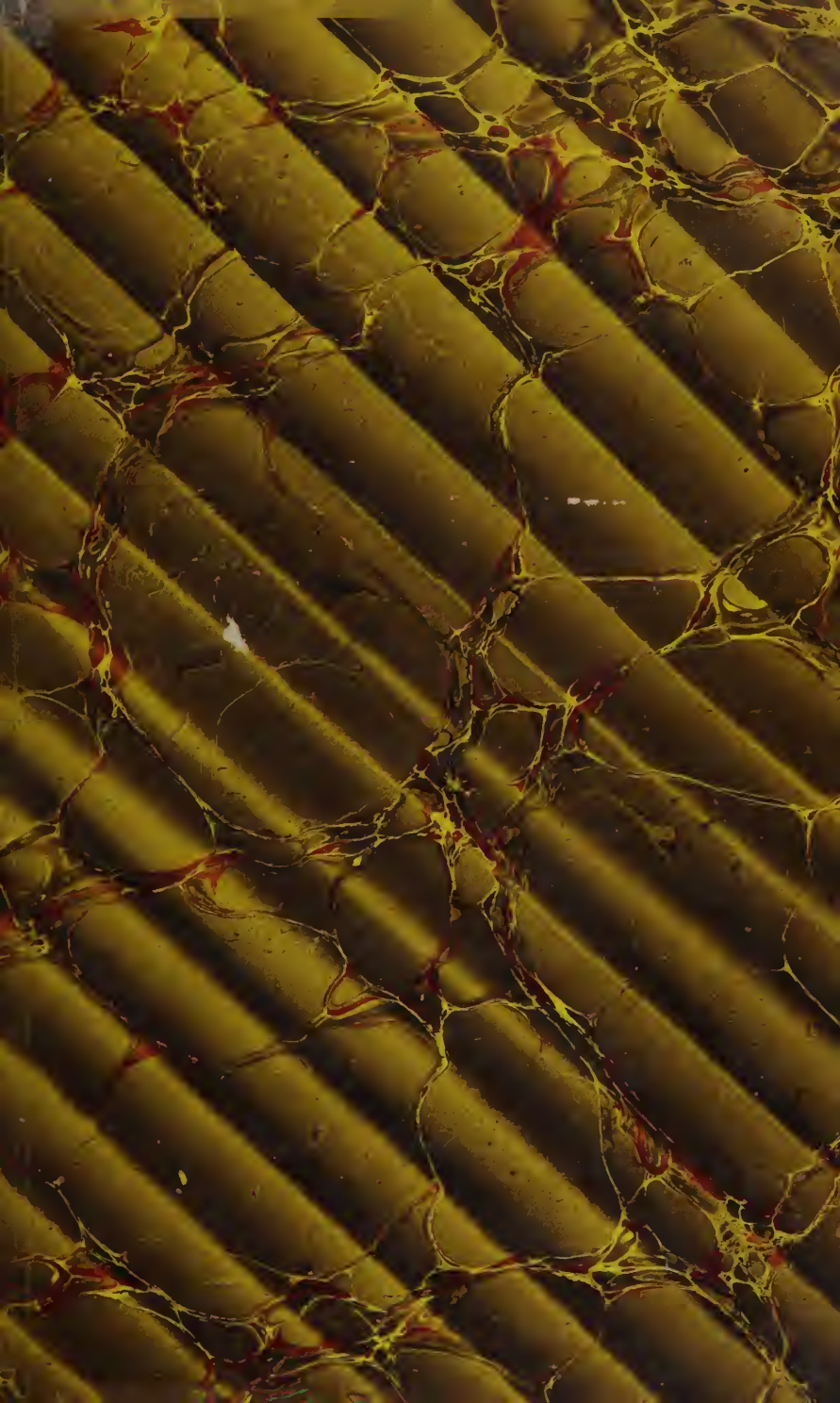


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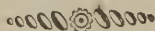
PROFESSORE INSTITUTORUM SEU PRINCIPIORUM MEDICINÆ, IN ACADEMIA
TERRÆ MARIANÆ.

“ Probe memores, sapientiam esse primam, stultitia caruisse.”
GREG.



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~~...~~ the
regard of his Friend the
author

DISTRICT OF MARYLAND, ss.



BE IT REMEMBERED, that on this tenth day of November, in the thirty-seventh year of the Independence of the United States of America, John B. Davidge, of the said District, hath deposited in this office, the title of a book, the right whereof he claims as author in the words and figures following, to wit

” *Nosologia Methodica: series classium et generum, et specierum, et varietatum morborum exhibens, auctore Joanne B. Davidge, A. M. M. D. professore institutorum seu principiorum medicinæ in academia Terræ Marianæ.*

“ *Probe memores sapientiam esse primam stultitiam caruisse.*” *Gregorius.*

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PHILIP MOORE,

Clerk of the District of Maryland.

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PREFACE.

WHEN about to give to the world new principles on Nosology, or old principles in a new form, it may be expected that we should give some reason for our undertaking; especially as the world is already in possession of the works of several celebrated nosologists. It may be presumed, that if they have not attained some degree of perfection, our efforts will be fruitless; if they have met with success, our efforts will be superfluous and nugatory.

It must be admitted in the science of physick as well as in other sciences, that time and the labours of various and numerous intellects are not wholly in vain; and that, year after year, some little improvement may be made, so that we are kept in a state of, at least, slow progression.

Not only so, but, it must be conceded, that the first views on most subjects are not so perfect, nor indeed can be expected to be as those which

may result from much, close, and particular observation and reflection, even upon the presumption that all other things are equally propitious.

Of the writings of the earlier authors, Linnæus, Vogel, Sagar and Sauvage, on nosological science, some are too unphilosophical to be understood, and others too imperfect to be useful. Of the Nosology of M'Bride we have seen but a small portion, and that, we confess, has not raised our opinion of the talents or learning of the writer. And even Cullen himself is unable to maintain his claims against the rigorous demands of critical analysis. We cannot perceive any advantage that possibly can result from his numerous orders and his sections: they are too artificial. And his genera are multiplied beyond all toleration; they are unnatural, unscientific, and derive no support whatever from any rational view of his subject. There is a prolixness in his general detail, and a complexedness and involution in the various parts, that require an address and a dexterity of investigation totally inconsistent with the patience and capacity of ordinary minds. Hence many object to the Nosology of Dr. Cullen, because they do not com-

prehend it, and more because they have not patience to read it through, or dexterity to unravel the intricacy of its parts. At best Cullen is filled with serious errors, and in many places he is extremely unclassick.

But we should be careful not to consider the errors and mistakes of the *writers* on Nosology as imperfections in the *science*. If every system of science or morals is to be answerable for the follies of those who attempt to write on them, what would be the fate of the noble and sacred system of Christianity? The faults are not in the system, but in the commentators.

We shall avail ourselves of the opinions of Cullen so far as they accord with our views; in a particular manner shall we use his characters. Those are in the general unexceptionable.

We wish it to be distinctly understood, that what we now offer has no higher claim than a Syllabus, intended chiefly for the use of the pupils of our own College, purporting at our leisure to give something more in the form and character of a finished system. We do not say this in order to evade any discussion honourable and fair, on the utility or principles of Nosology.—

Truth and the promotion of the medical science being our object, we are willing, at any time, to receive instruction on any point.

The difficulty to fix and preserve a definite idea, in a living vernacular tongue, induces us to retain the Latin. Whenever it is wished to repeat a character in a language of daily use, if we cannot readily and with precision recollect the words we want, nothing is more customary than to use such as bear a near affinity in meaning, to them. And thus, by adopting words, between which and those we want there is but a slight, perhaps scarcely perceptible, shade of difference, we gradually and insensibly depart from the original, and ultimately lose both the words and the ideas. Not only so, but we are persuaded that there is a greater facility in committing to memory and recovering to use, characters in a dead than in a living language.

Moreover, foreigners, not critically acquainted with the English language, may be at a loss to comprehend the exact limit and full extent of an idea in that tongue, but who would have no difficulty in attaching to it the proper sense and meaning, if conveyed in the Latin, with which

they may have been early and intimately conversant. In America, a country peopled by individuals of almost all nations, it appears to be of the greatest importance, that we do not wholly abandon a language taught in every civilized country, and read by every scholar.

Superadded to what we have advanced by way of apology for our present undertaking, we will subjoin, that as teachers of medicine, we are called upon in the most imperious and irresistible manner, to arrest, so far as it may fall in our way, the progress of an error dangerous in the extreme. An opinion of late has been inculcated with indefatigable industry, that science and classical learning are by no means necessary constituents of a preparation to discharge the most important duties of a physician! In language the most unreserved, and sentiments the most unqualified, all attempts at general and nosological learning are discouraged, and Ignorance, unaided by the first principles of science, is invited and solicited to come forward and try its awkward hand, in **BOLD EXPERIMENT**, on human feeling and on human life!

A science, the most noble and useful, the most important and extensive, is committed to minds untutored and unenlightened—hands the most unadroit and inexperienced are called on to exercise an art the most intricate and dear to humanity! That science, that art, which, in other countries, and at other times, afforded employment to elevated intelligence and cautious experience, is now turned over to youth without prudence and age without learning!

Introduction.



PATHOLOGY.

“THE remote causes of diseases ALL unite in producing but ONE effect—that is *irritation* and *morbid excitement*; and, of course, are *incapable* of division. The proximate cause of disease is a *unit*.” *Rush’s Introductory Lecture*, page 151.

All analytical disquisitions on the *modus operandi* of causes producing disease in the animal body, are illusory, and perhaps will continue to be unproductive of conviction or satisfaction, at least until the principles of life shall be more fully ascertained. Causes probably act upon the living, the nervous system, not unlike external objects do, through the intermediation of the senses, on the intellectual powers. The latter by acting on our senses give *occasion* to perception,

to thought, and lead on to induction or judgment; the former act on the living system, and give *occasion* to those primary changes, accompanied by disturbed sensation, or inordinate action in, or interruption of the function of an organ or organs, which we style disease.

This original or primary change in, or departure from the healthy condition of the body, must forever be in *kind* according to the nature of the *operating cause*; and equally with the causes susceptible of division. Thus, that disease which we term the small-pox; or that which we term intermittent fever; or that which we term lues venerea, is referrible for its peculiar phenomena, to the nature of the particular remote cause acting on the animal system. The virus of the small-pox will never under any circumstance whatever, produce the phenomena of the lues venerea; nor vice versa.

Positive diseases do not arise from negative causes. Except it may be said, and to the position we have no serious objections; that disease, and even death, from submersion in water or carbonick acid gas, from starvation or hanging, is produced negatively.

All kinds of matter, whether nosopietick poisons or alimentary substances inoperative on the animal body, may safely be admitted to possess certain properties or attributes inseparable from their respective natures. And to such properties or attributes are ascribable the peculiar configuration and structure of all metallick bodies or lapideous masses or saline compounds: in short, of all bodies, solid, fluid or gaseous. Nor are these attributes incidental in their existence, or casual in their operation.

As well could we conceive matter to be and not to be, at the same instant, as to be and yet not to possess certain fixed and inherent properties. Whenever we contemplate a mass of gold, we necessarily recognize and associate in our minds the laws or affinities by which the constituent atoms are held in mutual juxtaposition and approximation to each other. The laws or aggregative forces by which the mass, in its integrity, is preserved, are as indestructible as the atoms or elementary particles to which these laws are intrinsic and attached. And we cannot conceive of the substance in any form or

INTRODUCTION.

condition, dispossessed of the property or attribute.

This reasoning, on the structure and figure of simple substances, may be extended to all forms of compound bodies, substituting compositive for aggregative forces or affinities.

The properties of poisons are as indestructible and immutable as any other variety or form of matter. We cannot destroy the property without annihilating the substance.

In every disease there is, and that of necessity, more or less of a suspension or destruction of the natural laws of the part or the whole of the animal economy, and a proportionate substitution of the laws, as they relate to the part or the whole, of the offending poison or cause. If of the part, the disease will be proportionable to the disarray in the organization, and disturbance of the healthful operation of the part, and the relation the part affected may have with the general whole. If of the general system, the disease will be universal, and in the geometrical ratio of the degree or force of the offending power. If the substitution of the morbid laws be complete, or if their force prevail over the resistance which

the part or whole may be capable of exerting, immediate local or general destruction must be the inevitable result.

Hence our corollary, that all particular poisons productive of disease, acting chemically or mechanically, according as they may be established in their laws or forces, or as they may be competent to suspend or destroy the appropriate operations of a part or the whole, or divert the animal economy from the ordinary exertions of her own laws in her own way, and on her own plan, will give occasion to diseases, severe or light, durable or evanescent, and each marked by symptoms fundamentally characteristick and proper to its own nature.

That every disease is an *irritation*, or *morbid excitement*, is a position, so plain and so true, that it neither admits of refutation nor illustration. It is one of those self-evident propositions which defies argument and is unsusceptible of proof; it is an obvious medical axiom. But that every *irritation* is the *same in kind*, and, of course, incapable of division, needs some proof; more, we apprehend, than has yet been laid before the publick.

The immediate and necessary consequences of the assumption of the learned professor, that morbid excitement is simple and *incapable of division*, and that the proximate cause of disease is a *unit*, are that all the morbid appearances or pathological changes which present themselves to our view can be nothing more than varied forms of the same generick disease.

It would be equally defensible and logical, and by no means remote in analogy, to argue, that the principle of animation or state of being enlivened, or the principle of vegetation or power of producing plants, is simple and incapable of division; therefore all animal or vegetable productions are nothing more than the varied forms or modifications of one genus of animals or vegetables.

But we are disposed to maintain, as an incontrovertible fact, that every generick animal or vegetable possesses principles of animation or vegetation essentially and fundamentally distinct from those of every other family of animals or vegetables; and that to the difference of the principles or laws of life, as to kind, is to be referred the difference of internal structure and

external configuration, discoverable between the various genera and families of animals or vegetables.

To what can we ascribe the dissimilarity in the internal organization and external figure, real and apparent, between the horse and the cow? To the principles or laws of animation of the part or the whole, without doubt, must be attributed both the organization and the figure of the one and the other. If the laws and properties, in other words, the principles of animation, in the horse and cow, and so of other animals, were essentially and fundamentally the same, of necessity there would be a similarity of structure, and the horse and cow genus would successfully copulate, and produce by sexual-commerce a fertile offspring. What evanescent shades of difference soever there might occur, would be fortuitous, the result of accident, and wholly deducible from climate and habits of life.

But surely no zoologist would be so far transported beyond the limits of common sense and common prudence, by any elasticity of genius or imagination, as to admit the possibility of a

successful sexual intercourse between the above mentioned families of animals, under any combination of circumstances, varieties of climate, or diversified economy of life. Yet we believe, that such a commerce, productive of fertile issue, might as certainly and readily occur, as that hydrophobia could, by any modification produced by climate, or any temperament of body, be changed into syphilis.

The properties of the horse and cow are not incidental; nor are the attributes of the virus of the hydrophobia, or of the virus of the syphilis, or of the efficient cause of any other generick disease, contingent or extrinsick.

We may safely extend this plan of argument to our disquisitions on vegetable life. Granting the principles of vegetation, by which the oak is evolved, and the potato assumes its organization, to be the same in nature, the oak and the potato could mutually differ in casual characters only. The structure and figure, in principle would be the same, or homogeneous; and of necessity, we might and would from an acorn, climate and appropriate cultivation favouring our experiment, have now-and-then produced a potato: and the latter vegeta-

ble, under given circumstances, would be, at times, assuming the majesty and form of the oak.

But whatever there may be of extravagance and absurdity in supposing it possible for an oak and a potato mutually to exchange characters, both the extravagance and absurdity are certainly equalled, if not surpassed, by the monstrous notion that the Small-pox under the influences of climate, and of time, and of accidental combination of circumstances can be nothing more than a modification of the Hooping Cough; and that, things favouring, the virus of the Small-Pox may and does in given habits, develop all the phenomena of the Hooping-Cough, and that the poison which produces in one habit the Hooping-Cough will in another under suitable circumstances exhibit to our view all the characters of Small-Pox. Yet this is the necessary, the immediate, and the inevitable consequence of the assumption of the ingenious, and learned Professor.

