : HYSTERITIS.

—— darting in the womb, with symptoms of a schirrous tumor in that part, threatens cancer.

—— violent in any part of the body, ceasing suddenly, without any assignable cause, during a fever, bad. *H.*

PALPITATION of the jugular veins, with pain and hardness of the neck, and spasm of the maxillæ, in fevers, fatal. *H.*

———— of the jugular veins, a pathognomonic symptom of dilatation of the right auricle and ventricle of the heart.

PALPITATION of the heart, in fevers, with flatulence and pain about the navel, sometimes portends delirium. *H.*

———— of the heart, may indicate the ossification of the inner coat of the aorta, or of its valves.

———— of the heart, may proceed from its adhesion to the pericardium.

———— of the heart, with frequent fainting, and excessive menstruation, dangerous.

———— of the heart, with quick and difficult breathing after moderate exercise, are symptoms of chlorosis.

———— of the heart, if attended with frequent fits of suffocation, and extreme anxiety, indicates a dropsy of the pericardium.

———— of the heart, with pain in the chest, and difficult respiration, in consequence of moderate exercise, may be caused by an aneurism of the aorta.

———— of the heart, may be caused by ossification of the heart, or its valves; stony matter in either ventricle, or polypus.

———— of the heart, with pain, anxiety, frequent fainting, pulse quick and very unequal :
CARDITIS.

———— of the heart, with great anxiety, and fainting, a symptom of the **PLAGUE.**

PAROXYSM, febrile, regularly returning after a

complete intermission of twenty-four hours :

FEBRIS INTERMITTENS QUOTIDIANA.

PAROXYSM, after an intermission of forty-eight hours : TERTIANA.

————— after an intermission of seventy-two hours : QUARTANA.

PHRENSY, in peripneumony, fatal.

————— in inflammation of any of the viscera, fatal.

————— in the small-pox, bad.

————— from inflammation of the brain, generally mortal.

PILES, a favourable symptom, in apoplexy. *H.*

————— relieve insanity. *H.*

————— in hypochondriacs, good. *H.*

POSITION, supine, with legs, arms, and neck, stretched out, in fevers, portends immediate death. *H.*

————— supine, in fevers, with the mouth open, sleeping or waking, bad. *H.*

————— prone, in fevers, gliding towards the feet of the bed, bad. *H.*

————— prone, in children, a symptom of worms.

————— limbs straggling, or tossing, in fevers, bad. *H.*

————— constantly changing, with frequent attempts to sit up, in fevers, bad. *H.*

————— changed with facility, in fevers, good. *H.*

————— as usual in health, in fevers, good. *H.*

PTYALISM, long and obstinate, caused by fetid wool lodged in the meatus auditorius.

———— sometimes a symptom of the distinct small-pox, always of the confluent, in adults. It begins about the seventh day.

———— in the small-pox, suddenly ceasing, and the pustules pale at their bases, bad.

PULSE of a sleeping infant, the day of its birth, about 135 strokes in a minute.

———— during the first month, 120.

———— during the first year, 114.

———— in the second year, 95.

———— in the third, fourth, and fifth year, 94.

———— in the seventh, eighth, &c., 86.

———— in the twelfth, &c., 75.

———— in adults, 70.

———— 160, in a child of a year old, in a fever, without danger.

———— twenty strokes in a minute, below the natural standard, in a child, that is very ill, indicates the brain being affected.

———— 120, in adults ill of an inflammatory fever, shows the beginning of danger; except in acute rheumatism, or in case of a critical swelling, or deposition of matter.

———— quick, after cold shivering, succeeded by heat, and a diminution of muscular power: **FEBRIS**.

———— quick, a constant symptom of hectic fever, after it becomes confirmed.

PULSE, quick and weak, in a dropsy of the thorax.

——— quick, weak, and often irregular, during the rigour and lassitude at the beginning of fevers.

——— quick, strong, and hard, with preternatural heat, pathognomonic symptoms of Synocha, or inflammatory fever, urine high coloured, functions of the brain not much disturbed.

——— hard and chord-like, with palpitation of the heart, a symptom of aneurism in the aorta, or heart.

——— hard, strong, quick, and full, in pneumonic inflammation, generally ; but late in the disease, it is sometimes soft, and even weak.

——— hard, strong, and quick, in acute hepatitis.

——— hard and small, in inflammation of the stomach.

——— hard, in an inflammatory dysentery.

——— hard, in inflammation of the brain.

——— hard and vibrating, foretels hemorrhage.

——— soft and full, in peripneumony, a general symptom, first, I believe, observed by Galen ; but by no means without exception.

——— soft, less full, and more irregular, during the sweat, which succeeds the hot stage, in fevers.

——— softer and more full when an inflammation is tending towards suppuration.

——— strong and quick, general symptoms of inflammation.

——— suddenly, and without apparent cause, becoming more strong and quick, with fuller re-

spiration, and tension of the hypochondria, in any stage of fevers, indicates some evacuation : weight, pain, itching, or heat, will often indicate the part whence it will issue.

PULSE, slow and languid in the extreme, always dangerous.

—— slow, soft, and full, in apoplexy.

—— gradually slower, in fevers, after a crisis, good.

—— weak and small, sometimes caused by an over proportion of blood in the system ; by an adhesion of the heart to the pericardium ; by a deficiency of blood ; by laxity of the heart ; by rigidity of the arteries ; by a want of irritability in the heart ; indolence of the brain, or water in the pericardium, or polypous concretions in the heart.

—— weak, small, quick, with extreme debility, in putrid, or malignant fevers, senses injured :

TYPHUS.

—— weak and irregular, in the **PLAGUE**.

—— weak, after **DELIRIUM**, bad.

—— intermitting, frequently of no importance.

—— intermitting, may proceed from the stomach or intestines being distended with wind ; or, from the valves of the heart being ossified ; from polypus in the heart, or increased thickness of its parietes.

—— intermitting, irregular, in pulmonic inflammation, of no great consequence.

PULSE, intermitting, every third or fourth stroke, particularly in the morning, in patients recovering from nervous fevers.

—— intermitting, sometimes fatal to persons in the prime of life.