As is the immutability of the properties of the operating cause, so must be the uniformity of the result in its essential nature provided the cause act upon the same principle, under the same circumstances. As readily will the principles of animality

and the principles of vegetability mutually exchange properties as the virus of the hydrophobia and the virus of the vaccine disease reciprocally lose their attributes in each other.

It is generally granted, and we believe there is no insecurity in the conclusion, that in the animal or vegetable kindoms, each genus, which under no temperament of constitution, or operation of climate, can be produced by any other, is distinct and separate from every other genus. And with a parity of reason, *that* disease which, under no variety of constitution or dissimilitude of climate, can be produced by any other, may, in common sense and sound philosophy, be determined to be distinct from all other diseases. This is so plain, that we apprehend it may stand as an axiom, against which there can be no reasonable objections, and on which we will put at issue our discussion.

The intermittent or remittent fever, varieties of disease from the same remote cause, and of the same genus, may attack the human body at any period of life, and may be removed by the unaided efforts of the constitution, or by these efforts artificially aided; or they may, from their

inherent violence, or the inability of the body to resist, prove fatal. This genus of disease can make its attacks once, or oftener through life; it leaves no taint in the parent body, transmissible either to near or remote offspring; it is derived, so far as ætiological researches afford evidence, from an insalubrious atmosphere, and is not contagious. We do not at present speak of the distinctive symptoms of this genus of disease; a consideration of them being postponed until we shall arrive at a more advanced stage of our discourse. We are now disposed to limit ourselves to the obvious facts of its operations on the human system.

The gout seldom attacks until the body has arrived at its acme or majority; does not appear to be owing, in its remote cause, to any insalubrious condition of the atmosphere, as it takes place under every variety of healthful and unhealthful modification of the air. Having once subdued the animal economy to its laws, no efforts of the constitution, or endeavours of art, can ever after, through life, relieve the body from its influence. Nor is its influence limited to the parent body; it descends to the child, and may

continue to inqurate the body of the descendants for generations.

There are not, between the horse and cow, any circumstances which can more certainly mark them to be of separate genera, than there are between the remittent fever and the gout, to designate them as generically distinct diseases. But we proceed.

The small-pox, inscrutable in its origin, assails the human body at any and every stage of life; runs its course in fifteen or twenty days; can be propagated by effluvia, from the diseased to the healthy; leaves no taint that can be transmitted from parent to child; nor does it but once attack the same body. Laying aside the particular sensible expressions of the gout and the small-pox, while operating on the constitution, they appear to our understanding, to be as generically distinct from each other, as the sheep and the hog, or the oak and the pine.

From the insertion of the variolus virus into a body that has not antecedently passed under its action whether the body at the time of the insertion be healthful, or labour under a remittent fever or gout a genuine legitimate small-pox will be pro-

duced, capable of reproducing itself. Or if the virus of the small-pox be inserted into a wound, made in a person under the measles, it will take effect locally, but will not evolve itself and come fully into operation throughout the whole system, until the action of the measles shall have spent itself; then will the small-pox virus unfold its nature and full character, *unmixed* and *unaltered* by any combination with the measles.

Here the germina of the measles and small-pox come as much as possible into union; yet the variolous virus obtained from a pustule in a person who had just undergone the morbillous action will produce the genuine small-pox.

If the ass-genus copulate on the horse, the production will be a mule, or hybrid animal, and unfertile. This obtains also with other animals; hence it appears, without any strained induction, that diseases, under certain circumstances, may be more *uniform* and *fixed* in their laws, and blend less their characters than some animals or vegetables.

The lues venera attacks at any period of life; but unlike the small-pox and measles, and several other diseases, it does not run its course in a limit-

ed time, leaving the body unsusceptible of any future return. If it be not opposed by art, the patient's life will inevitably be lost, and that with an unerring uniformity.

Will gentlemen, who have made up their minds in full accordance with all the consequences of the new philosophy of simplicity and unity, argue that there is no essential radical difference between the *irritation* of the gout, and the *morbid excitement* of the small-pox; between the *irritation* of the vaccine disease and the *morbid excitement* of the lues venerea? Will they insist that "their remote causes *all* unite in producing but *one* effect" or that the proximate cause of the gout, the small-pox, the vaccine, and the lues venerea is but an *unit* and the same?

This putative unity of disease reminds us very strongly of the ancient alchymy, which maintained that there is but one true metal; that all metallick bodies were only so many modifications of this one genuine metal; and that they were all reducible by chemical process to this one true metal, gold. The analogy between the present medical philosophy and that of the alchymists is not remote, and we apprehend, when the new doctrines of

pathology shall be examined with a like degree of minuteness and care, as were the alchymical doctrines, they will share a similar fate. Their premisses were, without doubt, as well laid, and their inductive reasoning as good and equally plausible.

“ Pathology has, for its objects the remote, exciting, and proximate causes of diseases” *Rush’s Introductory Lecture*, p. 14.

Pathology has no more to do with the remote, exciting, or proximate cause, than the doctrine of plants has. Such a construction of the term is not to be justified either by etymology or general use. All enquiry into remote and exciting causes, falls altogether within the range of ætiology, and belongs to it alone.

Innovations in the technical language of science, particularly when such changes tend to corrupt the language, are followed, and that of necessity, by confusion of the most serious kind, not of words, but of ideas. It is equally necessary that the terms of a science should be defined, as that its principles should be fixed. Our *ideas* can only be made publick, or communicated, by *words* or signs, and if these be loose and undefined, there

is an end to all exchange of sentiment and reasoning.

Pathology is the philosophy of the manner in which one morbid change in the human body, succeeds to, and is produced by another. It treats of the manner in which causes affect the animal economy, but cannot extend to a disquisition on the nature or origin of causes. Pathology explains, for instance, how and from what series of causation, pain, increased heat, redness, tumefaction, arise in an inflamed part; and also the pulsation of the neighbouring arterial trunks. If we travel into the nature or origin of the causes, either remote or exciting, we unquestionably forsake the limits of pathology, and get within the province of ætiology.

There are numerous instances of nations having been exempt from one or more particular diseases. The Greeks and Romans were, for centuries, free from the small pox. But no sooner was this disease incidentally introduced among them, than it spread with great rapidity, attended by inconceivable fatality, over their whole communities. If disease be an *unit*, in what way is this highly interesting fact to be ex-

plained? It will scarcely be contended, that, for centuries, no person, among the Greeks and Romans, was in that peculiar condition of habit, which was susceptible of the action of the small-pox.

Among the many millions who lived in Greece and Rome, we have a right to suppose that there must have been every variety of constitution, and temperament. Yet it is a fact not to be controverted, that the small-pox never did appear in those countries until ages after they had been peopled. But no sooner was this disease introduced, from without than thousands of the inhabitants fell victims to its ravages.

Now if small-pox be nothing but a *form* or *gradation* of disease, how did it happen that not a solitary instance of it occurred either among the Greeks or Romans? And by what peculiar means was it that both nations were suddenly and extensively attacked by it? It is not to be imagined that there was an instantaneous revolution in the physical constitutions of the people of each nation. And yet without this stretch of imagination the medical unitarian is reduced to some difficulty.

Upon the ground that disease is an unit, we are to suppose one of two things. Either there was no constitution of that peculiar complexion, and character, which was obnoxious to the operation of the small pox ; or there was a sudden revolution in the physical habits of the people. To suppose the former, were to proceed farther on the begged question than any rational philosopher would be disposed to go: and to admit the latter, would be to suppose a point merely because it was absurd, and in the face of all evidence. We believe that no mind, except placed without the limits of all reason, can be prepared for the admission of either of these propositions. Yet it is only on the admission of one or the other, that the unity of disease can be defended.

The arguments immediately deducible from the above fact, most unanswerably establish the plurality of disease, and defy all the subtle ingenuity of the most plausible sophistry.

The fact admits of but one solution. The seminia, or remote cause of the small-pox, are, and must be, in their nature, distinct from the seminia of every disease which prevailed among the Greeks or Romans, and of consequence, the

small-pox could not have origin among these people until introduced from without, by means of its seminia brought among them.

What has been advanced concerning small-pox, may be advocated respecting measles, chicken-pox, &c.

Again, if a farmer were asked, upon his sowing wheat in any district of country, or variety of soil whatever, whether from the wheat sown he would not reap a crop of oats, he would not be a little surprised. He might conceive the question to embrace no small degree of mental imbecility, as regarded the person who propounded it, or of gross insult as it respected himself. And would undoubtedly answer that the result could not be a thing of contingency or accident; that his own personal observation—the experience of his neighbours—and the history of the grain, since it was known, all bear him out in the opinion that, from wheat, no grain but wheat could grow, let the climate or soil be what it may.

Upon analogous principles were it propounded to a philosopher of the new school, whether from the virus of a rabid animal, inserted into a

wound made into a healthy person, the hydrophobia would *certainly* and *unerringly* be produced, he would answer that the result must be a thing of casualty or accident. The *laws* of disease in his estimation not being *fixed*, it would depend upon a concurrence of circumstances. "It might be a mumps, a small-pox, a yellow fever, or even regular mania, according to *time*, to *climate* and a *great variety of circumstances*."

But were the same proposed to a Nosologist, a man of the old school, of reason and science, he, like the farmer, taking the experience and unbiased observation of ages for his guide, and steadily confiding in the *fixed, immutable laws* of disease, would find no difficulty in solving the question. He would say, that as neither *time*, nor *climate*, nor *any variety of circumstances*, has as yet made any essential alteration in the laws of the hydrophobia, as respects its operation on animal bodies, it amounts to a certainty, or that kind of probability, which rational men are not permitted to doubt, that an affection, correspondent in nature and phenomena to the hydrophobia, could alone be propagated from the virus of a rabid animal.

But some gentlemen, of high intellect too, have persuaded themselves, “*that all remote causes unite in producing but one effect, that is irritation or morbid excitement, and that the proximate cause of all diseases is an unit.*” In other words that the excitement of the hydrophobia, and the excitement of the vaccine disease are the same in kind, and that their proximate causes are an unit. Or, in plainer English, that the hydrophobia is only a modification of the vaccine disease!

Again if the “remote causes of disease *all* unite in producing but *one* effect, that is, irritation and morbid excitement, and of course are incapable of division,” in what manner or by what species of philosophy are we to explain a fact furnished by the observation of every day. No one fact in the history of physick is better, or more solidly established than that the human body, speaking generally, will not more than once suffer the operation of the variolous virus. It will not, a second time exhibit, upon experiment, the signs of the small-pox.

But if the virus of the measles, of the chicken-pox, of the hooping-cough, be applied to a body

that has become unsusceptible of the variolus poison, by being previously affected by it, the body will receive the infection and present that series of symptoms which are indicative and characteristic of the poison applied.

If there were no intrinsic and essential difference between the poison of the small-pox and the poison of the hydrophobia or measles, the body would be equally liable to be operated on. by the virus of the small-pox, as by that of the hydrophobia, or measles, after it had been previously subjected to the virus of the small-pox. But is it a fact that the body is equally susceptible of the one as the other? I apprehend not. Then let our unitarians give us the reason.

It has been asserted, by several respectable writers that certain peculiar constitutions will be, and have been, more than once operated on by the virus of the small-pox; we mean constitutionally. Of the correctness of this opinion we entertain much doubt. Writers do not in the general, appear to have been sufficiently careful in their examination of the fact. We question the position so far that, were this a proper place, we should not hesitate to undertake to prove the con-

trary. Although irrelative to the main subject before us, we cannot help remarking that the story of the old woman; who died at the advanced age of a hundred and upwards, after having had the small-pox seven times, having been detailed so frequently by so many writers, and so variously, appears to us at present but very little more than an *old woman's story*. But to our purpose.

It has been urged with some warmth, and, indeed, with no little degree of confidence, that the febrile state of disease is at least, simple, and indivisible. And so plausible is the manner, in which this fascinating idea has been introduced to the publick consideration, that, even men of science and intelligence, on the first view, admitted it.

We believe it may be laid down as a fact, that the measles, chicken-pox, mumps, whooping-cough, &c. can be propagated during their state of fever. This perhaps will not be contradicted; if it should be, we shall ask for a defence of the ground upon which it is questioned.

For the present then, we assume that the fact is so, and we shall proceed to give our ideas of the manner in which it takes place. The only

intermediate body, by which a healthy person can be affected by a patient labouring under the febrile state of one of the above diseases, is the effluvia issuing from the lungs and general superficies of the person diseased. The effluvia eliminated, must, in their nature, depend on the peculiarity of action of the vessels whence they issue; and this peculiarity of vascular action can be ascribable to nothing less than to the cause which produces and keeps up the peculiar excitement. Hence it incontestibly follows, that if the whooping-cough be generically distinct from the chicken-pox, or the mumps from the measles, the effluvia producing them respectively must also be generically distinct; and if the effluvia causing those diseases be in their nature different, the peculiarities of action in the vessels producing them must in like manner be different. Thus, if we be correct in our premises, and we perceive no fault, our conclusion, that the febrile state in the chicken-pox is generically distinct from that of the whooping-cough, and so of the mumps and measles, we conceive to be unexceptionable. For the fever in each disease is this peculiarity of action in the arteries, superinduced and supported by the

peculiarity of the original, remote cause acting on the living system. If the arteries, large as well as small, can be said to be the throne and seat of any disease or form of disease, assuredly they may be said to be the throne and seat of fever.

In answer to what we have advanced, it may be said that the effluvia, although in themselves dependent on the action of the capillary arteries of the surface, may only serve as a vehicle to any poison that shall be mixed with the blood, and shall escape through the arteries as through exhaling tubes, and as a vehicle may convey this poison to surrounding bodies.

Until it can be fully established and demonstrated that the poison of the small-pox, or measles is received into the blood, is mixed with it, and escapes through the arteries of the surface, as through strainers unaltered, we shall hold ourselves at liberty to question such hypothesis. If the poison of the hydrophobia, small-pox, or chicken-pox be mixed with the blood, would not the blood of a person labouring under one or either of those diseases produce infection applied under certain circumstances? We have

no unequivocal evidence even in the venereal disease that the blood will communicate the infection. The humoral pathology will do but little credit to the science that undertakes the defence of its pretensions. As to ourselves, we have no exalted opinion of the justness of its claims.

NOSOLOGY.

“Nosology presupposes the characters of diseases to be fixed as the characters of animals and plants; but this is far from being the case. Animals and plants are exactly the same in all their properties, that they were six thousand years ago; but who can say the same thing of any one disease? They are *all* changed by time, and still more by climate, and a great variety of accidental circumstances.” *Rush.*

Nosology has for its object the nature and pathognomonick symptoms of disease. It is simply the science of pathognomonicks, or that series of diagnostick symptoms, which is inseparable from, and uniformly indicative of a disease, and by which that disease is to be known from every other. And we are prepared to *say*, and enter-

tain hopes of sustaining our assertion, that the pathognomonick symptoms in diseases, are as unequivocal and fixed as the distinctive characters in animals or plants; and further, that no generick disease, in any of its distinctive diagnostick properties, has ever, by time, by climate, or any other accidental circumstances, been changed.

The better to avoid misapprehension, unfairness, or illusion, we take our characters from Cullen's Nosology; yet we are not to be understood as taking upon ourselves the defence of all his opinions and peculiarities.

The diagnostick series of symptoms of the intermittent fever, or that by which it is distinguished, is

“Febres, miasmata paludum ortæ, paroxysmis pluribus, apyrexia, saltem remissione evidente interposita, cum exacerbatione notabili, et plerumque cum horrore redeuntibus, constantes: paroxysmo quovis die unico tantum.”

Cullen.