—— irregular and slow, in hydrocephalus internus, or dropsy of the ventricles of the brain; generally in children from five to ten years old.

—— undulating, soft, and strong, indicates sweat.

—— and respiration, almost or entirely ceasing :

SYNCOPE.

—— unequal, in fevers, during a crisis.

—— as in health, in the painter's colic.

PUSTULES, in the Small-pox, pale at their basis about the ninth day, ptyalism ceasing, with delirium, very bad.

—— in the regular Small-pox, begin to suppurate about the third or fourth day after the eruption, and about the sixth are full of matter : in three days more they begin to dry, and gradually fall off in scales.

—— in the Chicken-pox, resemble those of the Small-pox, but do not generally suppurate ; they begin to scale off in three or four days.

REDNESS of the skin, not regularly circumscribed, hot, creeping, and but little swelled, generally in the face, with fever of short duration : **ERYSIPELAS.**

—— fixed, in both cheeks, the rest of the skin pale, a symptom of **PHTHISIS PULMONALIS.**

REDNESS of the cheeks, frequent, but not permanent, a symptom of worms in children.

REMISSION, not characteristic of any order or genus of fevers, but a favourable symptom in all.

RESPIRATION difficult, with delirium, in continued fevers, fatal. *H.*

————— quick and short, in fevers, indicates inflammation or pain, in some principal organ. *H.*

————— difficult, in an erysipelas on the breast, generally fatal. *H.*

————— difficult, in all acute diseases, bad. *H.*

————— difficult, with violent pain in the side of the thorax, cough, and fever: **PLEURITIS.**

————— difficult, in inflammation of the heart.

————— difficult, may proceed from various diseases of the trachea, ulcer in the larynx, &c., or from a tumor in the back part of the trachea.

————— difficult, from a paralysis of the lungs, caused by water on the brain compressing the nerves at their origin.

————— difficult, by an over distension of the diaphragm distracting the phrenic nerves, so as to destroy their elasticity.

————— difficult, may be occasioned by wind in the intestines, or the enlarged size of

the liver, or other viscus in the abdomen, hindering the descent of the diaphragm.

RESPIRATION difficult, found by various dissections to be occasioned by the heart, from its supernatural enlargement, compressing the lungs.

difficult, a frequent symptom in fevers, from compression of the air-vessels by the blood, being too copious, or too much rarefied.

difficult, in feather-dressers, stonecutters, hemp-dressers, &c., from the accumulation of dust in the lungs.

difficult, from calculi in the lungs, indicated by a dry cough, and a sensation of weight depending from the fauces.

difficult, by fits, frequently recurring : **ASTHMA**.

difficult, sudden, and violent, rousing the patient from his first sleep : pulse low and quick ; weight in the chest, with thirst, and oedematous swelling of the feet : **HYDROTHORAX**.

difficult extremely, by paroxysms, breathing most easy when bended forward, a symptom of aneurism in the curvature of the aorta ascendens.

difficult, continued, may proceed from the adhesion of the heart to the pericardium.

difficult, a symptom of pneumonic

inflammation, the degree of which symptom measures the danger.

RESPIRATION difficult, sometimes a symptom of acute hepatitis.

———— short, and somewhat difficult, in the cold stage of fevers.

———— easy, a favourable symptom in all fevers.

———— deep and slow, in fevers, indicates **DELIRIUM. H.**

———— stertorous, generally a symptom of **APOPLEXY.**

———— scarce perceptible, in **SYNCOPE.**

RIGIDITY, spasmodic, universal: **TETANUS.**

———— in the back part of the neck, with an uneasy sensation at the root of the tongue, and difficulty in swallowing, generally precede a locked jaw.

RIGOUR, preceded by torpor, with whitish stools, in a phrenitis, fatal. *H.*

———— not followed by sweat, in fevers, bad. *H.*

———— with torpor, in apoplexy, bad. *H.*

———— during a crisis, in fevers, renders it doubtful. *H.*

———— with delirium, in consequence of intoxication, bad. *H.*

———— on the sixth day of a fever, portends an imperfect crisis. *H.*

———— when the patient is weak, in continued fevers, fatal. *H.*

RIGOUR, after sweating, in fevers, succeeded by a sudden return of heat, bad. *H.*

———— in consequence of hemorrhage, bad. *H.*

———— with restlessness, lassitude, and pain in the loins, often precedes a diarrhœa. *H.*

———— with lassitude and stupor, frequently precedes the menses. *H.*

———— a symptom of suppuration. *H.*

———— with cold sweat, in dysenteric patients, fatal. *H.*

———— about the loins, frequently precedes a suppression of urine. *H.*

———— frequent, with pain in the back, and restlessness, in fevers, bad. *H.*

———— violent, with torpor, in fevers, bad. *H.*

———— with other symptoms of fever, followed by a sense of weight in the part, where pain had been previously felt, indicates suppuration. *H.*

———— in acute diseases, sometimes precedes a favourable crisis. *H.*

———— continued, in acute diseases, bad. *H.*

———— with delirium, in fevers, bad. *H.*

———— with drowsiness, in fevers, bad. *H.*

———— with total loss of voice, fatal. *H.*

———— the first symptom, after lassitude, in all fevers, though sometimes scarce perceptible.

———— in children, who have not had the Small-pox, if attended with languor and drowsiness, followed by a hot fit, repeated with more vio-

lence on the second and third day, with frequent startings in their sleep, the eruption will probably appear on the fourth.

RIGOUR, always the first symptom of the Measles, and is soon followed by a hot fit, with thirst, anxiety, sickness, and generally vomiting. The eruption appears about the fourth day.

———— with sickness and vomiting, frequently the harbinger of a putrid Sore-throat.

———— after violent pain in any of the viscera, continuing beyond the fourth or fifth day, indicates suppuration in the part affected.

———— in icteric patients of no importance.

———— about the ninth day of the Small-pox, pustules growing pale at their basis, and ptyalism ceasing, bad.

———— after distortion of the eyes, in fevers, mortal. *H.*

———— on the sixth day of fever, bad. *H.*

SHINS, painful, particularly in bed, a symptom of **LUES VENEREA**.