PNEUMONIA.

“Pyrexia, dolor in quadam thoracis parte; respiratio difficilis; tussis.” *Cullen.*

PODAGRA.

“Morbus hereditarius, oriens sine causa externa evidente, sed præeunte plerumque ventriculi affectione insolita; pyrexia; dolor ad articulum, et plerumque pedis pollicis, certe pedum et manuum juncturis, potissimum infestus; per intervalla revertens, et sæpe cum ventriculi, vel aliarum internarum partium, affectionibus alternans.” *Cullen.*

VARIOLA.

“Synocha contagiosa cum vomitu, et, ex epigastrio presso dolore. Tertio die incipit, et quinto finitur eruptio papularum phlegmonodearum, quæ, spatio octo dierum, in suppurationem, et in crustas demum abeunt, sæpe cicatrices depressas, sive foveolas in cute relinquentes.” *Cullen.*

Now permit us to appeal to professional men of reading, of observation, of candour, to de-

termine whether there be in any written authority, ancient or modern, or in their own personal experience, any series of facts, from which they could inductively conclude, that the above diseases, or either of them, have been radically or fundamentally changed; that any diagnostick has been added to, or taken from those diseases by *time* or by *climate*, or by *accidental circumstances*.

We do not mean that all persons shall have all the symptoms with uniform precision. It would as rationally be expected that the horns and colour of every cow would afford an uniform sameness.

But it may be suggested, that, not unfrequently, inflammation and the intermittent unite in the same habit at the same time. Of this interesting fact we are not unapprized. But by what means do we ascertain this union? Is it not by the nosological characters alone that the practitioner regulates his measures? by the nosological signs that he recognizes the very existence of the thing? He does not surely know it by intuition. No inflammation can arise in any part of the body without showing the nosologi-

cal characters proper to it, viz. redness, increase of heat, tumefaction, and pain. And if it be in any of the important organs, it is discoverable by the appropriate signs of an inflammation of that organ; and by these signs only.

But with all the heterogeneousness of character, and blending of symptoms in disease, nosology can never be under greater difficulties, or in greater uncertainties, than zoology and botany in their mules and hybrids.

Upon no other ground could Sydenham bottom the opinion that the history given by the Arabians of the small-pox was superior to any other, or that it was at all correct, than on the exact correspondence between that disease as described by the Arabians, and as it appeared under his own observation in London. If "*time, and still more climate,*" could effect changes in this disease, it should have suffered some alteration in the long tract of ages which have elapsed since the days of Rhazes and Avicenna; seeing it has not been kept to one region only, but has been diffused through all nations and spread over all countries.

Has *time*, too, laid its hand on the lues venerea; or has *climate* written on it those changes to which, according to Dr. Rush, all diseases must pay homage?

The vaccine disease is, at this moment, rapidly diffusing itself through every region of the civilized world; and, as far as we are authorised to form our conclusions, retains all its distinctive characters when in its genuine state.

Professor Rush, we find, does not limit his pen to one or two diseases, if indeed one or two could be found to give him countenance; but he unhesitatingly avers, that “they are *all* changed by time and still more by climate, and a great variety of accidental circumstances.”

Of this general and sweeping proposition we should have a much more respectable opinion, were it corroborated by any specification of facts; or had any one generick disease been pointed out which had been obviously and acknowledgedly changed by either of the circumstances referred to. In short, upon what expectations or hopes is it that a professor teaches medicine, if an inflammation, an apoplexy, a yellow fever, or vaccine disease, be not marked the following,

by the same symptoms it was the preceding year ; or if it be not recognized under the same form in North as in South America ? What is taught in Philadelphia cannot be true in either the eastern or western extremity of our country, if there be this constant flux and reflux in the nosological characters of disease.

If the yellow fever does not appear under the same general form as is described by Rush himself ; or the apoplexy, or measles or pleurisy, as described by Cullen, in every part of the world where the disease itself appears, we should be gratified in knowing by what badges it may be discovered, or how recognized. We do insist, that if diseases be so mutable in their diagnosticks, physick cannot be a science ; it is a mere art, and a very crude one too, of conjecture. Nothing short of long experience and an examination into the seats of diseases, can either ascertain the morbid conditions of the body, or the signs of these conditions, by which alone they can be judged of. Every new disease must be accompanied by new and unknown symptoms, and of consequence the physician's learning can be of no possible service. Nay the ex-

perience of every year becomes useless, as with the new year flows in a new tide of diseases, and he has to commence anew.

“But the morbid state of the system often assumes in the course of a few days *all* the symptoms of a dozen different genera of diseases. Thus a malignant fever frequently invades every part of the body, and is at once or in succession an epitome of the *whole* class of pyrexiaë in Dr. Cullen’s Synopsis.” *Rush’s Introductory Lecture.*

The whole of this paragraph is written with that seriousness and gravity which is well calculated to secure the easy confidence of the careless reader; and he would feel himself persuaded that it is at least probable, if not exactly true. But the whole is altogether erroneous, and indefensible throughout. Has the morbid state of the system ever been such as to assume the symptoms of the chicken-pox, measles, and small-pox, much less a dozen different genera in the course of a few days? What malignant fever is it, that is at once, or in succession, an epitome of the whole class of Dr. Cullen’s Pyrexiaë? Is it the yellow fever, or plague, that is

at once or in succession, an intermittent, a pleurisy, a chicken-pox, a measles, a hooping-cough? &c.

We thought it had been conceded, long since, by common observation, and common sense, that no two general diseases of the class of Pyrexia could be present in the body at the same moment. Indeed, we had admitted the belief that it would be equally rational to maintain that two atoms of matter could occupy the same space at the same instant, or that the human mind could contemplate the past and the future simultaneously, as that any two of those general diseases alluded to could co-exist. Or is it meant that the symptoms of a dozen different genera of diseases could be present, and yet the diseases themselves not be in operation?

But we are informed also, that “a malignant fever frequently pervades every part of the body.” Fever, every fever we suppose, is a convulsive action of the arterial system; every part therefore, provided with arteries, and no living part can be without them, must be affected, or if the writer pleases, pervaded, not only by every malignant but by every other fever. A pen of

far inferior note might have been employed in promulgating this well known fact without being entitled to much credit.

“ Nosology has led physicians to prescribe exclusively for the names of diseases without a due regard to the condition of the system. *Rush's Introductory Lecture*, p. 153.

There must be some misconception in the circumstances of this objection. That physicians could have been led by nosology to prescribe exclusively for the names of diseases, without a due regard to the state of the system, is what we do not believe. It is too absurd. There are but two grounds upon which a physician can prescribe for a patient. The one is, he receives a report either directly or indirectly from the patient, purporting that he labours under some generic disease, a pleurisy, a small pox, a syphilis, and on that report he prescribes.

In this case, it cannot ingenuously be said, that he prescribes either exclusively or at all for the name of the disease. He most assuredly prescribes for the *condition* of the system of which the name is significant, supposing the reporter

has considered the symptoms, and inferred the condition, to which he has given a generick name.

The other, is that where the physician takes the distinctive characters immediately from the patient himself, and arguing from effects to causes, concludes synthetically on the condition of the system, to which he may give an appropriate epithet, and prescribe accordingly. In neither of those instances can it be surmised, that the physician prescribes exclusively for the name of the disease, or that he has any regard to it.

In the first case he prescribes imprudently and at random, because he permits an unqualified person to judge for him. The name, in both cases, is a mere incidental thing, and added solely on account of the facility of communicating the fact, as it relates to the morbid state of the body. The reporter, whether the sufferer himself, or a friend, when he communicates the name of the disease, intends to convey also the condition of the system; when he gives the sign, he also communicates the thing signified.

“Nosology unnecessarily multiplies the articles of the *materia medica*, by employing as many me-

dicines as there are *forms* of disease." *Rush's Introductory Lecture*, p. 153.

In this charge is conveyed a reproach against nosology for instructing physicians to prescribe for the *forms* of diseases, and that nosology thereby unnecessarily multiplied the articles of the *materia medica*.

The patient himself has no knowledge of being diseased, but through his feelings, and those feelings he communicates to the physician. What are feelings communicated to the physician, but assemblages of distinctive sensible symptoms, or *forms* of diseases? And if the physician is not to prescribe from a consideration of those assemblages of symptoms, or *forms* of diseases, arguing from them the nature of the disease, we should be gratified in being informed upon what rational ground he is to prescribe at all. We believe but few physicians affect to ascertain intuitively the conditions of the systems of their patients. To prescribe for a disease from a due consideration of its forms, or distinctive marks, we conceive to be one of the soundest lessons of nosology, and one of the wisest dictates of an enlightened medical education. But how does

this multiply necessarily or unnecessarily, the articles of the *materia medica*?

The science of disease is a grand whole, and like every other science, is made up of parts. The first act of nosology, is to separate these parts, and arrange them into order and system, according to their approximations in character. From this we gain important advantages; our minds are not distracted or overwhelmed by a confused multitude of heterogeneous, incoherent, mutually repulsive materials. But we have the advantage of entering on each part separately, and, when the intricacies and contexture of the first shall have been examined, we engage in a second, under the same auspicious circumstances. Thus are facilities to apprehension and memory, exceedingly multiplied and increased. It is by piling one examined fact upon another, that the fine edifice of a complete professional education is to be raised.

By this particularity of knowledge, we acquire a dexterity and skill in tracing out morbid conditions from pathognomonick signs, not only more readily, but much more certainly than we could, were we to attempt the whole in chaotick

mass. To attempt the whole, without order or rule, is like a learner wasting his time, and exhausting his powers, in efforts to read, before he has acquired his alphabet, or mastered the elementary constituents of language: or indeed like a sailor, cast out to sea, without compass or quadrant; he may possibly get into harbour, but more probably his ship will be wrecked.

The following objection to nosology, stands first in Professor Rush's list, but we have postponed it to the last, in order that it may make the better impression on the reader's mind; it being in our estimation, the most singular specimen of logick that has ever come under our notice.

“It (nosology) precludes all the advantages which are to be derived from attacking diseases, in their *forming state*, at which time they are *devoid* of their *nosological characters*, and are most easily and certainly prevented or cured. *Rush's Introductory Lecture*, p. 153.

That a disease can exist in its '*forming state*,' or any of its stages, without the nosological characters appropriate to that stage, we can as readily conceive, but not more so, as that matter

can exist without properties of extension, figure, or divisibility; or that mind can be present in the body, without its attributes of perception, thought, or memory, and that we can have knowledge of the existence of matter, or of mind, thus circumstanced.

If there be no *nosological characters*, or diagnostick symptoms, during this state of diseases; that is, no disturbed sensations of which the patient is conscious or sensible or which are palpable to the senses of the physician, by what means does the physician know that there is a forming state of diseases? It appears from the express words of the professor, that the physician is not only to know diseases to be forming, but is also to prevent or cure them. The physician is successfully to interfere with the forming state of diseases, when there is no character, no evidence, no symptom of disease! For the Professor says, "*they are devoid of their nosological characters in their forming state!*"

CORRIGENDA.

- Page 22 Introduction line 4 for *premissis* read *premisses*.
Page 14 Nosology line 9 for *hæmorhagiis* read *hæmorrhagiis*,
Page 35 do. line 19, for *discolouration* read *discoloration*.
Page 40 do. top of the page for *antonica* read *atonica*.
Page 66 do. line 2nd, for *marscescentibus* read *marcescentibus*.
Page 74 do. top of the page for *hydromentra* read *hydrometra*.
Page 80 do. 3d, line for *ouli* read *oculi*.
Page 90 do. near the top for *ecchymona* read *ecchymoma*.

SERIES

CLASSIUM MORBORUM.



CLASSIS I. Pyrexia.

CLASSIS II. Neurosis.

CLASSIS III. Cachexia.

CLASSIS IV. Vitia.

A SERIES
OF CLASSES OF DISEASES.

CLASS I. Feverous Diseases.

CLASS II. Nervous Diseases.

CLASS III. Diseases of Depraved Habit.

CLASS IV. Organick Diseases.

CLASSIS I.

PYREXIAE.

Character. Prægressis languore, lassitudine, et aliis debilitatis signis; vel horrore; pulsus frequens, calor major; cutis arida; lingua sordida; plures functiones læsæ; viribus præsertim artuum imminutis.

GENUS I. FEBRIS REMITTENS.

Febris, miasmate paludum orta, accessionibus pluribus, intermissione, saltem remissione evidente interposita, cum exacerbatione notabili, et plerumque cum horrore redeuntibus, constans: accessione quovis die unico tantum.*

* There is not, in our conception, any disease strictly and in fact intermittent. For although the Quotidian, Tertian, or Quartan, in their obvious and sensible signs may intermit, yet, so long as they continue to recur at fixed periods, they must operate by established and determinate laws, and should, so far as relates

CLASS I.

FEVEROUS DISEASES.

Character. Languidness, lassitude, and other signs of debility, or a cold fit, having preceded; the pulse becomes frequent; the temperature is increased; skin dry; tongue foul; many of the functions are impaired; in an especial manner the power of the limbs is diminished.

REMITTENT FEVER.

Fever arising from marsh effluvia, and continued by repeated paroxysms, returning with intermission, at least evident remission, interposed between each preceding and following paroxysm; remarkable exacerbation, and generally with a palpable sense of coldness; one paroxysm or exacerbation each day.

to the diseases in their essential properties, be considered as unbroken and continuous.

The powers of the body are subjected to the dominion of the disease, which, according to the relation between its force and the resistance of the body, will be remittent or intermittent, or irregular and mixed.

Sp. I. REMITTENS BILIOSA VULGARIS.

Febris, cum exacerbationibus notabilibus, et plerumque cum horrore redeuntibus, constans; remissione quovis die evidente interposita; et aliquando cum flavidine cutis, secretione aucta bilis.

Sp. II. FEBRIS FLAVA.

Febris epidemica et autumnalis, cum exacerbationibus, plerumque cum horrore redeuntibus,

We are not to argue from an interruption of the palpable symptoms of a disease, that it is broken and discontinuous. An illustration of this remark we have afforded by the gout and epilepsy. No person can be said to be free of the gout or epilepsy so long as the paroxysms, proper to the one or the other, continue to return periodically; or so long as the person labouring under either of them can transmit to his offspring any taint or seeds of the disease.

That the periodical recurrences of the paroxysms in the gout, the epilepsy, or intermittent, depend on any diurnal, hebdomidal, or monthly revolution in the human body, we cannot be induced to believe; we speak of revolutions natural and proper to the body. If such periodical recurrences were referrible to the natural revolutions in the human system, it would inevitably follow, as those paroxysms are essential parts of the disease, that the laws themselves of the animal economy are morbid. For, what-

Sp. I. COMMON BILIOUS REMITTENT.

Fever continued by obvious exacerbations, and returning generally with a sense of coldness; a remission each day, and sometimes with yellowness of skin and an increased biliary secretion.

YELLOW FEVER

Fever epidemick, occurring for the most part in the autumn, continued by exacerbations, which

ever depends on the revolutions of the body, must come within the laws of its economy, and if morbid paroxysms arise out of the revolutions, the laws themselves must of necessity be morbid; which were an incongruity too gross to be tolerated.

The recurrence of the paroxysms in all diseases must, in our estimation, result from the laws peculiar to each disease, modified, more or less, by the susceptibility of the body to be acted on, or in other words, its capability to resist.

From what has been said above, we are justified in the conclusion, that the apparent and ostensible differences between what is termed remittent and intermittent, are merely contingent and casual; that the vast varieties of morbid affections produced by marsh effluvia, or exhalations from putrid vegetables or water, are in kind the same; and, finally, that this generick disease may be properly styled remittent.

constans; remissione quovis die evidente interposita; aliquando cum flavidine cutis; anxietate maxima; nausea; vomituque nigricante; hæmorrhagiis; et in paucis exemplis petechiis, seu carbunculis.

Sp. III. QUOTIDIANA.