SICKNESS, without fever or shivering, a symptom of pregnancy. *H.*

———— frequent, in long continued fevers, bad. *H.*

———— constant and insuperable, may proceed from an ulcer, or ulcers, in the stomach.

———— frequent during the cold stage of fevers.

———— with loathing of animal food, and an inclination for acids, denotes a putrid tendency.

SIGHING, in fevers, a bad symptom. *H.*

———— in pregnant women, portends abortion. *H.*

SIGHT depraved : AMBLYOPIA.

———— diminished, or totally lost : CALIGO.

———— indistinct, in fevers, with shivering and slight delirium, portends PHRENITIS.

———— dim, in fevers, often precedes vomiting. *H.*

———— indistinct, objects fluttering, transitory, frequently from indigestion, or wind in the stomach.

———— privation of, in fevers, when the patient is exhausted, fatal. *H.*

SKIN squalid, and very dry, indicates disease in the bowels. *H.*

—— of the forehead, dry and tight, with a cadaverous face, portends immediate death. *H.*

—— cold, with internal heat and thirst, in continued fevers, fatal. *H.*

—— equally warm and soft, in fevers, good. *H.*

—— generally soft in the decline of febrile paroxysms ; also in the decline of continued fevers.

—— hot, in malignant fevers, impressing on the finger of the physician a sensation, which continues some minutes.

—— pale, greenish yellow, continued, a symptom of CHLOROSIS.

—— and whites of the eyes, and urine yellow, fauces white : ICTERUS.

SKIN, by continued pressure, rendered thick and hard: CLAVUS.

—— pale, sallow, a symptom of CACHEXIA.

SLEEP, and appetite for food returning, a general indication of a favourable termination of fevers.

—— which, in fevers, relieves the patient, portends a favourable crisis. *H.*

—— laborious, in fevers, bad. *H.*

—— or wakefulness, in the extreme, bad. *H.*

—— turbulent, in acute diseases, portends DELIRIUM. *H.*

—— profound, in fevers, bad. *H.*

—— continued, a pathognomonic symptom of a species of fever, described by Riverius.

—— during the night, and wakefulness in the day, in fevers, good.

—— placid, after delirium, good. *H.*

—— long continued, in children, in the decline of a disease, good.

—— profound, with a total deprivation of voluntary motion: APOPLEXIA.

SLEEPINESS, coma, after delirium, generally fatal. *H.*

—— with distortion of the eyes, bad. *H.*

—— with deafness, solved by a critical diarrhœa. *H.*

—— a common symptom, in the confluent

SMALL-POX.

—— often precedes the eruption of an Erysipelas in the face, with slight delirium. If

these symptoms increase with the progress of the disease, the patient dies apoplectic on the seventh, ninth, or eleventh day.

SMELLING diminished or depraved: ANOSMIA.

SNEEZING, sometimes a favourable symptom, in malignant fevers. *H.*

_____ relieves hiccuping. *H.*

_____ generally the first symptom of CATARRHUS.

_____ also of the MEASLES.

_____ continued, may proceed from worms in the frontal sinus.

SNORING, frequently a symptom of APOPLEXIA.

SORE-THROAT, frequently a symptom in malignant fevers.

_____ in a slight degree, often a symptom of CATARRHUS.

SPASM, of the lower jaw: TRISMUS.

_____ of the intestines, with violent pain and contraction of the belly, costiveness, and vomiting: ILEUS, or COLICA.

_____ of the muscles along the spine, bending the body backwards: OPISTOTONOS.

_____ sudden, painful, fugitive, in any muscle: CRAMP.

_____ universal: TETANUS.

_____ in the legs, often a symptom of CHOLERA.

SPIRITS, depressed, in all putrid diseases.

SPITS, first salt, afterwards sweet, often followed by pus from the lungs. *H.*

SPITS, frequent, without cause, in fevers, foretel

DELIRIUM. *H.*

—— frequent, with nausea, in fevers, precede vomiting. *H.*

—— sometimes streaked with blood, and various as to colour and consistence, in pneumonic inflammation.

—— frequent, with loathing, a symptom of pregnancy. *H.*

—— frequent, with pain in the stomach and back, a symptom of worms. *H.*

—— yellow, and not much tinged with blood, if before the seventh day, in pulmonic inflammation, good. *H.*

—— best, which relieve pain. *H.*

—— at first concocted, becoming thin after the fourth day, in pulmonic inflammation, bad. *H.*

—— nor urine, having a laudable appearance, indicates danger of the disease falling on the joints of the lower limbs. *H.*

—— sinking to the bottom of salt water, in consumptive patients, bad. *H.*

—— with tremour, in delirium, portends PHRENITIS. *H.*

SPOTS, generally livid, chiefly on the legs, gums bleeding, putrid, with extreme debility: SCORBUTUS.

—— large, black, and livid, on the back, loins, and pudenda, a symptom of the plague. *H.*

SPOTS, purple, irregular, a dangerous symptom in malignant fevers.

——— red, pointed, about the face, neck, and breast, with head-ach, sickness, lassitude, and pain in the back; spots continuing to increase in size and number, till the third or fourth day after their first appearance, and then beginning to suppurate: VARIOLA.

——— resembling the foregoing, but attended with milder symptoms, maturing on the second, and scaling off about the third day: VARI-CELLA.

ST. ANTHONY'S FIRE, on the face or breast, retiring from the surface inwards, in fevers, fatal. *H.*

————— on the neck or breast, in any species of Sore-throat, if permanent, good.

————— sometimes a symptom in putrid fevers.

STOMACH, violent and continued pain in it, with head-ach and stools mixt with greenish matter, may proceed from gangrene in that organ.

————— violent pain in it, from ulcers.

————— from erosion.

————— from worms.

————— from calculi.

————— from inflammation.

————— pain at the pit of it, with cold limbs, in fevers, bad *H.*

STOMACH, frequently painful, in old people, threatens sudden death. *H.*

———— painful, from indigestion, wind.

———— painful, from retrocession of gout.

———— painful, from bile.

———— painful, from obstruction in the gall ducts.