Accessiones similes intervallo vincti quatuor circiter horarum: intermissione interposita; accessionibus matutinis.

V. Quotidiana legitima, eadem hora matutina rediens.

Quotidiana legitima, indicibus alienis stipata.

Mort. ————— cephalalgica.

Sauv. ————— anginosa.

Boarh. ————— asthmatica.

Sauv. ————— peripneumonica.

Greg. ————— gastrica.

Macb. ————— hepatica.

Etmull. ————— splenetica.

Mort. ————— nephralgica.

Sauv. ————— ischiadica.

Sauv. ————— stranguosa.

Mort. ————— hysterica.

Sauv. ————— epileptica.

Sauv. ————— arthritica.

Sauv. ————— miliaris.

generally recur with a sense of coldness; an obvious remission each day; sometimes with yellowness of the skin; great restlessness; sickness at stomach, and blackish vomit; hemorrhages; and in a few cases, spots like flea-bites, or gangrenous sores, similar to what take place in the plague.

QUOTIDIAN.

A fever with correspondent paroxysms returning at the interval of twenty-four hours; an evident intermission interposed; the fits in the morning.

V. Regular Quotidian, returning at the same hour.

- attended by symptoms not proper to it.
- with an affection of the head.
- with an inflammatory affection of the throat.
- with catarrh.
- with asthmatick affection.
- with inflammation of the lungs.
- with inflammation of the stomach.
- with inflammation of the liver.
- with an affection of the spleen.
- with an affection of the kidney.
- with the sciatick or rheumatism of the hip.
- with an affection of the bladder.
- with an affection of the womb.
- conjoined with epilepsy.
- in a gouty habit.
- with a miliary eruption on the skin.

<i>Saur.</i>	—————	syphilitica.
<i>Etmull.</i>	—————	scorbutica.
<i>Pring.</i>	—————	verminosa.
<i>Sag.</i>	—————	tetanoides.
<i>Cul.</i>	—————	efflorescentia cutis stipata.
<i>Saur.</i>	—————	hemiplegica.
<i>Mort.</i>	—————	dysenterica.
<i>Saur.</i>	—————	syncopalis.
<i>Barth.</i>	—————	epidemica.
<i>Rev.</i>	—————	maligna pestilens.
<i>Macb.</i>	—————	biliosa.

Sp. IV. TERTIANA.

Accessiones similes, intervallo quadraginta octo horarum; intermissione interposita; accessionibus meridianis.

V. Tertiana vera.

Cleg. ——— duplex.

Cleg. ——— duplicata.

Cleg. ——— triplex.

Cleg. Semitertiana.

Cleg. Tertiana indicibus alienis stipata. *Vide Quotid.*

- combined with syphilis.
- in a scorbutick habit.
- accompanied by worms.
- attended by tetanick symptoms.
- with efflorescence in the skin.
- attended by hemiplegy,
- attended by dysenterick symptoms.
- attended by syncope or faintness.
- general or epidemick.
- malignant and accompanied by symptoms unusually severe.
- with yellowness of skin and an unusual secretion of bile.

TERTIAN.

Fever with correspondent paroxysms returning at the interval of forty-eight hours; evident intermission; the paroxysms at mid-day.

V. as above.

- when the paroxysms return daily, but are unequal.
- when the paroxysms recur every second day, two being on the same day.
- when the paroxysms recur every day with two on every second day.
- with the paroxysms between the odd and even greater than between the even and odd.
- attended by symptoms not proper to it. *V. Quotid.*

Sp. V. QUARTANA.

Accessiones similes intervallo septuaginta duarum circiter horarum; intermissione interposita; accessionibus pomeridianis.

V. Quartana legitima.

Sauv. ——— duplicata.

Sauv. ——— triplicata.

Sauv. ——— duplex.

Sauv. ——— triplex.

ERRATICÆ.

Sauv. Erratica quintana.

Sauv. ——— septana.

Sauv. ——— octana.

Sauv. ——— nonana.

Sauv. ——— decimana.

Etmull. ——— vaga.

Etmull. ——— quartana iudiciis alienis stipata. • *Vide Quotid.*

G. II. TYPHUS.

Morbus contagiosus; calor parum auctus; pulsus parvus, debilis, plerumque frequens; lingua sordida et subfusca; urina parum mutata; sensorii functiones plurimum turbatæ; vires multum imminutæ; aliquando cum eruptionibus.

QUARTAN.

Fever with similar paroxysms returning at intervals of seventy-two hours; evident intermission interposed: the paroxysms in the afternoon.

V. as above.

- with two paroxysms on every fourth day; none on the intermediate.
- three paroxysms on every fourth day; none on the intermediate.
- of the four days the third only is free of fever.
- paroxysms every day; similar on the fourth only.

IRREGULAR.

- recurring on the fifth day.
- recurring on the seventh day.
- recurring on the eighth day.
- recurring on the ninth day.
- recurring on the tenth day.
- recurring on no fixed day.
- attended by incidental symptoms. *Vide Quotid.*

CONTAGIOUS FEVER.

Disease contagious; temperature but little increased; pulse small, weak and generally frequent; tongue foul and brownish; urine but little changed; the function of the brain very much disturbed; the powers of the body much reduced: sometimes with eruption.

Sp. I. FEBRIS PETECHIALIS.

Typhus vel febris lenta et nervosa, cum petechiis.

Sp. II. PESTIS.

Typhus vel febris pestilens, cum eruptionibus bubonum et anthracum.

G. III. SYNOCHA

Calor plurimum auctus: pulsus frequens, validus, et durus: cutis arida: lingua sordida et subalbida: urinarubra: sensorii functiones parum turbatæ; aliquando cum inflammatione, et dolore ad locum spectante, simul læsa partis internæ seu externæ functione: vel cum hæmorrhagiis: sanguis missus et jam concretus, superficiem coriaceam albam ostendens.

* Synocha, whether it be attended by phlegmasia, or active hemorrhage, or be simple and unaccompanied by either local inflammation or active hemorrhage, is uniformly the same in kind, and incapable of generick division. What complexion or shades of difference soever may be exhibited by inflammation seated in various organs, or hemorrhage from different vessels, they must be considered as incidental or attributable solely to the peculiarity or connexions of the organ or vessels affected. Hence we are strongly induced to disapprove of Phrenitis, Gastritis, &c.

SPOTTED FEVER.

Typhus or slow nervous fever, with spots on the skin like flea-bites.

PLAGUE.

Typhus, or pestilential fever, with an eruption of buboes and carbuncles.

INFLAMMATORY FEVER.

Temperature very much increased, pulse frequent, strong and hard, skin dry, tongue foul and whitish, urine high coloured: functions of the common sensory but little disturbed; sometimes with local pain and inflammation, the function of some internal or external part being injured: or with hemorrhage: the blood when drawn and coagulated exhibiting a surface whitish and sisy.*

being considered different genera, as has been done by the justly celebrated Dr. Cullen. And also of the separation of inflammation into external and internal, as has been attempted by the learned Dr. M'Bride. Nor can we conceive that active hemorrhage should be viewed as constituting a separate and distinct genus. As above suggested, every active hemorrhage, in whatsoever part it may arise, must be considered as an accidental condition or modification of disease, and by no means as essentially forming the disease.

Sp. I. PHLEGMONA

Tumor circumscriptus: rubor vividus, cum dolore, et calore aucto: sensu sæpe pulsatili.

V. Gutta rosacea. Tuberculum quasi confluens, cum superficie rubicunda aspera maculosaque.

Hordoleum. Phlegmona palpebræ.

Mastodynia. Phlegmona mammæ.

Paronychia. Inflammatio dolorifica in summitate digitorum.

Ambustio. Inflammatio ab corporibus ex igne candentibus, vel liquoribus ferventibus.

Pernio. Inflammatio a frigore.

Anthrax. Phyma apice gangrænosum, et in base inflammatum.

Phimosis. Tumor inflammatus præputii glandem incarcerans.

Paraphymosis, Præputium retro glandem adductum ita inflammatum uti eam tegere non possit.

The errors of such writers as Cullen and M'Bride, Sauvage, Vogeles, and Linnæus, have led medical men, who do not find it convenient to distinguish between the real mistakes of writers and the supposed imperfections of the science, to reject Nosology altogether, as a thing unuseful and wholly factitious—the mere creature of the imagination.

We have placed the phlegmon or bile, with all its modifications, as species and varieties of phlegmasia, from a conviction,

Sp. I. PHLEGMON.

Tumor circumscribed, of vivid redness, accompanied by pain and increased heat: generally with augmented pulsation *in the neighbouring arterial trunks.*

V. A pimple, in a degree confluent, with a surface red, rough and spotted.

Phlegmon of the eyelid.

Phlegmon of one or both of the breasts.

Phlegmon of the finger; a whitlow.

Inflammation from the application of heated bodies.

Inflammation from diminished temperature.

Inflammation, gangrenous at its apex, and of a lively red colour at its base.

Inflammation of the prepuce, preventing it from being drawn back.

Inflammation of the prepuce, strangling the nut of the penis by the tightness of its stricture.

that the local inflammation in a genuine phlegmasia is in its nature and phenomena in no respect different from a simple inflammation. And that any simple inflammation may, and daily does become a phlegmasia, merely by an aggravation of its circumstances. We cannot agree with Dr. Wilson and others in dividing phlegmasia and simple inflammation into distinct orders or genera.

Hernia humoralis. Inflammatio testium gonorrhœa orta.
 Bubo. Tumor phlegmonoideus in glandulis inguinalibus.
 Parotis. Tumor phlegmonoideus parotidæ glandulæ.

APOSTEMA.

SEQUELÆ.—Post inflammationem, remittentibus dolore et pulsatione: tumor albescens, mollis, fluctuans, pruriens: cum centro fere sphacelato.

GANGRÆNA.

Post inflammationem, pars livens, mollis, parum sensibilis, sæpe cum vesiculis ichorosis.

SPHACELUS.

Post gangrænam, pars nigricans, flaccida, facile lacerabilis, sine sensu et calore, et cum fælore carnis putridæ: vitio serpente.

Sp. II.

VIBEX.

Synocha; papulæ; lineæ coccineæ, quales e flagellis relinquuntur quam plurimum prurientes, et exurentes, frigore applicato, evanescentes.

Inflammation of the testes arising from gonorrhœa.
 Inflammation of one or more glands of the groin.
 Inflammation of the parotid gland.

ABSCESS.

CONSEQUENCES.—The process of inflammation being terminated, and the pain and pulsation relaxed, the tumor becomes whitish, and fluctuating, having, in the general, a core, or sphacelated centre.

GANGRENE.

The process of inflammation being ended, the part becomes livid, soft, low in its sensibility; not unfrequently ichorous vesicles appear.

MORTIFICATION.

After the gangrene, the part becomes blackish, flaccid, easy to be divided, without sensation or heat; emits the fetidness of putrid flesh; the disease spreads.

THE HEAVE OR WHELT.

Inflammatory fever; small inflamed tumours; crimson lines, wheals or whelts, consimilar to those left by the whip severely applied to the

Sp. III. PEMPFIGUS.

Synocha, cum cutis vesiculis sparsis, humore aqueo repletis, magnitudine avellanæ, aliquanto sublatis.

Sp. IV. ERYSIPELAS.

Synocha; erythema cum colore rubicundo, pressu evanescente, aliquam corporis partem, sæpe faciei, occupante, ambitu inæquali serpente; et tumore vix evidente, in cuticulæ vesiculas vel phlyctænas fere abeunte; dolore urente.

Sp. V. PHRENITIS.

Synocha vehemens; dolor capitis: rubor faciei et oculorum, lucis et soni intolerantia: pervigilium: delirium.

skin: insufferably itchy and burning; quickly retroceding, on the approach to low temperature.*

VESICULAR FEVER.

Fever inflammatory; vesicles dispersed over the skin, and filled with watery humour, about the size of a hazel-nut, and somewhat elevated.

SAINT ANTONY'S FIRE.

Inflammatory fever; local inflammation with great heat and redness; redness disappearing on pressure; unequal in its circumference; disposed to spread; tumour scarcely evident; generally terminating in vesicles, accompanied by burning pain.

INFLAMMATION OF THE BRAIN.

Violent inflammatory fever; pain of the head; redness of the face and eyes; impatience of light and sound; watchfulness; incoherence of ideas.

* The technical term Heave is derived from the marked and rapid rising and falling of the breast and bowels, just at the moment the eruption takes place. Not unfrequently, when this agitation of the bowels and breast is very great, the disease obtains the name of Bowel-Heave.—By the vulgar and illiterate, this disease is uniformly called the Hives, or Bold Hives. A license in language in all respects unwarrantable

Sp. VI. OPTHALMITIS.

Synocha; rubor et dolor oculi: lucis intolerantia: plerumque cum lacrymatione.

V. Ophthalmia membranarum.

Ophthalmia syphilitica vel ex gonorrhæa.

Sp. VII. OTITIS.

Synocha: tumor et dolor et rubor auris: soni intolerantia.

Sp. VIII. ODONTITIS VEL ODONTALGIA.

Synocha mitior: dolor maxillarum ex inflammatione vel carie dentium.

Sp. IX. CATARRHUS.

Synocha mitior: dolor faciei: gravior: sternutatio: raucitas: muci ex glandulis membranæ narium et cellularum faciei et faucium vel bronchiorum, excretio aucta, saltem hujus excretionis molimina: tussis.

V. Catarrhus a frigore.

Catarrhus epidemicus.

INFLAMMATION OF THE EYE.

Inflammatory fever: redness and pain of the eye: impatience of light: generally an exuberant flow of tears,

Inflammation of the coats of the eye.

Inflammation of the eye from syphilitick virus or the matter of gonorrhæa.

INFLAMMATION OF THE EAR.

Inflammatory fever: swelling, pain, and redness of the ear: impatience of sound.

**INFLAMMATION ABOUT THE TOOTH,
OR TOOTHACH.**

Light inflammatory fever: pain of the face or tooth from inflammation or rottenness of tooth.

CATARRH, OR COLD.

Light inflammatory fever: pain of the face: weight over the eyes: sneezing: hoarseness: an increased discharge of mucus from the glands of the membrane of the nostrils, cells of the face, and upper part of the throat, at least efforts to discharge it; cough.

Catarrh from cold.

Epidemick Catarrh or Influenza.

Sp. X.

CYNANCHE.

Synocha: rubor et dolor faucium: deglutitio, et aliquando respiratio difficilis, cum angustiae in faucibus sensu.

V. Cynanche tonsillaris. Inflammatio membranam faucium mucosam, et praecipue tonsillas tumore et dolore afficiens; febris inflammatoria; deglutitio difficilis.

Cynanche trachealis. Inflammatio membranam laringis et glottidis mucosam dolore afficiens; cum respiratione difficili; inspiratione strepente, voce rauca, tussi clangosa, tumore fere nullo in faucibus apparente, deglutitione parum difficili; febre inflammatoria; pulsu aliquando parvo, plerumque duro et compresso.

Cynanche pharyngia. Inflammatio in imis faucibus; deglutitio maxime difficilis, dolentissima; respiratio satis commoda; febris inflammatoria.

Sp. XI.

PNEUMONIA.

Synocha; dolor in quadam thoracis parte: respiratio difficilis; tussis.

V. Pleuritis. Pneumonia pulsu duro; dolore plerumque lateris pungente sub inspiratione praesertim aucto; decubitu in latus molesto; tussi dolentissima, initio sicca, postea humida.

Peripneumonia. Pulsu non semper duro, aliquando molli; dolore thoracis obtuso; respiratione perpetuo difficili, saepe non nisi trunco corporis erecto exercenda; facie tu-

QUINSY.

Inflammatory fever; redness and pain of the throat; deglutition difficult; breathing sometimes impeded, with a sense of confinement.

Quinsy. Inflammation of the mucous membrane of the fauces and tonsils, with swelling, and pain; inflammatory fever; deglutition difficult.