STOOLS, greasy, livid, black, and very offensive, in fevers, fatal. *H.*

———— very high-coloured, in fevers, portend DELIRIUM. *H.*

———— white and liquid, with swelling of the abdomen, fatal. *H.*

———— white, in frenzy, bad. *H.*

———— white, a frequent symptom of jaundice.

———— black, at the beginning of any disease, bad; at the latter end, when the patient is exhausted, indicates death the day following. *H.*

———— black and bloody, in fevers, bad. *H.*

———— black, in inflammation of the intestines, with sudden relief from violent pain, fatal.

———— atrabilious, at the beginning of a dysentery, very bad. *H.*

———— bilious, on the seventh, ninth, or fourteenth day, often carries off the fever. *H.*

———— bilious and loose, with concocted urine, at the crisis of a fever, good. *H.*

———— bilious, in putrid fevers, salutary, though frequent, if the patient retain his strength.

STOOLS, mixed with clear and florid blood, in acute diseases, if attended with pain, bad. *H.*

———— bloody and grumous, if copious, in fevers, fatal. *H.*

———— bloody and æruginous, on the fourth day of a fever, are often succeeded by coma; stools become by degrees black, and the patient dies convulsed. *H.*

———— copious, in ardent fevers, bad. *H.*

———— frequent and aqueous, in fevers, bad. *H.*

———— frequent, without pain or fever: DIARRHŒA.

———— frequent, sometimes bloody, with pain and fever, infectious: DYSENTERIA.

———— copious, in fevers, before concoction, of no service.

———— very frequent, always dangerous.

———— frequent, loose, fetid, denote putridity.

STRANGULATION, without any apparent cause, in the throat or fauces, is generally fatal on the same or on the third day. *H.*

STRETCHING the limbs, a common symptom at the beginning of intermittents; also frequently precedes hysterical paroxysms.

STUPOR, or numbness of the leg and thigh, a symptom of NEPHRITIS.

———— in patients wounded in the head, bad. *H.*

———— with jaundice, bad. *H.*

———— with giddiness, an early symptom in the

PLAGUE.

STUPOR, a frequent symptom during the cold stage of fevers.

SWEAT, in fevers, beginning on the third, fifth, seventh, ninth, eleventh, and fourteenth day, good. *H.*

—— without fever, face rather flushed, sometimes denotes loaded intestines. *H.*

—— on days not critical, threatens difficulty, diuturnity, and relapse. *H.*

—— without remission, denotes prolongation of the fever, and more profuse perspiration. *H.*

—— profuse, with turbid urine, depositing a proper sediment, on critical days, good. *H.*

—— profuse, and universal, in pneumonic inflammations, often proves favourably critical.

—— profuse, during sleep, without manifest cause or disease, may proceed from taking too great a quantity of food. *H.*

—— profuse, during health, without manifest cause, threatens disease. *H.*

—— profuse, relieves delirium. *H.*

—— profuse, in a confirmed Phthisis, with diarrhœa, always fatal.

—— in confirmed Phthisis, generally comes on with the evening exacerbation, and continues daily increasing to the fatal termination of the disease.

—— cold, in acute fevers, fatal. *H.*

—— cold, in diarrhœa, bad. *H.*

SWEAT, cold, about the head and neck, in fevers, indicates continuance and danger. *H.*

———— cold, succeeded by sudden heat, in fevers, bad. *H.*

———— cold, in the superior parts of the body, with restlessness and delirium, fatal. *H.*

———— cold, particularly about the forehead, generally a symptom of syncope.

———— generally concludes the paroxysm in intermitting and remitting fevers.

———— generally fetid, in putrid diseases.

———— about the head, with restlessness, in fevers, bad. *H.*

———— nocturnal, with a fixed redness of the cheeks, pain at the pit of the stomach, loss of appetite, with diarrhœa, are symptoms of confirmed PHTHISIS. *H.*

———— universal, producing relief, in fevers, good. *H.*

———— universal, with a strong and equal pulse, necessary, in most fevers, towards a perfect crisis.

———— gradually breaking out, not suddenly, in fevers, good. *H.*

———— partial, in all fevers, bad. *H.*

———— partial, during sleep, in health, portends disease.

———— ineffectual, in fevers, a bad symptom. *H.*

———— in fevers, generally preceded by a full

undulating pulse, and suppression of other evacuations.

SWEAT, in fevers, before signs of concoction, of no utility; often portends a tedious disease, or death. *H.*

————— when salutary, in fevers, continues some time, and evidently relieves the patient. *H.*

————— critical, generally preceded by rigour. *H.*

SYMPTOMS, violent, at the beginning of any disease, indicates danger. *H.*

————— bad, suddenly vanishing, without apparent cause, often presage death. *H.*

————— good or bad, in fevers, suddenly supervening, without cause, afford no certain indication. *H.*

————— dangerous, in proportion to their number, violence, and importance of the part affected.

TACITURNITY, with delirium, in fevers, bad. *H.*

TASTE, imperfect, or depraved: **AGHEUSTIA**.

———— bitter, without fever, with want of appetite, dizziness, and gnawing at the pit of the stomach, frequently caused by indigestion.

———— bitter, with bitter eructations, indicates bile in the stomach.

———— bitter, perceived only during mastication, is caused by a bitterness in the saliva.

———— bitter, with bilious vomiting, in putrid dysentery.

———— disagreeable, a frequent symptom in con-

tinued fevers, particularly those of a malignant nature.

TEETH, grinding, in acute fevers, with singing in the ears, bad. *H.*

———— grinding, or gnashing, in fevers, with delirium, fatal. *H.*

———— grinding, in children, during sleep, a symptom of worms.

———— grinding, in young people, in fevers, often precedes delirium. *H.*

———— covered with viscous sordes, in fevers, bad. *H.*

———— aching, a common symptom of pregnancy.

———— aching, frequently from scurvy.

———— aching, a symptom of catarrh, of rheumatism, of gout, but most frequently from a carious tooth.

TEMPLES, collapsed, in fevers, bad. *H.*

TENDONS, catching involuntarily, called by Latin writers subsultus, generally a fatal symptom in malignant fevers.

TESTICLE, right, cold and convulsed, in fevers, very bad. *H.*

———— swelled, sometimes a symptom of the CYNANCHE PAROTIDÆA.

———— drawn up, a symptom of NEPHRITIS. According to Sauvages, this symptom occurs only when the inflammation proceeds from a stone in the kidney, and not in what is called nephritis vera.

THIRST, in acute diseases, suddenly ceasing,
bad. *H.*

—— extreme, in pulmonic complaints, bad. *H.*

—— with the surface of the body cold, in continued fevers, bad. *H.*

—— wanting, in acute fevers, with a dry, foul, or black tongue, fatal. *H.*

—— with much pain, in dysentery, bad. *H.*

—— generally a symptom in a dropsy of the chest or abdomen.

—— a frequent symptom in continued fevers, except malignant gaol-fevers.

—— frequent in a **DIABETES**.

—— constant in **PHTHISIS PULMONALIS**.

—— extreme, in an abscess of the liver.

THROAT, red and swelled, with painful deglutition, are symptoms of inflammatory Sore-throat: **CYNANCHE TONCELARIS**.

—— deep red, with whitish specks, gradually spreading; easy deglutition, extreme debility, quick, small, irregular pulse, are symptoms of a malignant or putrid Sore-throat.

TONGUE, tremulous, in fevers, a symptom of **DELIRIUM**. *H.*

—— tremulous, with redness of the nostrils, often portends a dangerous **DIARRHŒA**.

—— tremulous and black, in fevers, generally fatal. *H.*

—— black, early in fevers, indicates an early termination. *H.*

TONGUE, black, in fevers, generally a bad symptom. *H.*

———— black and dry, a common symptom in putrid fevers; in autumnal intermittents, and in continued fevers of the same constitution.

———— yellow, in pleurisy, at the beginning, indicates a crisis within seven days; if on the third or fourth day, not till the ninth. *H.*

———— relaxed and torpid, with deafness, and trembling of the hands, in fevers, fatal. *H.*

———— very moist, with nausea, cold sweats, and loose belly, often indicates black vomiting. *H.*

———— dry and deep furrowed, yellow and greenish, in some malignant fevers.

———— dry, rough, and changing colour, in puerperal fevers, bad.

———— parched, without thirst, in fevers, bad. *H.*

———— faltering, with frequent giddiness, singing in the ears, head-ach, and occasional forgetfulness, in plethoric habits, portends APOPLEXY.

———— red, in Quinsey or Peripneumony, bad. *H.*

TOSSING, with cold sweats, particularly about the head, in fevers, bad. *H.*

———— in fevers, sometimes precedes convulsions. *H.*

———— with frequent rigour, lassitude, and pain in the loins, bad. *H.*

TRANQUILLITY, in fevers, frequently portends a tedious disease. *H.*

TREMOR, in a phrenitis, fatal. *H.*

———— after delirium, succeeding melancholy, fatal. *H.*

———— with delirium, bad. *H.*

———— with catching, after sleep, in fevers, bad. *H.*

TUMOUR, of the face, a symptom of the Small-pox, about the eighth day, which subsides about the eleventh.

———— of the face, is trifling in the distinct Small-pox, except when the pustules are numerous; in the confluent, it begins sooner, and is more considerable.

———— of the face, a symptom of Erysipelas, frequently continuing after the redness is removed or abated.

———— of the external fauces, about the corner of the lower jaw, with some fever, a symptom of the Cynanche Parotidæa. It is generally followed by a swelling of the testes in men, and of the breasts in women.

———— of the neck, in angina, good, there being less danger of suffocation. *H.*

———— external, with redness on the breast, in angina, good. *H.*

———— of the head, in young children, soft, inelastic; the sutures of the cranium open, the patient heavy and stupid, sometimes convulsed:

HYDROCEPHALUS.

———— of the head, particularly the fore part,

and of the belly; joints enlarged, ribs depressed, rest of the body wasted: RHACHITIS.

TUMOUR, of the præcordia, with frequent sweats, and pain about the shoulders; symptoms in malignant fevers. *H.*

————— hard, indolent, in the right hypochondrium, indicates a scirrhus liver; in the left, a scirrhus spleen.

————— in the left hypochondrium, with pain increased by pressure, indicates inflammation of the spleen.

————— in the right hypochondrium, with heat and continued fever, frequently with nausea and hiccup: HEPATITIS.

————— of the stomach, frequently a symptom of indigestion, and of CHLOROSIS.

————— of the hypochondria, with rumbling in the intestines, and pain in the back, in fevers, portends loose stools, or a copious flow of urine.

————— of the whole abdomen, tense, elastic, sonorous, without any perception of water when struck, with costiveness: TYMPANITES.

————— of the abdomen, tense, the stroke of the finger on one side being evidently felt by the palm of the hand on the other: ASCITES.

————— in the abdomen, in women, gradually increasing; its figure corresponding with that of the uterus, yielding or fluctuating when pressed, without symptoms of pregnancy, or ischuria: HYDROMETRA.

TUMOUR, within the abdomen, solid, gradually increasing, neither fluctuating, nor sonorous; without symptoms of pregnancy: **PHYSCONIA**.

———— in the region of the uterus, with heat and continued pain in the part, costiveness, difficulty in making water, hiccup, fainting, headache, horror, and cold extremities: **HYSTERITIS**.

———— hard of the uterus, with a sensation of great weight in the part, probably scirrhus; if with shooting pains, a cancer is threatened.

———— in the region of the bladder, with pain, fever, and frequent inclination to make water, or suppression of urine, and tenesmus: **CYSTITIS**.

———— gentle, elastic, in the region and shape of the uterus: **PHYSOMETRA**.

———— in the groin, red, shining, painful, gradually increasing and declining, is called a **Bubo**, and may be simple, or venereal, or a symptom of scurvy, or of the plague.

———— of the scrotum, not painful, soft, gradually increasing, fluctuating, somewhat pellucid: **HYDROCELE**.

———— inflamed, of the præputium, and sometimes of the glans penis: **PHYMOSIS**, a venereal symptom; also of **ANASARCA**.

———— in tubercles, in the verge of the anus, painful, livid, bleeding or not, often spontaneously receding: **HÆMORRHOIS**.