Croup. Inflammation of the mucous membrane of the windpipe, and glottis, with pain; respiration difficult and rattling; voice hoarse; cough clangous; generally no apparent tumor in the throat; deglutition but little affected; fever inflammatory; pulse sometimes small, in the general hard and concentrated.

Quinsy. Inflammation of the back part of the fauces, and gullet; deglutition very difficult and painful; respiration free; fever inflammatory.

THORACICK INFLAMMATION.

Fever inflammatory; pain in some part of the breast; respiration difficult; cough.

Pleurisy. Thoracick inflammation with hard pulse; acute pain of the side; increased particularly on respiration, or lying on the side; cough very painful; at first dry, afterwards successful in throwing up phlegm.

Peripneumony. Pulse not always hard, sometimes soft; pain of the breast obtuse, breathing always difficult, often not to be effected except in an erect posture; checks some-

mida et coloris purpurei; tussi plerumque humida, sæpe eruenta.

VOMICA.

SEQUELÆ.—Post pneumoniam resolutione quadam non terminatam; dyspnoea et tussis perstantes, cum decubitu in latus sanum difficili et febre hectica. (*a*)

EMPYEMA.

Post pneumoniam suppuratione terminatam, sæpe post vomicam remissio doloris, dum perstant dyspnoea, tussis, decubitus difficilis et febris hectica, sæpe cum sensu liquoris in pectore fluctuantis, et signis hydrothoracis. (*b*)

(*a*) A hectic fever is one that returns every day with mid-day, sometimes evening, exacerbations, morning remissions, seldom intermissions, and generally is accompanied by night-sweats; the urine deposits a branny, or brick-dust like sediment. It is always symptomatick or secondary, and never idiopathick or original; hence we do not give it a place among regular fevers. In the general, it is the consequence of organick disease; dropsy, or great weakness and irritability of body.

(*b*) A Vomica is strictly an abscess of the lungs; an Empyema, from phlegmonick inflammation, a collection of purulent matter in the thoracick cavity, between the pleura costalis and pulmonalis.

what swollen, and of a purplish colour; cough generally humid, often bloody.

ABSCESS.

CONSEQUENCES.—The thoracick inflammation not being terminated by resolution; the difficulty of breathing and cough continue, attended by an inconvenience in lying on the healthy side, and with hectick fever. (*a*)

COLLECTION OF PURULENT MATTER.

The thoracick inflammation having terminated by suppuration; the pain remits; while the difficulty of breathing, cough, inconvenience in lying on the side, and hectick fever continue, with a sense of fluctuation in the thorax, and symptoms of dropsy of the breast. (*b*)

Sp. XII. GASTRITIS.

Synocha; anxietas; in epigastrio ardor et dolor, ingestis quibuslibet auctus; vomendi cupiditas, et ingesta protinus rejecta; singultus sæpe; pulsus parvus sed durus.

V. Gastritis phlegmonodea. Dolore pressura aucto; synocha vehementi.

Gastritis erythematica. Dolore et synocha lenioribus; rubore erysipelatoso in faucibus apparente; lingua subru-
bra.

Sp. XIII. CARDITIS.

Synocha; dolor in regione cordis; anxietas; aliquando palpitatio.

Sp. XIV. ENTERITIS.

Synocha; dolor abdominis pungens, pressura, plurimum auctus: circa umbilicum torquens: sæpe vomitus, et aliquando alvus astricta.

V. Enteritis phlegmonodea. Dolore acuto, et synocha vehementi; et alvo astricta.

Enteritis erythematica. Dolore et synocha lenioribus, eum diarrhœa.

INFLAMMATION OF THE STOMACH.

Inflammatory fever; restlessness: burning and pain at the pit of the stomach, increased upon any thing being swallowed: disposition to vomit: a rejection of whatever may be taken into the stomach: often hiccough: pulse small but hard.

Phlegmoniek inflammation. Acute pain, increased on pressure; violent fever.

Erythematiek inflammation. Pain and fever light; an erysipelalous inflammation appearing in the fauces; tongue reddish.

INFLAMMATION OF THE HEART.

Fever inflammatory: pain in the region of the heart; restlessness: sometimes palpitation.

INFLAMMATION OF THE BOWELS.

Fever inflammatory; acute pain of the abdomen, very much increased on pressure; a sense of twisting about the navel; often vomiting; sometimes costiveness.

Phlegmoniek inflammation of the intestines. Acute pain; high fever; bound bowels.

Erythematiek inflammation. Pain and fever light; diarrhæa.

Sp. XV. PERITONITIS.

Synocha; dolor abdominis, corpore erecto, vel pressura, auctus.

V. Peritonitis propria. In peritonæo strictius dicto, sive in peritonæo abdomen intus succingente.

Peritonitis omentalis. In peritonæo per omentum extenso.

Peritonitis mesenterica. In peritonæo per mesenterium extenso.

Sp. XVI. HEPATITIS.

Synocha; hypochondrii dextri tensio, et dolor sæpe pungens pleuristici instar, sæpius obtusus; dolor ad claviculam et summum humeri dextri; decubitus in latus sinistrum difficile; dyspnoea; tussis sicca.

V. Hepatitis acuta. Signis in charactere dictis dignoscenda.

Hepatitis vetusta. Dignoscenda, sensu quodam plenitudinis et gravitatis in hypochondrio dextro; doloribus plus minusve pugentibus in eadem parte subinde perceptis; dolore quodam, pressura, in hypochondrio dextro, vel decubitu in latus sinistrum, percepto; febre leviori seu hectica, cum indiciis dictis subinde infestante; plerumque nausea.

INFLAMMATION OF THE INVESTING MEMBRANE OF THE BELLY.

Fever inflammatory; pain of the belly increased on the erection of the body, or pressure.

Inflammation. In the peritonæum strictly so called, or the membrane which lines the muscles of the belly.

Omental inflammation. Inflammation of the caul.

Mesenterick inflammation. Inflammation of the mesentery.

INFLAMMATION OF THE LIVER.

Fever inflammatory; tension of the right hypochondrium; pain, frequently acute, and consimilar to that of pleurisy, and extending up to the shoulder-blade and top of the shoulder; difficult reclining on the left side; shortness of breathing; dry cough.

Acute hepatick inflammation. Recognized by the symptoms above related.

Chronick hepatick inflammation. Some sense of fullness and weight in the right hypochondrium; more or less pain in the same part, discovered on lying down, or on pressure; light fever, rather in the form of hectic, now and then with the symptoms more immediately indicative of acute hepatick inflammation; nausea.

Sp. XVII. SPLENITIS.

Synocha; hypochondrii sinistri tensio, et dolor pressu auctus; sæpe tumor.

Sp. XVIII. NEPHRITIS.

Synocha; dolor in regione renis, sæpe ureteris iter sequens; mingendi frequens cupiditas; vomitus, aliquando cum stupore vel titillatione cruris; testiculi ejusdem lateris retractio aut dolor.

Sp. XIX. CYSTITIS.

Synocha; hypogastrii tumor et dolor, pressu, auctus; urinam reddendi cupiditas frequens et dolorifica, vel ischuria; tenesmus.

Sp. XX. HYSTERITIS.

Synocha; hypogastrii tensio, et dolor; os uteri tactu dolens.

Sp. XXI. PROCTITIS.

Synocha; tumor et dolor et inflammatio podicis.

INFLAMMATION OF THE SPLEEN.

Inflammatory fever; tension of the left side; and pain increased on pressure; often with obvious swelling.

INFLAMMATION OF THE KIDNEY.

Inflammatory fever; pain in the region of the kidneys, often along the course of the ureter; frequent desire to pass urine; vomition; sometimes with stupor, or a sense of something creeping along the thigh and leg; a retraction or pain of the testicle of the same side.

**INFLAMMATION OF THE URINARY
BLADDER.**

Fever inflammatory; tumour and pain, increased on pressure, of the region of the bladder; frequent and painful desire of passing urine, or ischury; fruitless effort to empty the bowels.

INFLAMMATION OF THE WOMB.

Fever inflammatory; tension and pain in the region of the womb; the *touch* painful.

INFLAMMATION OF THE ANUS.

Fever inflammatory; tumefaction; inflammation; and pain of the fundament.

Sp. XXII. RHEUMATISMUS.

Morbus cœli mutatione evidente ortus; synocha: dolor circa articulos, musculorum tractum sequens, genua et reliquos majores potius quam pedum vel manuum articulos infestans.

V. Rheumatismus acutus. Indiciis supra dictis dignoscendus.

Rheumatismus vetustus. Post rheumatismum, nisum violentum, vel subluxationem; dolores artuum vel musculorum, sub motu præsertim. aucti, plus minusve fugaces, calore lecti vel alio externo levati; artus debiles, rigidi, facile et sæpe sponte frigiscentes; febris nulla vel levior; tumor aliquando.

Lumbago. Dolor rheumaticus lumborum.

Ishias. Dolor regionis ischiadicæ, nervi magni femoris, et cruris tractum, sequens.

Sp. XXIII. PHLEGMASIA ALBA DOLENS.

Synocha; feminis totius et cruris, cum cute concolor, intumescencia dolentissima; nec hydro-pica nec erysipelatosa mulieribus, fœtum enixis, superveniens; cum glandulis suræ tumefactis, cruris dolentis.

RHEUMATISM.

Disease obviously from the vicissitudes of the weather; fever inflammatory; pain about the joints; following the tracts of the muscles, in an especial manner infesting the knees and larger joints, yet not sparing the smaller of the feet and hands.

Acute rheumatism. To be known by signs above noticed.

Chronic rheumatism. After the acute rheumatism, or violent strains, or luxation, pains more or less vagrant, of the joints and muscles, especially on motion, take place; they are relieved by the warmth of the bed or external heat otherwise applied; the joints are weak, stiff; spontaneously becoming cold; little or no fever; sometimes tumefaction of the diseased parts.

Lumbago. Rheumatick pain of the loins.

Sciatick. Rheumatick pain of the hip and along the course of the great nerve of the limb.

WHITE INFLAMMATION.

Fever inflammatory; a most painful swelling, without discolouration, chiefly of the inner part of the thigh and whole leg, neither hydropick nor erysipelatous, occurring in lying-in women; with a tumefaction of the glands of the calf of the leg of the affected side.

Sp. XXIV. EPISTAXIS.

Synocha; capitis dolor vel gravitas; faciei rubor; profusio sanguinis e naribus, sine vi externa.

Sp. XXV. HÆMOPTYSIS.

Synocha; genarum rubor; molestiæ aut doloris, et aliquando caloris, in pectore sensus; dyspnoea; titillatio faucium: tussis, aut exscretio, sanguinem floridum, sæpe spumosum rejiciens, citra vim foris.

Sp. XXVI. HÆMATEMESIS.

Synocha; epigastrii calor, et dolor pressu auctus; sanguinis, e stomacho profusio, citra extrinsecus vim.

Sp. XXVII. HÆMORRHOIS.

Synocha; capitis gravitas vel dolor; vertigo; lumborum et ani dolor; circa anum tubercula livida dolentia, e quibus plerumque profluit sanguis; qui, aliquando etiam nullo tumore apparente, ex ano stillat, extra vim externam.

BLEEDING FROM THE NOSE.

Fever inflammatory; pain and weight of the head; redness of the face; discharge of blood from the nostrils, without external violence.

SPITTING OF BLOOD.

Fever inflammatory; redness of cheeks; sense of uneasiness, or pain, and sometimes, of heat in the breast; shortness of respiration; tickling in the throat; cough or hawk, throwing out either pure blood, or blood mixed with mucus in a frothy form, without external injury.

VOMITING OF BLOOD.

Fever inflammatory; heat at the pit of the stomach, and pain, augmented on pressure; discharge of blood from the stomach, without external violence.

PILES.

Fever inflammatory; weight and pain of the head; vertigo; pain of the loins and anus; tubercles about the fundament, livid and painful, from which there is a discharge of blood, which sometimes flows from the anus, without any tumour being discoverable, without external injury.

*in cases of probrusion of the rectum a
plaster of pulv gall nuts and lead
Internal an. injection of Speccacantha
the spec, Speccacantha*

Sp. XXVIII. MENORRHAGIA.

Synocha; dorsi, lumborum, ventris, parturientium instar, dolores; sanguinis e vagina fluxus, sine vi externa.

Sp. XXIX. CYSTERRHAGIA.

Synocha; lumborum et hypogastrii dolores; ex vesica urinaria sanguinis profusio, citra extrinsecus vim.

Gen. V. ARTHRITIS.

Morbus hæreditarius, oriens sine causa externa evidente, sed præeunte plerumque ventriculi affectione insolita; febris; dolor ad articulum, et plerumque pedis pollicis, certe pedum et manuum juncturas, potissimum infestans; per intervalla revertens, et sæpe cum ventriculi, vel aliarum internarum partium, affectionibus, alternans.

Sp. I. ARTHRITIS REGULARIS.

Inflammatiõ artuum satis vehemens, per aliquot dies perstans; et paulatim cum tumore, pruritu, et desquamatione partis, recedens; synocha.

UTERINE HÆMORRHAGE.

Fever inflammatory; pains of the back, belly, and loins, similar to those of child birth; a discharge of blood from the vagina, without external violence.

HÆMORRHAGE FROM THE URINARY BLADDER.

Fever inflammatory; pains of the loins, and region of the bladder; discharge of blood from the urinary bladder, without external violence.

GOUT.

Disease hereditary; arising without external evident cause; generally preceded by an unusual affection of the stomach; fever; pain at the joints of the feet and hands, for the most part, at the joint of the great toe: returns periodically, and frequently alternates with affections of the stomach or some other internal part.

REGULAR GOUT.

Considerable inflammation of some one or more joints, continuing for some days; and gradually receding, leaving some degree of tumour, itching, and desquamation of the part; fever.

Sp. II. ARTHRITIS ANTONICA.

Atonia ventriculi vel alius partis internæ et vel sine expectata aut solita artuum inflammatione, vel cum doloribus artuum lenibus tantum et fugacibus, et, cum dyspepsia vel atoniæ indiciis, subito sæpe alternans.

Sp. III. ARTHRITIS RETROGRADA.

Inflammatio artuum subito recedens, et ventriculi vel alius partis internæ atonia, mox insecta.

Gen. VI. VARIOLA.

Synocha contagiosa; cum vomitu sæpe, et ex epigastrio presso, dolore; tertio die incipit, et quinto finitur eruptio papularum phlegmonodearum, quæ, spatio octo dierum, in suppurationem, et in crustas demum abeunt, sæpe cicatrices depressas, sive faveolas in cute relinquentes; semel decursu vitæ aliquem afficiens.

ATONICK GOUT.

Weakness of stomach, or other internal part; without the usual or expected inflammation of the joints; or with pains, light and unsettled, suddenly alternating with dyspepsy, or other symptoms of debility.

RETROCEDENT GOUT.

Inflammation of the joints suddenly receding, and in a short time being succeeded by debility of stomach, or atony of some internal part.

SMALL POX.

A contagious synocha; often with vomiting at the beginning, and pain at the pit of the stomach upon pressure; on the third day, an eruption of phlegmonick pustules commence, and on the fifth, terminate; in the space of eight days they mature into suppuration, and ultimately end in crusts or scabs, leaving cicatrices or pits in the skin; the disease affects the same person but once during life.

Sp. I. VARIOLA DISCRETA.

Pustulis paucis, discretis, circumscriptione circularibus, turgidis; febre, eruptione facta, protinus cessante.

Sp. II. VARIOLA CONFLUENS.

Pustulis numerosis, confluentibus, circumscriptione irregularibus, flaccidis, parum elevatis; febre, post eruptionem, perstante.

Gen. VII. VACCINA.

Morbus inoculatione contagiosus, ex vacca derivatus; pars corporis viro contacta, die quarto vel quinto, inflammare incipit; et inflammatio, septimo vel octavo, febre comitante, in vesiculam, et, apice in faveolam depresso, demum in crustam abiit, cicatricem in cute relinquens; corpore, post morbum vaccinum, variolæ haud obnoxio perstante.