TUMOUR, small, soft, on the vertebræ: HYDRO-
RACHITIS.

———— on the bone of the leg, or other part:
EXOSTOSIS.

———— of a joint, generally the knee, ex-
tremely painful, but not inflamed: HYDAR-
THRUS.

———— soft, covered by the skin and other in-
teguments, caused by the descent or protrusion
of a part of the intestines: HERNIA.

———— of the feet and hands, a symptom of the
Small-pox; begins as the swelling of the face
subsides, and goes off as the pustules mature.

———— of the feet, in women, who have had
too frequent and copious a menstrual discharge,
is a symptom of dangerous debility.

———— œdematous, particularly of the feet, a
frequent symptom of CHLOROSIS, in young
women.

———— œdematous of the legs and feet, fre-
quently a symptom of HYDROTHORAX.

———— œdematous of the feet towards night,
and of the eye-lids during sleep, a symptom of
CACHEXIA.

———— diffused, cold, pallid, indolent, retaining
the impression of the finger: Œdema, ANA-
SARCA.

———— spherical, red, hot, tense, throbbing,
tending to suppuration: PHLEGMONE.

TUMOUR, diffuse, elastic, not discoloured, caused by air in the cellular membrane : *Emphysema*,
PNEUMATOSIS.

———— soft, pulsating, over an artery : ANEURISMA.

———— soft, not pulsating, over a vein : VARIX.

———— hard, not painful, nor tending to suppuration : SCIRRHUS.

———— hard, painful, ulcerating : CANCER.

———— in conglobate glands, suppurating :
BUBO.

———— hardish, slowly tending to suppuration, behind the ears ; PAROTIS : sometimes a symptom in malignant fevers, particularly the Plague.

———— inflamed, and extremely painful, throbbing, at the extremity of the finger or thumb :
PARONYCHIA.

———— of the thyroid glands, in the fore part of the neck : BRONCHOCELE.

———— diffuse, not much elevated, of a livid colour : ECCHYMOMA.

———— under the skin, soft, moveable, indolent : LUPIA.

———— on a tendon, hard, moveable, indolent :
GANGLION.

———— vesicular, containing clear lymph : HYDATIS.

———— hard, on a bone ; EXOSTOSIS.

TUMOUR, from the descent or protrusion of a part, without integument: PROLAPSUS.

———— from the head of a bone, pushed out of its socket: LUXATIO.

———— hard, of the conglobate glands of the neck, nose and upper lip swelled, face often florid, and belly prominent: SCROFULA.

VEINS sunk, a symptom of CHLOROSIS.

VOICE lost, in fevers, with head-ach, followed by rigour, fatal. *H.*

———— lost, in fevers, with extreme debility and sweat, fatal. *H.*

———— lost, with languor and forgetfulness, bad. *H.*

———— lost, in fevers, without a crisis, portends cold shivering, and death. *H.*

———— lost, in fevers, with pain about the hypochondria, bad. *H.*

———— lost, in the beginning of fevers, fatal: the patient dies comatose. *H.*

———— lost, in fevers, with delirium, mortal. *H.*

———— lost, with convulsions, bad. *H.*

———— lost, in consequence of a blow on the head, fatal. *H.*

———— lost, in consequence of pain, mortal. *H.*

———— totally deficient: APHONIA.

———— incapable of articulation: MUTITAS.

———— depraved: PARAPHONIA.

———— incapable of continued distinct articulation:

PSELISMUS.

VOMITING, black, in the beginning of acute diseases, mortal. *H.*

———— black, porracious, livid, in fevers, fatal. *H.*

———— æruginous, with violent pain in the head, long watching, and deafness, indicates madness. *H.*

———— bilious, in diseased intestines, at the beginning of the complaint, bad. *H.*

———— bilious, in consequence of a wound, especially of the head, bad. *H.*

———— bilious, a symptom of the Plague.

———— bilious, with frequent bilious stools, and pain in the bowels: CHOLERA.

———— bilious, porraceous, acrid, slimy, on the second day of the Colica Pictonum.

———— frequently precedes the eruption of the confluent Small-pox.

———— often follows the rigour, which is the first symptom of the Measles, and ceases after the eruption.

———— violent from a cancerous tumour in the stomach.

———— from a scirrhus pancreas; from enlarged viscera pressing and irritating the stomach; from a diseased and obstructed pylorus.

———— from calculi, or an ulcer in the kidneys.

———— with violent pain in the stomach, extreme debility, and sometimes hiccups, from inflammation in that organ: pulse small and hard.

VOMITING, with fever, costiveness, and fixed pain in the bowels : ENTERITIS.

———— sometimes a symptom of acute HEPATITIS.

———— generally a symptom of NEPHRITIS.

———— in diseases of the small intestines, bad. *H.*

———— generally a symptom of HYSTERITIS.

———— with frequent shivering, a frequent symptom in the malignant Sore-throat.

———— generally after fainting.

———— frequent in the whooping-cough.

———— generally preceded by drivelling, sickness, and trembling of the nether lip.

ULCERS, in the fauces, a symptom of Cynanche maligna : when livid, black, or foetid, generally fatal.

———— in the tonsils, a symptom of Lues Venerea.

URINE, high coloured, a constant symptom in a hectic fever ; it generally deposits a copious branny, red sediment, which seldom falls close to the bottom of the vessel.

———— tinged with blood, made with pain and by drops, but flowing more easily by a change of position, indicates a stone in the bladder. *H.*

———— high coloured, depositing a light reddish sediment, in fevers, if before the seventh, indicates a crisis on that day ; if after, a fever of long duration. *H.*

URINE, high coloured, without sediment, during the hot stage of fevers, until sweat begins to flow freely.

———— high coloured, and turbid, denotes a putrid tendency.

———— very high coloured, a symptom of NEPHRITIS.

———— high coloured, in acute Rheumatism, but deposits no sediment until the disease has continued some days.

———— high coloured, in fevers, denotes inflammation.

———— tinged with blood, in the beginning of fevers, indicates a tedious disorder. *H.*

———— rather high coloured, in pneumonic inflammation, depositing a light sediment, portends a favourable crisis. *H.*

———— bloody, purulent, and scaly, from an ulcer in the bladder. *H.*

———— high coloured and pellucid, indicates crudity. *H.*

———— reddish, with a light sediment of the same colour, denotes a long disease, but a safe crisis. *H.*

———— high coloured, with fever, fixed pain, and glutinous crust on the surface of the blood, denotes inflammation of the part affected.

———— bloody, frequent in the confluent small-pox.

URINE, high coloured and thick, depositing a mucous sediment, in scirrhus liver.

———— with a red cloud, on the fourth day of a fever, indicates a crisis on the seventh. *H.*

———— with a blackish cloud, in fevers, attended with restlessness and watching, portends PHRENITIS.

———— cloud, in fevers, better light than dark, and falling better than rising. *H.*

———— with a white cloud, in fevers, suspended near the bottom of the vessel, good. *H.*

———— with a cloud near the top of the vessel, in fevers, indicates DELIRIUM. *H.*

———— crude, continuing for a length of time, portends pain and suppuration below the diaphragm. *H.*

———— very bright, often a symptom of stone. *H.*

———— first bright, afterwards suddenly thick and turbid, indicates sweat. *H.*

———— clear and bilious, with little sediment, frequently changing its appearance, indicates a tedious fever. *H.*

———— almost colourless, forming no cloud, and depositing no sediment, during the cold stage of fevers.

———— white and pellucid, in a phrenitis, bad. *H.*

———— white and diluted, in chronic diseases, continuing, bad. *H.*

URINE, whitish, with extreme stupor, in ardent fevers, very bad. *H.*

—— thin and bilious, in fevers, denotes crudity ; if long continued, nature wants the power of concoction. *H.*

—— limpid, in young children, bad. *H.*

—— suddenly limpid before the fourth day, in pneumonic inflammation, fatal. *H.*

—— limpid, during the cold stage of fevers.

—— pellucid and colourless, except a greenish yellow tinge, with a sweet taste, first observed by Willis, in a DIABETES.

—— limpid and copious, in HYSTERIA.

—— thin and copious, in fevers, indicates no favourable crisis. *H.*

—— white and pellucid, with delirium, in fevers, often fatal. *H.*

—— thin and white, in fevers, sometimes portends PHRENITIS.

—— thick, depositing a white sediment, denounces pain and swelling of the joints. *H.*

—— thick, like that of a horse, either precedes or follows the head-ach. *H.*

—— turbid, on critical days, depositing a proper sediment, good. *H.*

—— thick, copious, and white, on the fourth day of fevers, good. *H.*

—— thick, at the beginning of pneumonic inflammation, and limpid before the fourth day, often fatal. *H.*

URINE, again turbid after a crisis, threatens relapse. *H.*

———— thick and white, about the fourth day of internal inflammation, prevents the formation of an abscess. *H.*

———— thick suddenly, in fevers, portends sweat. *H.*

———— turbid and milky, sometimes in malignant fevers.

———— purulent, depositing a light white sediment, after pain in the bladder, good. *H.*

———— thick and copious, with a white sediment, before the fourth day of fevers, indicates coction and excretion.

———— thick, without sediment, in fevers, bad.

———— soon depositing a sediment, in fevers, indicates a speedy crisis. *H.*

———— suddenly ceasing to deposit a proper sediment, threatens pain, or a change for the worse. *H.*

———— depositing a white sediment on the fourth day, in fevers, indicates a crisis on the seventh. *H.*

———— depositing a white light sediment, in fevers, indicates a favourable crisis at no great distance. *H.*

———— depositing a sediment, resembling coarse meal, indicates a tedious fever. *H.*

———— with coarse brown sediment, in acute diseases, bad. *H.*

URINE, blackish green sediment, in pulmonic inflammation, fatal. *H.*

——— depositing a gross thick sediment, in fevers, denounces death, or a tedious disease.

——— with a black sediment, fatal. *H.*

——— depositing a copious sediment, in fevers, relieves delirium. *H.*

——— black, in fevers, bad. *H.*

——— blackish, with sweat about the head and neck, and restlessness, in acute diseases, fatal. *H.*

——— blackish, with sediment of the same colour, bad. *H.*

——— black, depositing a black sediment, in fevers, fatal. *H.*

——— black, in fevers, fatal, unless very copious and critical. *H.*

——— black, changing to aqueous, bad. *H.*

——— black and fetid, fatal.

——— greenish, with black sediment, in pulmonic inflammation, bad. *H.*

——— with an oily scum on the surface, denotes colliquation, and is a frequent symptom of Atrophy. *H.*

——— variable, predicts a tedious fever. *H.*

——— suppressed: ISCHURIA.

——— suppressed, with violent pain of the head, portends convulsions. *H.*

——— suppressed, with pain in the loins, por-

tends a discharge of small stones, or sand, or thick urine. *H.*

URINE, suppressed, with rigour, very bad. *H.*

——— suppressed, followed by a volvulus, fatal before the seventh day, unless relieved by fever and a copious discharge. *H.*

——— suppression of, frequently followed by head-ach and convulsions. *H.*

——— suppression of, may be occasioned by indurated fæces, or by distention of hæmorrhoidal veins.

——— suppressed, with wakefulness, threatens PHRENITIS.

——— and stools suppressed, in fevers, frequently indicates a critical sweat.

——— suppression of, may be caused by inflammation of the kidneys, ureters, bladder, or urethra, paralysis, or spasm, or obstruction in any of these, by stones, pus, or mucus, or by superflux of other evacuations.

——— passed without the patient's knowledge, in fevers, bad. *H.*

——— preternaturally copious, continued: DIABETES.

——— fetid, of whatsoever colour or consistence, bad. *H.*

——— with fine threads suspended, resembling bits of a spider's web, colliquative. *H.*

WAKEFULNESS long continued, ends in delirium. *H.*

WAKEFULNESS, with stools and urine suppressed,
in fevers, portends PHRENITIS.

———— without symptoms of concoction,
in fevers, bad.

———— in fevers, often precedes a crisis.