Gen. VIII. VARICELLA.

Synocha contagiosa, papulæ post brevem febriculam crumpentes, in pustulas variolæ similes, sed vix in suppurationem euntes; post paucos dies in squamulas, nulla cicatrice fere relicta,

DISTINCT SMALL POX.

Pustules few in number, distinct; circumscribed and full; fever, on the eruption being completed, ceasing.

CONFLUENT SMALL POX.

Pustules confluent and numerous, irregular in their bases, flaccid and depressed; the fever, after the completion of the eruption, continuing.

KINE POX.

A disease originally derived from the cow, and contagious by inoculation; the part of the body tainted with the virus, on the fourth or fifth day, begins to inflame; the inflammation on the seventh or eighth day rises into a vesicle, with a depressed apex, and ultimately terminates in a scab, leaving a cicatrix in the skin; the body, after the vaccine disease, remains unsusceptible of the small pox.

CHICKEN POX.

Fever inflammatory and contagious; pustules, after a short fevery state, break out, similar to those of the small pox; they seldom mature into suppuration; after a few days they terminate in

desinentes; semel de decursu vitæ aliquem afficiens.

Gen. IX. RUBEOLA.

Synocha contagiosa; cum sternutatione, epiphora, et tussi sicca, rauca; quarto die, vel paulo serius, erumpunt papulæ exiguæ, confertæ, vix eminentes, et post tres dies in squamulas furfurosas minimas abeuntes; semel in decursu vitæ aliquem afficiens.

Gen. X. RUBECILLA.

Synocha contagiosa mitior; die secundo vel tertio rubores maculosi; urticarum puncturas referentes, interdiu fere evanescentes, vespere cum febre redeuntes, et post paucos dies in squamulas minutissimas penitus abeuntes; semel in decursu vitæ aliquam afficiens.*

* No source can be more fruitful of error and confusion, in science, than looseness of style and equivocalness in words; especially in technical phraseology. On this highly interesting subject, the very learned Reid, of Glasgow has furnished important and valuable lessons in his inimitable work on the intellectual and active powers of the human mind.

As the term Urticaria admits of an interpretation and application different from the meaning which we attached to it, in the

scabs, for the most part leaving no cicatrix; attacks but once in life.

MEASLES.

Contagious synocha; sneezing; exuberant flow of tears; cough dry; hoarseness; on the fourth day, or a little later, small aggregated pustules break out, scarcely rising above the surface, after a few days ending in light branny scales; attacks but once in life.

BASTARD, OR FRENCH MEASLES.

Mild contagious synocha; speckled redness resembling the wounds from the nettle, appears, somewhat evanescent in the day, but brightens in the evening with the return of the fever; after a few days it terminates in very small scales; attacks but once in life.

former edition of this work, and in which it has been generally used by writers, and particularly as some gentlemen of respectable rank, in the profession of Physick, conceive it to indicate, in its proper meaning, that incidental affection, vulgarly called the Nettle Rash, which is not an unusual result of light indispositions of the alimentary canal, or a trivial disturbance in the function and economy of the skin—an evanescent disease which may recur a thousand times through life, we shall reject it, and

Gen. XI. SCARLATINA.

Synocha contagiosa; quarto morbi die, facies aliquantum tumida; et simul in cute passim rubor floridus, cum maculis amplis, tandem coalescentibus; post tres vel saltem paucos dies in squamulas furfurosas abiens; sæpe dein superveniente anasarca.

S. Ip. SCARLATINA SIMPLEX.

Nulla comitante cynanche.

Sp. II. SCARLATINA CYNANCHICA.

Cum cynanche ulcerosa.

Gen. XII. ANGINA MALIGNA.

Typhus; tonsillas et membranam faucium mucosam, tumore, rubore, et crustis mucosis coloris albescens; vel cineritii, serpentibus, et ulcera tegentibus afficiens; fere cum eruptionibus in cute.

substitute in its place a technical character, to which, we hope, there can be little or no exception.

In the propriety of substituting the term Rubecella for Urticaria, we are encouraged by striking analogy. The diminutive Varicella, from Variola, sustains us in our step. And we are fur-

SCARLET FEVER.

Contagious synocha; on the fourth day the face is somewhat swollen; at the same time, large florid blotches appear generally in the skin, eventually coalescing; after a few days they terminate in branny scales, often afterwards anasarca supervenes.

SIMPLE SCARLET FEVER.

Without an affection of the throat.

ANGINOUS SCARLET FEVER.

Without an ulcerous sore throat.

MALIGNANT SORE THROAT.

Low, contagious fever; the tonsils and mucous membrane of the fauces are affected with tumour, redness, and mucous, spreading crusts, of a whitish or cineritious colour, generally with eruptions on the skin.

ther strongly fortified in the correctness of our sentiments by the opinion of a gentleman, distinguished in his profession, both for his talents and his erudition, and from whom, we, with the utmost readiness and pleasure, acknowledge the suggestion was originally received.

Gen. XIII. DYSENTERIA.

Synocha contagiosa; dejectiones frequentes, mucosæ, vel sanguinolentæ; retentis plerumque fœcibus alvinis; tormina; tenesmus.

Gen. XIV. PERTUSSIS.

Synocha contagiosa; tussis convulsiva, strangulans, cum inspiratione sonora, vel stridula iterata; sæpe vomitus; semel in decursu vitæ aliquem afficiens.

Gen. XV. ANGINA PAROTIDEA.

Synocha contagiosa; tumor externus parotidum et maxillarum glandularum magnus; respiratio et deglutitio parum laesæ; in decursu vitæ semel aliquem afficiens; aliquando, tumore subsidente, testiculus vel mamma intumescit.

DYSENTERIA.

Contagious synocha; dejections, frequent, mucous, and bloody; the natural feces are retained in the general; gripes; fruitless efforts to empty the bowels.

HOOPING COUGH.

Contagious synocha; cough convulsive and strangling, reiterated with sonorous or shrill inspiration; frequently vomiting; attacks but once during life.

MUMPS.

Contagious synocha; considerable tumefaction of the parotid and submaxillary glands; respiration and deglutition little affected; attacks but once during life; upon the subsidence of the tumour, not unfrequently, one of the testicles or one of the breasts, swells.

CLASSIS II.

NEUROSES.

Sensus et motus voluntarii, vel involuntarii læsi, sine febre primaria et sine morbo, ad locum spectante, apparente.

Gen. I. APOPLEXIA.

Motus voluntarii fere omnes subito imminuti; facies aliquantulum tumida et purpurea; cum sopore plus minusve profundo, et respiratione stertente: superstitie motu, fere amplo et forti, cordis et arteriarum.

Gen. II. PARALYSIS.

Resolutio nervorum.

Sp. I. HEMIPLEGIA.

Paralysis alterius lateris.

Sp. II. PARAPLEGIA.

Paralysis dimidii corporis transversim sumpti.

CLASS II.

NERVOUS DISEASES.

Sensation, and voluntary, or involuntary motion injured, without original fever, or obvious local affection.

APOPLEXY.

All voluntary motion suddenly lessened; face somewhat tumid and purplish, with stupor, more or less profound, and snoring; the action, generally full and strong, of the heart and arteries continuing.

PALSY.

Disability, or palsy of the nerves.

HEMIPLEGY.

Palsy of one side of the body.

PARAPLEGY.

Palsy of one half of the body taken transversely.

Sp. III. PARALYSIS PARTIALIS.

Resolutio quorundam nervorum tantum.

Gen. III. SYNCOPE.

Resolutio musculorum, ex motu cordis subito imminuto, vel aliquamdiu quiescente.

Gen. IV. TETANUS.

Plurium musculorum rigiditas spastica; præsertim maxillæ inferioris et dorsi, et diaphragmatis cum dolore epigastrii; fere ab vi externa.

Gen. V. CHOREA.

Impuberes utriusque sexus, ut plurimum intra decimum et decimum quartum ætatis annum adorientes; motus convulsivi ex parte voluntarii, plerumque alterius lateris, in brachiorum et manuum et pedum motu, histrionum gesticulationes referentes, in gressu, pedem alterum sæpius trahentes quam attollentes.

Gen VI. EPILEPSIA.

Morbus vetustus, aliquando hæreditarius; cum accessionibus convulsivis periodicis, intervallo

PARTIAL PALSY.

Palsy of certain nerves only.

FAINTING.

Disability or relaxation of the muscles, from a suddenly diminished action of the heart, or its total cessation for a time.

LOCK-JAW.

A spasmodick rigidity of all, or many of the muscles, especially those of the lower jaw, and back, and of the diaphragm, with pain of the epigastrick region; generally from external injury.

ST. VITUS'S DANCE.

Convulsive jerks, in part voluntary, in the motion of the arms; hands, and feet; similar to the gesticulations of a stage player; they may be of either side; they attack both sexes, chiefly between ten and fourteen years of age; in walking, the foot of the side affected, is rather dragged than properly moved.

FALLING SICKNESS.

Disease chronick, sometimes hereditary; with convulsive paroxysms returning periodically at

unius, vel plurium mensium, recurrentibus; cum sopore accessum sequente.

Sp. I. EPILEPSIA CEREBRALIS.

Sine præmonitu, subito adoriens.

Sp. II. EPILEPSIA SYMPTOMATICA.

Prægressa sensatione auræ cujusdam, a parte corporis quadam, versus caput, assurgentis.

Gen. VII. ECLAMPSIA.

Prægressis doloribus acutis capitis, seu vertigine, aliquando spectris, oculis apparentibus; convulsiones, vel contractiones clonicæ musculorum, accessus epilepticos simulantes, uterum gerentibus, vel parturientibus, subito ingruentes; et cum sopore, et respiratione stertente, desinentes.

Gen. VIII. RAPHANIA.

Articulorum contractio spastica, cum agitatione convulsiva, et dolore violentissimo periodico.

the interval of one or of several months; stupor succeeds to each paroxysm.

CEREBRAL EPILEPSY.

Attacking suddenly without premonition.

SYMPTOMATICK EPILEPSY.

A peculiar sensation of wind, or something creeping, and ascending from a certain part of the body towards the head, precedes the attack.

LYING-IN FITS.

Violent convulsions, resembling epileptick paroxysms, preceded by severe pains of the head or giddiness, sometimes by the appearance of images or visible forms, and terminated by stupor or snoring; suddenly attacking pregnant or child-bed women.

RAPHANIA.

(Proper to Sweden and Germany.)

Spasmodick contraction of the joints, with convulsive agitation; and most violent periodical pain.

Gen. IX. PALPITATIO.

Motus cordis vehemens, abnormis, fere constans; sine alio morbo evidente.

Gen. X. ASTHMA.

Spirandi difficultas, per intervalla subiens; cum angustiae in pectore sensu, et respiratione cum sibilo strepente, tussis sub initio accessus difficilis, vel nulla, versus finem libera; cum sputo mucoso saepe copioso.

Gen. XI. ANGINA PECTORIS.

Accessus spasmodici abnormes pectoris, cum dolore et suffocationis sensu, tussi, expectoratione mucosa vel cruenta quinquagenarium, aliquando juniorem, ambulantiem vel dormientem fere corripientes; ad media brachia digitos minimos quatenus tendentes, sed e quiescente et non dormiente subito discedentes; motus cordis accessu durante, imminutus; temporibus incertis, decem vel viginti annos recurrentes.

PALPITATION.

Violent, irregular action of the heart, generally constant, without any other obvious disease.

ASTHMA.

A difficulty of breathing, coming on at intervals, with a sense of narrowness in the breast; breathing rattling and hissing; at the commencement of the paroxysm the cough is difficult or suppressed, towards the end free, with a copious mucous expectoration:

SUFFOCATION OF THE BREAST.

Irregular spasmodick accessions of pain of the breast, with sense of suffocation, cough, mucous or bloody expectoration, attacking generally persons about fifty, sometimes younger, while walking or sleeping; but suddenly going off on the sufferer becoming quiet, if not sleeping; the pains extend to the middle of the arms, and even to the little fingers; the force of the pulse diminished during the paroxysm; the paroxysms recur, at uncertain intervals, for 10 or 20 years.

Gen. XII. HYSTERIA.

Ventris murmura; sensus globi in abdomine se volventis ad ventriculum et fauces ascendentis, ibique strangulantis; sæpe convulsiones; urinæ limpidæ copia profusa; animus, nec sponte, varius et mutabilis.

Gen. XIII. HYDROPHOBIA.

Potionis cujuslibet, utpote convulsionem pharyngis dolentem cientis, fastidium et horror, semper e saliva animalis rabidi.

Gen. XIV. COLICA.

Dolor abdominis, præcipue circa umbilicum torquens; vomitus; alvus astricta.

Sp. I. COLICA SPASMODICA.

Cum retractione umbilici, et spasmis musculorum abdominalium, intestinorumque.

Sp. II. COLICA FLATULENTA.

Cum spasmis musculorum abdominalium, et intestinorum, et ructibus.

HYSTERICKS.

Noise of the belly; sense of a globe ascending from the abdomen to the stomach, and up to the throat, and there producing a strangling sensation; stupor; convulsions; copious discharge of limpid urine: the mind involuntarily various and changeable.

CANINE MADNESS.

An aversion from, and dread of, any fluid, in consequence of its producing painful convulsions of the pharynx or throat; arising from the saliva or spittle of a rabid animal.

COLICK.

Pain of the belly; especially with a twisting about the navel; vomiting; bound bowels.

SPASMODICK COLICK.

With a retraction of the navel, and spasms of the muscles of the belly and intestines.

FLATULENT COLICK.

With spasms of the belly and intestines; belching or discharge of wind by the mouth.

Sp. III. COLICA PICTORUM.

Præunte ponderis vel molestiæ, in abdomine, præcipue circa umbilicum sensu; accidente dolore colica, primum levio, non continuo, et præcipue post pastum aucto; tandem graviore et fere perpetuo; cum dolore brachiorum, et dorsi, in paralysin demum, abeunte.

Gen. XV. MANIA.

Mentis judicantis facultates læsæ, sed aliquando vis imaginandi, auctæ, quo homines rerum relationes, vel non percipiunt, vel non remiscuntur; morbus hereditarius.

Sp. I. MANIA CONGENITA.

Ab ortu constans.

Sp. II. MANIA ASCITA.

A vitio corporis evidente in hominibus sanæ mentis superveniente.

Sp. III. MELANCHOLIA.

Insania partialis sine dyspepsia; cum hallucinatione de statu corporis sui a levibus causis

PAINTER'S COLICK OR DRY BELLY-ACH.

To a sense of weight or uneasiness in the belly, especially about the navel, succeeds colick pain, at first light and interrupted, increased particularly after eating; at length severe and constant, with pain of the arms and back, not unfrequently terminating in palsy of these parts.

MADNESS.

The faculty or power of judgment, injured, while that of the imagination is, for the most part, increased; in consequence of which men neither perceive nor recollect the relation of things; disease hereditary.

CONNATE MADNESS.

Continuing from birth.

INCIDENTAL MADNESS.

Proceeding obviously from corporeal disease, supervening in men of sound intellect.

MELANCHOLY.

Madness as regards particular objects; digestion good; attended by an incorrect judgment of

periculoso; vel de statu rerum suarum tristi metuendo; vel cum amore vehementi, sine satyriasi vel nymphomania; vel cum superstitioso futurorum metu; cum aversatione motus et omnium vitæ officiorum; vel cum inquietudine, et status cujusvis impatientia; vel cum tædio vitæ.

Sp. IV.

AMENTIA.

Mentis judicantis imbecillitas.

Sp. V.

HYPOCHONDRIASIS.

Dyspepsia cum languore, mæstitia, et metu, ex causis non æquis; in temperamento melancholico.

the state of his own body as affected by light causes; or an apprehension of misfortune in pecuniary affairs; or inordinate love unaccompanied by salacity in man, or lechery in woman; or superstitious anticipations of futurity; with a disinclination to all motion and the duties of life; or even with weariness of life itself.