———— in fevers, with cold sweats, and
vicissitudes of heat and cold, bad. *H.*

WASTING of the flesh, with increasing debility,
and hectic fever: TABES.

———— of the flesh, with increasing debility,
and no fever: ATROPHIA.

WEAKNESS after pain, in fevers, good. *H.*

———— extreme of body and mind, a general
symptom of malignant Sore-throat.

———— extreme, a pathognomonic symptom of
inflammation of the stomach: GASTRITIS.

———— muscular, quick pulse, and preternatu-
ral heat: FEBRIS.

———— a symptom of CHLOROSIS.

———— extreme, with ghastly countenance,
slight convulsions, and cutaneous eruptions, in
DYSENTERIA MALIGNA.

WEATHER, frequently and suddenly changing, pro-
duces diseases. *H.*

———— changing from extreme heat to extreme
cold, and *vice versa*, occasions autumnal dis-
eases. *H.*

———— when seasonable and constant, indica-
tions are more certain. *H.*

WEATHER, changing from continued cold to extreme heat, occasions inflammatory diseases.

YAWNING, in new-born infants, good.

———— during parturition, bad.

———— in hæmorrhages, bad.

———— generally precedes hysteric paroxysms.

———— often precedes the paroxysms of an
ague.

OF
SYMPTOMS,
WHICH
AFFECT ONLY ONE SIDE OF THE BODY.

FROM
The Dissertation of Du Pin, "De Homine Dextro et
Sinistro."

IN inflammatory affections of the lungs, if confined to one half of the lungs, the cheek of the corresponding side will be more flushed, and the tongue more foul on the same side than the other.

Instances of jaundice being confined to one half of the body have occurred.

Profuse perspirations confined to one side of the body have been frequently observed.

I have myself seen several cases, where the heat of the two sides of the body, as measured by the thermometer, differed by several degrees.

Cutaneous eruptions, as small-pox and erysipelas, have occurred, confined to one side of the body.

Inflammation is frequently confined to one side of the lungs, which is indicated by enlargement and external puffiness of that side of the thorax.

Salivation has been found confined to one side of the mouth.

The mumps, indicated by enlargement of the pa-

rotid glands, followed by swelling of the testicles, has been observed to occur on one side of the body.

Nephritis is sometimes confined to one kidney.

Hæmorrhage occasionally takes place only from one nostril.

Critical discharges sometimes occur only from one side of the body.

In inflammation of the lungs, to take blood from the side affected is considered as most efficacious.

Hemiplegia, a disease of one side, frequently occurring.

Convulsive diseases are often confined to one side.

Injuries of the brain frequently occasion diseases of the opposite side of the body.

Convulsions of one side are frequently accompanied by hemiplegia of the other.

Instances have occurred of catalepsy being confined to one half of the body.

Rheumatic pains have been observed to be confined to one side.

An explanation of many of these phenomena may, perhaps, be derived from the decussation of the nervous fibres of the medulla oblongata, previous to their going to supply the opposite hemispheres of the cerebrum, a fact now ascertained beyond controversy by the recent anatomical investigations of phrenologists.

T H E E N D.

LONDON:

PRINTED BY CHARLES WOOD,

Poppin's Court, Fleet Street.

INTERESTING MEDICAL WORKS,

PUBLISHED BY

CALLOW AND WILSON,

PRINCES STREET, SOHO.

VENUS SINE CONCUBITU, nunquam aliud Natura aliud Sapientia dixit; editio altera, 12mo. *bds.* 4s. 6d.

A TREATISE on SEA-BATHING, with Remarks on the Use of the Warm Bath, by DR. BUCHAN, crown 8vo. *bds.* 5s.

AN ACCOUNT of the DISEASES most incident to CHILDREN; to which is added, an Essay on Nursing, with a particular View to Infants brought up by hand, &c., by DR. ARMSTRONG, a new edition, with additional Notes, by DR. BUCHAN, crown 8vo. *bds.* 5s.

ANECDOTES, MEDICAL, CHEMICAL, and CHIRURGICAL; collected, arranged, and transmuted, by an Adept, 2 vols. in 1, 12mo. *bds.* 7s. 6d.

OBSERVATIONS on the HARVEIAN DOCTRINE of the Circulation of the Blood, second edition, by G. KERR, 12mo. *bds.* 5s. 6d.

MEDICAL SKETCHES on the following subjects:—1. On the Use of Hellebore, as a remedy for Insanity and other Diseases. 2. Of Colchicum Autumnale, and its use in Medicine. 3. Observa-

Medical Books, published by Callow and Wilson.

tions on the Sudden Death of Women in Child-bed, by G. KERR, 12mo. *bds.* 4s.

A TREATISE on ACUPUNCTURATION, with Directions for its Performance, and Cases illustrating its Success in the Cure of Rheumatism, Sciatica, Lumbago, &c., by J. M. CHURCHILL, 12mo. *bds.* 4s.

A TREATISE on the ANATOMY and PHYSIOLOGY of the MUCOUS MEMBRANES, with illustrative Pathological Observations, from the French of Bichat, by J. Houlton, 8vo. *bds.* 4s. 6d.

OBSERVATIONS on SYPHILIS, principally with reference to the Use of Mercury in that Disease, by John Bacot, 8vo. *bds.* 4s.

OBSERVATIONS on the USE and ABUSE of FRICTION; with some Remarks on Motion and Rest, as applicable to the Cure of Gout and Rheumatism, &c. 8vo. *stitched*, 2s.

A SOVEREIGN REMEDY for the DROPSY, published by desire, for Public Benefit, 8vo. 6d.

OBSERVATIONS on INDIGESTION, in which is satisfactorily shown the Efficacy of Ipecacuan, relieving this, as well as its connected train of Complaints peculiar to the Decline of Life, from the French of Daubenton, by DR. BUCHAN, 12mo. *bds.* 2s. 6d.

The MEDICAL FRIEND to the ASTHMATIC PATIENT, showing him the Particular Species of his Disorder, and also what to pursue, and what to avoid, &c.; selected and arranged from the Extensive and Scientific Work of Dr. Bree on Disordered Respiration, by DR. NISBET, 12mo. *bds.* 3s. 6d.