IDIOTISM.

A natural imbecility of mind.

HYPOCHONDRIACK DISEASE.

Depraved digestion, with languidness, sadness, and alarm, for causes not adequate to such effects in otherwise healthful habits; constitution melancholy.

CLASSIS III.

CACHEXIÆ.

Totius vel partis corporis habitus depravatus;
sine febre primaria vel neurosi.

Gen. I. TABES.

Marcor; asthenia; febris hectica; fere ex ulcere externo, vel vomica, inflammationem phlegmonodeam, sequente.

Gen. II. SCROFULA.

Morbus hæreditarius; plurium glandularum conglobatarum tumores vel ulcera.

Sp. I. PHTHISIS.

Scrofula pulmonaria; cum corporis emaciatione; tussi; febre hectica; et plerumque expectoratione purulenta; aliquando hæmoptæ; dyspnœa vel orthopnœa; rubore genarum; molestiæ

CLASS III.

**DISEASES OF DEPRAVED
HABIT.**

A depraved state of a part, or of the whole body; without primary fever, or nervous affection.

EMACIATION.

Sluggishness; extreme debility, hectic fever, generally consequent on an internal or external ulcer, or abscess succeeding to phlegmonick inflammation.

KING'S EVIL.

Disease hereditary; tumours or ulcers of many of the conglobate glands.

CONSUMPTION.

Scrofula of the lungs; wasting of the body; cough; hectic fever; generally purulent expectoration; sometimes spitting of blood; breathing more or less difficult; redness of the cheeks; a

doloris, et aliquando caloris, in pectore, sensu; unguibus aduncis; sudoribus marscescentibus.

Sp. II. SCROFULA VULGARIS.

Colli glandularum tumores; labium superius turgidulum; facies florida; cutis levis; tumidum abdomen.

Sp. III. RACHITIS.

Caput magnum anterius maxime tumens; genicula tumida; costæ depressæ; abdomen tumidum, cætera tabescentia.

Gen. III. SYPHILIS.

Morbus contagiosus, post concubitum impurum; genitalium tonsillarum ulcera et cutis, præsertim ad marginem capillitii; papulæ corymbosæ, in crustas et in ulcera crustosa abeuntes; osteocopi; exostoses.

Gen. IV. SCORBUTUS.

In regione frigida, post victum putrescentum, salitum, ex animalibus confectum; deficiente simul materia vegetabili recente: asthenia; stomachice; in cute maculæ discolores, plerumque livescences, præsertim ad pilorum radices.

sense of pain or uneasiness, sometimes of heat in the breast; nails adunque or hooked: wasting sweats.

• COMMON SCROFULA.

Tumours of the glands of the neck; pouting, swelled, upper lip; face florid; skin delicate; belly tumid.

• RICKETS.

Head large, particularly the forehead; joints swollen; ribs depressed; belly tumid; the rest of the body emaciated.

• POX.

Disease contagious; after an impure cohabitation; ulcers of the genitals, tonsils, and skin, especially at the root of the hair; pimples in clusters, or ring-worm like, ending in crusts or ulcers; pains of the bones; swellings of the bones.

• SCURVY.

In cold climates; after a poor and salted animal diet, without fresh vegetables; extreme weakness; fetidness and hæmorrhage of the mouth; spots of various colours in the skin, generally bluish, especially at the roots of the hair

Gen. V. DYSPEPSIA.

Anorexia; nausea; vomitus; inflatio; ructus; ruminatio; cardialgia; gastrodynia; pyrosis; pauciora saltem, vel plura horum simul concurrentia plerumque cum alvo astricta, et sine alio, vel ventriculi ipsius, vel aliarum partium, morbo.

Gen. IV. CHLOROSIS.

Dyspepsia, vel rei non esculentæ desiderium; cutis pallor vel decoloratio; asthenia; palpitatio; menstruorum retentio.

Gen. VII. ICTERUS.

Flavido cutis et oculorum; ex concretionibus biliosis, vel affectione mentis, vel morbis hepatis, vel graviditate; fæces albidæ; intestinæ tardæ; urina obscure rubra, immissa colore luteo tingens.

Gen. VII. ELEPHANTIASIS.

Morbus contagiosus; cutis crassa, rugosa, aspera, unctuosa, pilis destituta; in extremis artu-

DEPRAVED DIGESTION.

Want of appetite; loathing of food; vomition; flatulence; belching; regurgitation; heartburn; pain of the stomach; water-brash; some or most of these symptoms generally concur with costiveness, and without any other disease of the stomach itself or other parts.

GREEN SICKNESS, WHITE FEVER, OR VIRGIN'S DISEASE.

Depraved digestion; or an appetite for articles not esculent; paleness and discoloration of skin; extreme weakness, palpitation; retention of the menses.

JAUNDICE.

Yellowness of skin and eyes, arising from biliary concretions, or mental affections, or hepatic diseases, or pregnancy; fœces white; urine obscurely red, tinging whatever may be put into it of a yellowish colour.

GREAT ARABIAN LEPROSY.

Disease contagious; skin cracked, rugose, rough, unctuous, and despoiled of its hair; in-

bus anæsthesia; facies tuberibus deformis; vox rauca et nasalis; crus maxime tumidum, et cruri elephantino subsimile.

Gen. IX. **LEPRA.**

Cutis, escharis albis, furfurosis, rimosis, aspera; aliquando subtus humida, pruriginosa.

Gen. X. **TRICOMA.**

Morbus contagiosus, capilli solito crassiores, in cirrhos et funiculos inextricabiles implicati.

Gen. XI. **HYDROPS.**

Corporis totius vel partis ejus intumescencia mollis inelastica.

Sp. I. **ANASARCA.**

Intumescencia corporis vel artuum, a sero, in tissu cellulari, retento.

Sp. II. **HYDROCEPHALUS.**

In infantibus recens natis, capitis intumescencia molli, inelastica, hiantibus cranii suturis; in ju-

sensibility of the extremities; face deformed with diseased bumps; voice hoarse and nasal; leg much swollen, having some similitude to that of an elephant.

COMMON LEPROSY.

Skin rough, with white, branny, cleft scales; sometimes with moisture underneath, attended by an itchy sensation.

PLAITED HAIR.

Disease contagious; hair larger than usual, and twisted into inextricable tufts and ropes. (*Said to be proper to Poland.*)

DROPSY.

A soft tumour, not elastick, of a part, or of the whole of the body.

**DROPSY OF THE CELLULAR
SUBSTANCE.**

A swelling of the body or limbs, from a watery fluid in the cellular substance.

DROPSY OF THE BRAIN.

In new born infants, a soft swelling of the head, not elastick, with opening of the sutures:

ventute vel ætate adulta, primum lassitudine; febre, et dolore capitis; dein pulsu tardiore; pupillæ, initio, contractione, versus finem, dilatatione; oculorum distortionem, somnolentia, afficiens; alvo astricta.

Sp. III. HYDRORACHITIS, VULGO SPINA BIFIDA.

Tumor supra vertebrae cervicis, dorsi, vel lumborum, mollis, exiguus; hiantibus vertebrae in infantibus recens natis.

Sp. IV. HYDROTHORAX.

Dyspnœa; faciei pallor; pedum œdema; urina parca; decubitus difficilis; subita et spontanea ex somno, cum palpitatione, excitatio; febricula; sitis maxima.

Sp. V. ASCITES.

Abdominis intumescencia tensa, vix elastica, sed fluctuosa; urina parca; febricula; sitis maxima.

Sp. VI. HYDROCELE.

Tumor scroti non dolens, paulatim crescens, mollis, fluctuans, forma pyro similis, aliquando pellucidus.

in youth or adult age; lassitude; fever; and pain of the head, at the commencement; afterwards the pulse becomes slower; pupils, though at first preternaturally contracted, dilated; with a squinting or distortion of one or both eyes; stupor; slowness of bowels.

DROPSY OF THE SPINAL MARROW.

Soft, small tumour on the vertebræ of the neck, or back, or loins with an opening of the vertebræ; in new born infants.

DROPSY OF THE THORAX.

Difficult breathing; paleness of face; anasar-
cous swelling of the feet; paucity of urine; recum-
bency difficult; sudden and spontaneous startings
from sleep; light fever; great thirst.

DROPSY OF THE BELLY.

Tense swelling of the belly, not elastick, but
fluctuating; paucity of urine; light fever: consi-
derable thirst.

DROPSY OF THE SCROTUM.

Tumour of the scrotum, not painful, gradually
enlarging, soft, fluctuating, in shape like a pear,
and sometimes transparent.

Sp. VII. . HYDROMENTRA.

Hypogastrii tumor, in mulieribus partus non gerentibus, paulatim crescens, ex hydatidibus conflatus, uteri gravidi figuram referens, fluctuans.

Gen. XII. PHYSCONIA.

Tumor quandam abdominis partem potissimum occupans, paulatim crescens, nec sonorus, nec fluctuans, nec in carcinoma abiens.

Sp. I. PHYSCONIA HEPATICA.

Tumor hypochondrium dextrum occupans.

Sp. PHYSCONIA SPLENICA.

Tumor hypochondrium sinistrum occupans.

Sp. III. PHYSCONIA UTERINA.

Tumor hypogastrium occupans.

Sp. IV. PHYSCONIA AB OVARIO.

Tumor dextrum vel sinistrum ile occupans.

Sp. V. PHYSCONIA OMENTALIS.

Tumor abdominis partem mediam occupans.

DROPSY OF THE WOMB.

In women not pregnant, a tumour of the hypogastrium, gradually enlarging, composed of watery vesicles, simulating the figure of the pregnant womb; fluctuating.

A CHRONICK INDURATED INTERNAL TUMEFACATION.

A tumour occupying some part of the region of the belly, gradually enlarging, not sonorous nor fluctuating: never terminating in cancer.

HEPATICK PHYSCONIA.

An indolent tumour occupying the right hypochondrium.

FEVER-CAKE.

An indolent tumour occupying the left hypochondrium.

UTERINE PHYSCONIA.

An indolent tumour of the hypogastrium.

OVARIOUS PHYSCONIA.

An indolent tumour occupying the one or the other flank.

PHYSCONIA OF THE CAUL.

An indolent tumour occupying the centre of the belly, or traversing the belly.

CLASSIS IV.

VITIA.

Partis non totius corporis affectio; sine febre primaria.

Gen. I. CALIGO.

Visus imminutus, vel prorsus abolitus, ob repagulum opacum inter objecta et retinam, oculo ipso, vel palpebris inhærens.

Sp. I. CALIGO LENTIS, VULGO CATARACTA.

Ob maculam opacam, lentis.

Sp. II. CALIGO PUPILLÆ.

Ob obstructam pupillam.

Sp. III. CALIGO CORNEÆ

Ob corneam opacam.

Sp. IV. CALIGO HUMORUM.

Ob vitium vel defectum humorum.

CLASS IV.

ORGANICK DISEASES.

A morbid affection of a part, not of the whole body; without primary fever.

BLINDNESS MORE OR LESS COMPLETE.

Vision diminished, or entirely destroyed, from an opacity between the object and the retina, inherent in the eye itself, or the lids of the eye.

CATARACT.

From an opacity of the lens.

BLINDNESS.

From obstructed pupil.

BLINDNESS.

From a film on the cornea.

BLINDNESS.

From a disease, or failing in the humours of the eye.

Sp. V. CALIGO PALPEBRARUM.

Ob vitium palpebris inhærens.

Gen. II. AMAUROSIS. VEL GUTTA SERENA.

Visus imminutus, vel prorsus abolitus, sine vitio oculi evidente; plerumque cum pupilla dilatata et immobili.

Sp. I. AMAUROSIS COMPRESSIONIS.

Post causas, et cum indiciis congestionis in cerebro.

Sp. II. AMAUROSIS ATONICA.

Post causas, et cum indiciis debilitatis, vel a veneno ingesto.

Gen. III. STRABISMUS.

Oculorum axes optici non eodem vergentes.

Sp. I. STRABISMUS FORTUITUS.

A morbis nervos motores oculi lædentibus.

BLINDNESS.

From a disease of the lids of the eye.

BLINDNESS WITHOUT OBVIOUS CAUSE.

Vision diminished, or totally destroyed, without any observable defect in the eye; generally the pupil is dilated and fixed.

BLINDNESS FROM COMPRESSION.

After causes, and with symptoms of infarction in the brain.

BLINDNESS FROM PALSY

After causes and with symptoms of debility, or poison taken into the stomach.

SQUINTING.

The axes of vision not converging to the same point.

SQUINTING.

From diseases affecting the nerves subservient to the muscles of the eye.

Sp. II. STRABISMUS USU CONTRACTUS.

A consuetudine prava oculo tantum uno utendi, vel ab debilitate vel mobilitate majore unius oculi.

Sp. III. STRABISMUS CONGENITUS.

Ob figuram defectam partium oculorum.

Gen. III. DYSOPIA.

Visus depravatus, ita ut non nisi, certa luce vel ad certam distantiam, vel in certa positura, objecta clare videantur.

Sp. I. DYSOPIA TENEBRARUM.

In qua non nisi in magna luce objecta videntur.

Sp. II. DYSOPIA LUMINIS.

In qua non nisi in obscura luce objecta videntur.

Sp. III. DYSOPIA LONGINQUITATIS.

In qua longe distantia non videntur.

SQUINTING.

From a bad habit of using one eye only, or from debility or a greater mobility in one eye than the other.

CONGENITE SQUINTING.

From a defective configuration of the parts of the eye.

DEPRAVED SIGHT.

Vision so faulty that, except objects be placed in certain light, at a given distance, or in a particular position, they cannot be distinctly seen.

DEPRAVED VISION.

Wherein objects, except they be placed in great light, are not seen.

DEPRAVED VISION.

Wherein objects, except they be placed rather in obscurity, are not seen.

DEPRAVED VISION.

Wherein objects placed at a considerable distance are not seen.

Sp. IV. DYSOPIA PROXIMORUM.

In qua proxima non videntur.

Sp. V. DYSOPIA LATERALIS.

In qua non nisi oblique posita videntur.

Gen. IV. DYSECŒA, VEL SURDITAS.

Auditus imminutus vel abolitus.

Sp. I. DYSECŒA ORGANICA.

Ob vitium in organis sonos ad internam aurem transmittentibus.

Sp. II. DYSECŒA ATONICA.

Sine organorum sonos transmittentium vitio evidente.

Gen. V. ANOSMIA.

Olfactus imminutus vel abolitus.

Sp. I. ANOSMIA ORGANICA.

Ob vitium in membrana nares internas investiente.

DEPRAVED VISION.

Wherein near objects are not seen.

DEPRAVED VISION.

Wherein objects, except placed in oblique relation to the eye, are not seen.

DEAFNESS.

Diminished or destroyed hearing.

ORGANICK DEAFNESS.

Deafness from organick defect.

DEAFNESS FROM ATONY.

Without any obvious defect in the ear.

OLFACTORY DISABILITY.

The sense of smelling diminished, or destroyed.

DEPRAVED SMELLING.

From a fault in the membrane lining the nostrils.

Sp. II. ANOSMIA ATONICA.

Sine vitio membranæ narium evidente.

Gen. VI. AGHEUSTIA.

Gustus imminutus vel abolitus.

Sp. I. AGHEUSTIA ORGANICA.

Ob vitium in membrana linguæ a nervis sapida arcens.

Sp. II. AGHEUSTIA ATONICA.

Sine vitio linguæ evidente.

Gen. VII. ANÆSTHESIA.

Tactus imminutus vel abolitus.

Gen. VIII. APHONIA.

Vocis plena suppressio, citra coma aut syncope.

Sp. I. APHONIA GUTTURALIS.

A tumefactis faucibus.

DEPRAVED SMELLING.

Without any obvious disease of the smelling organ.

DEPRAVED TASTE.

The sense of taste diminished or destroyed.

ORGANICK DEPRAVITY OF TASTE.

From an obvious defect in the gustatory organ.

DEPRAVED TASTE FROM ATONY.

Without any evident disease of the tasting organ.

DEPRAVED SENSATION.

The sense of touch diminished or destroyed.

LOSS OF VOICE.

Full suppression of voice; without stupor or fainting.

LOSS OF VOICE.

From tumefied fauces.

Sp. II. APHONIA TRACHEALIS.

A compressa trachea.

Sp. III. APHONIA LINGUALIS.

Ex lingua ablata vel vitiata.

Sp. IV. APHONIA SURDORUM.

Ex surditate congenita.

Gen. IX. PARAPHONIA.

Vocis sonus depravatus.

Sp. I. PARAPHONIA RAUCA.

Ob siccitatem vel tumorem faucium flaccidum vel obstructas nares, vox fit rauca et scabra.

Sp. II. PARAPHONIA PALATINA.

In qua, ob deficientem vel divisam uvulam plerumque cum labio leporino, vox fit rauca, obscura, et ingrata.

Gen. X. PSELLISMUS.

Verba articulandi vitium; in quo sermonis

LOSS OF VOICE.

From a compressed wind-pipe.

LOSS OF VOICE.

From the tongue being diseased or removed.

LOSS OF VOICE.

From connate deafness.

DEPRAVED VOICE.

Depraved sound of voice.

HOARSE VOICE.

From dryness or flaccidity of the fauces, or obstructed nostrils, the voice becomes hoarse and rough.

PALATICK DEPRAVITY OF VOICE.

In which from a deficient or divided palate, for the most part with a hare lip, the voice becomes hoarse, indistinct and unpleasant.

**DEPRAVED PRONUNCIATION; OR
STUTTER.**

Defect in articulation, in which the words, es-

verba, præsertim prima, non facile proferuntur, et non nisi prima syllaba sæpius repetita.

Gen. XI. DYSPHAGIA.

Molestia deglutitionem impediens, sine respirationis læsione vel inflammatione.

Gen. XII. OBSTIPITAS.

Artus unius vel plurium rigiditas diuturna, ex contractione musculorum, vel anchylosi.

Sp. I. OBSTIPITAS CERVICIS.

Ex contractione musculorum cervicis.

Sp. II. OBSTIPITAS ARTICULARIS.

Ex contractione musculorum motibus articuli inservientium, vel anchylosi ossium, ut supra.

Gen. XIII. ANEURISMA.

Tumor mollis, pulsans, supra arteriam, et arteria ortus.

pecially the first are not uttered but with difficulty, and not at all except the first syllable be reiterated.

INJURED DEGLUTITION.

Uneasiness in the act of swallowing, without affected respiration, or inflammation.

STIFFNESS.

A chronick rigidity of one or more joints, from an abbreviation of the muscles, or a union of the bones constituting the joint or joints.

WRY-NECK

From a contraction of the muscles of the neck.

STIFF-JOINT.

As above.

ANEURISM.

A soft, pulsating tumour, over, and arising from, an artery.

Gen. XIV. VARIX.

Tumor mollis, non pulsans, supra venam et vena ortus.

Gen. XV. ECCHYMONA.

Tumor diffusus, parum eminens, livescens, plaga ortus.

Gen. XVI. CARCINOMA.

Tumor scirrhoideus dolens, in ulcus mali moris abiens.

Gen. XVII. SARCOMA.

Extuberatio mollis, non dolens, cutis.

Gen. XVIII. POLYPUS.

Tumor e vasis conflatus, mollis, in naribus, vel faucibus, vel vagina, vel intestino recto non fere dolens.

Gen. XIX. LUPIA.

Extuberatio subter cutem mobilis, mollis, elasticus, non dolens.

Gen. XX. GANGLION.

Extuberatio dura, mobilis, tendini vel fasciae insidens.

VARIX.

A soft tumour, not pulsating, over, and arising from a vein.

EFFUSION.

A diffused tumor, slightly prominent, bluish, arising from a blow or wound.

CANCER.

A scirrhus tumour, terminating in an ill-conditioned ulcer.

FLESHY TUMOUR.

A soft, not painful, tumour of the skin.

POLYPUS.

A tumour, vascular, and soft, but seldom painful, in the nostrils, or fauces, or vagina, or straight bowel.

WEN.

A tumour under the skin, soft, moveable, elastick; not painful.

GANGLION.

A hard, moveable tumour, on a tendon or fascia.

Gen. XXI. ARTHROCACE.*

Articulorum, genu vel coxæ vel vertebrarum potissimum, tumor parum primo eminens, cute concolor, dolentissimus, et mobilitatem imminuens.

Gen. XXII. EXOSTOSIS.

Tumor durus ossi insidens.

Gen. XXIII. CLAVUS.

Cuticulæ crassitudo dura, lamellata.

Gen. XXIV. VERRUCA.

Extuberatio dura, scabra, conica.

Gen. XXV. NÆVUS.

Macula congenita, quæ vulgo vehementi cupiditati tribuitur.

Gen. XXVI. PTERYGIUM.

Excrescentia carnea, alam expansam referens, et versus corneam lucidam se extendens.

* Although Arthrocase be distinct, in its nature, from other tumours or swellings, yet it must be considered as a variety of Scrofula.

WHITE SWELLING.

A tumour, generally of the knee, hip, or vertebræ, at first slightly prominent, very painful, affecting the motion of the joint; skin not discoloured.

SWELLING OF THE BONE.

A hard tumour, on, and arising from, the bone.

A CORN.

Hard, lamellated thickness of the cuticle.

A WART.

A hard, rough, conical tumour.

MOLE; OR MOTHER'S MARK.

A connate mark, vulgarly attributed to vehement longing.

EYE-WING.

A fleshy excrescence, resembling a wing expanded, extending itself towards the lucid cornea of the eye.

Gen XXVII. BRONCHOCELE.

Tumor glandulæ thyroideæ.

Gen. XXVIII. LITHIASIS.

Calculus in organis ad secernendam et reddendam urinam inservientibus.

Gen. XXIX. HERNIA.

Partis mollis ectopia, cute et aliis integumentis adhuc tecta.

Gen. XXX. PROCIDENTIA.

Partis mollis ectopia nuda.

Gen. XXXI. LUXATIO.

Os ex sua, in juncturis, sede dimotum.

Gen. XXXII. PLAGA.

Vulnus, vel solutio recens, partis mollis, a vi externa.

Gen. XXXIII. ULCUS.

Partis mollis solutio purulenta vel ichorosa.

THE DERBYSHIRE NECK; OR GOITRE.

A swelling of the thyroid gland.

THE GRAVEL, OR STONE.

A calculus in the kidney, or urinary bladder.

A RUPTURE.

A soft part protruded, but continued to be covered by the skin and common integuments.

A PROTRUSION.

A soft part protruded, naked and exposed.

A DISLOCATION.

A bone moved out of its relation to another bone in a joint.

A WOUND.

A recent solution of continuity, in a soft part, from external violence.

AN ULCER.

A solution, in a soft part, with purulent or ichorous discharge.

Gen. XXXIV. **HERPES.**

Phlyctænae vel ulcuscula plurima, aggregata, serpentina, dysepuleta.

Gen. XXXV. **PSORA.**

Pustulae vel ulcuscula pruriginosa, contagiosa, manus male inficiëntia.

Gen. XXXVI. **FRACTURA.**

Ossis partes a cohaesione, in fragmenta, vi, solutæ.

Gen. XXXVII. **CARIES.**

Ossis exulceratio.

Gen. XXXVIII. **ALVI FLUXUS.**

Humoris cujusvis vomitus vel dejectio, vel utraque concurrentia.

Sp. I. **CHOLERA.**

Humoris biliosi vel porracei vomitus, et simul ejusdem dejectio frequens; anxietas; tormina; surarum spasmata; in infantibus febris.

A TETTER.

Numerous little vesicles or small ulcers aggregated, spreading little by little; difficult of cure.

THE ITCH.

Small itchy pustules or ulcers, contagious, chiefly affecting the hand.

A FRACTURE.

A solution of continuity, in a bone, by violence.

ROTTENNESS.

Ulceration, or rottenness in a bone.

INTESTINAL DISCHARGE.

A vomiting or purging of any fluid, or both concurring.

CHOLERA.

A simultaneous and frequent vomiting and purging of a bilious or porraceous fluid; restlessness; gripes; spasms of the calves of the legs; in children fever.

Sp. II. DIARRHŒA.

Humoris biliosi, vel aquosi, vel porracei, dejectio frequens; anxietas; tormina.

Gen. XL. DIABETES.

Urinae copia immodica, profusio, vetusta; plerumque cum odore, colore, et sapore melleo; corporis tabe.

Gen. XLI. ENEURESIS.

Urinae e vesica fluxus involuntarius, non dolens; post morbos spincterem vesicæ laedentes; vel ex irritatione vesicae.

Gen. XLII. GONORRHŒA.

Post concubitum impurum, humoris puriformis, cum inflammatione et dolore, et dysuria, ex urethra fluxus; contagiosus.

Sp. I. GONORRHŒA ACUTA.

Ut supra.

Sp. II. GONORRHŒA VETUSTA.

Post gonorrhœam acutam, humoris mucosi, sine inflammatione, vel dolore, vel dysuria, ex urethra fluxus; non contagiosus.

LAX.

Frequent dejections of bilious, or waterish, or greenish matter; restlessness; gripes.

DIABETES.

An immoderately profuse, and chronick discharge of urine; generally with odour, colour, honey-like sapidness, wasting of the general body.

INCONTINENCE OF URINE.

An involuntary discharge of urine, not painful; after disease producing palsy of the spincter muscle of the bladder; or from irritation of the bladder itself.

CLAP.

After an impure cohabitation; a purulent effusion from the urethra, with inflammation, pain, and dysury; disease contagious.

ACUTE CLAP.

As above.

GLEET.

After an acute clap, a mucous discharge from the urethra, without inflammation, or pain, or dysury; not contagious.

*1 grain of corrosive sublimate to 2
of S. Brandy give one table spoon
every day—*

Gen. XLIII. ABORTUS.

Fœtus immaturi enixus.

Gen. XLIV. STERILITAS.

Impotentia in mari, vel fœmina ad gignendam prolem

Gen. XLV. AMENORRHŒA.

Menses, tempore quo fluere solent, vel solito parciores, vel non omnino fluentes, citra graviditatem.

Sp. I. AMENORRHŒA EMANSIONIS.

In puberibus, quibus post fluxus tempus solitum, menses non jam prodierunt, et cum simul variæ affectiones morbidæ adsint.

Sp. II. AMENORRHŒA SUPPRESSIONIS.

In adultis, quibus menses, quæ jam fluere solebant suppressæ sunt.

ABORTION OR MISCARRIAGE.

The birth of an immature child.

BARRENNESS.

Inability in man, or woman, of reproduction.

**DEFECT OF THE MENSTRUAL
ACTION.**

The menstruous fluid either does not flow at all, at the usual periods, or in too small quantities for the purposes of the economy of the un-pregnant female body.

**RETENTION OF THE MENSTRUOUS
FLUID.**

In virgins of mature age, a total deficiency of the menstrual flux, with various morbid symptoms.

SUPPRESSED MENSTRUOUS FLUID.

A total suppression of the menstruous fluid in those who have once had it regularly.

Sp. III. AMENHORRHŒA DIFFICILIS.

In qua menses parcius, et cum dolore, fluunt.

Gen. XLVI. OBSTIPATIO.

Dejectio fœcum nulla, vel solito rarior.

DIFFICULT MENSTRUAL OPERATION.

A paucity of the menstrual flux, accompanied by pain.

CONSTIPATION.

Either no discharge of fœces or seldom so as to be inconsistent with health.

C. Lupton —

For Flow Albu

Sulphur Zinc $\frac{1}{2}$ to of Aqua Ho
as an Injection.

An Amulsion of Bal Copaiva
Germ Arabic & Suckring Albu
1 Tea Spoon full three times
every Day should ~~the~~ it affe
the bowels a few Drops of
Lin Opi may be advantageously
used in the Mixture

Med. Hist

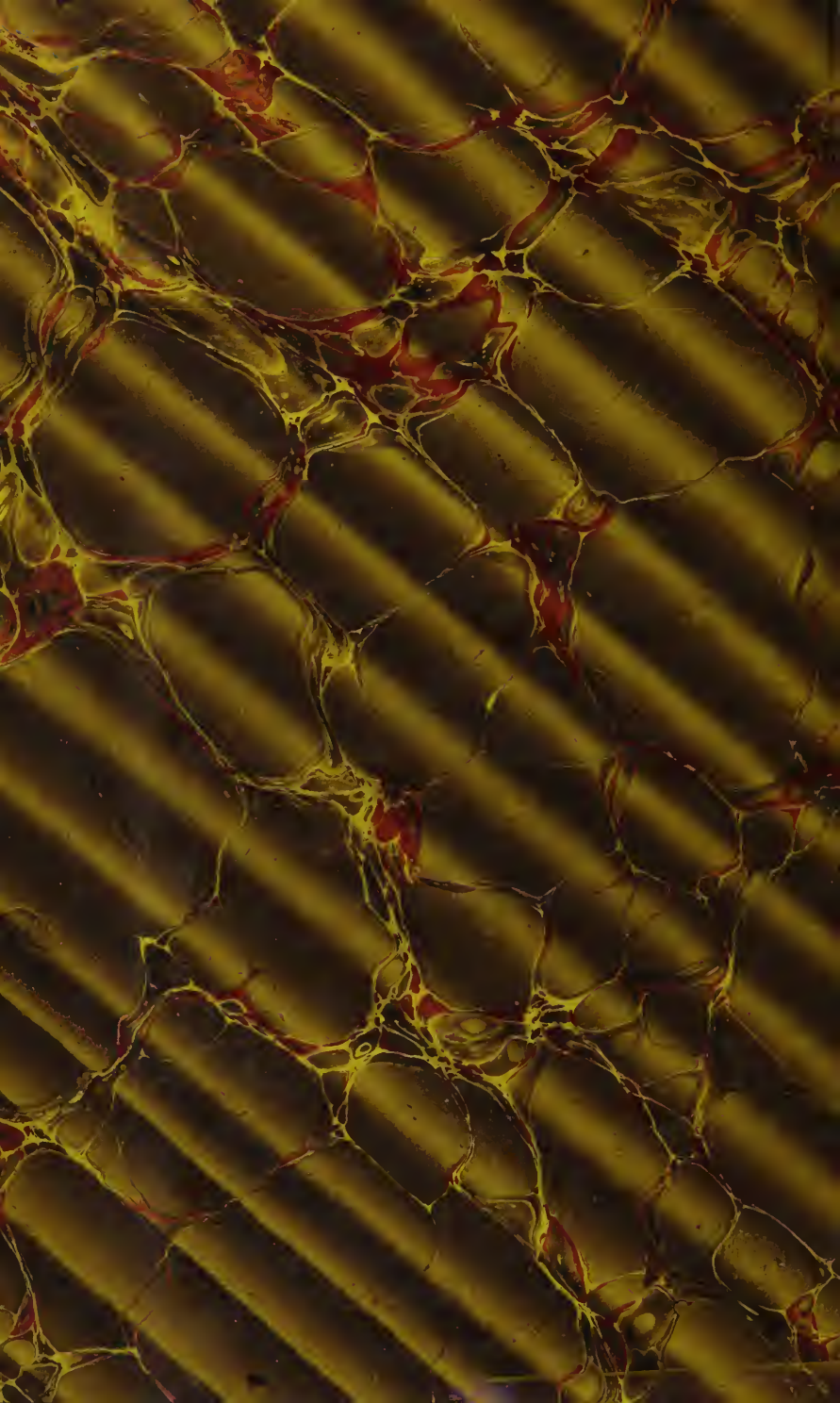
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