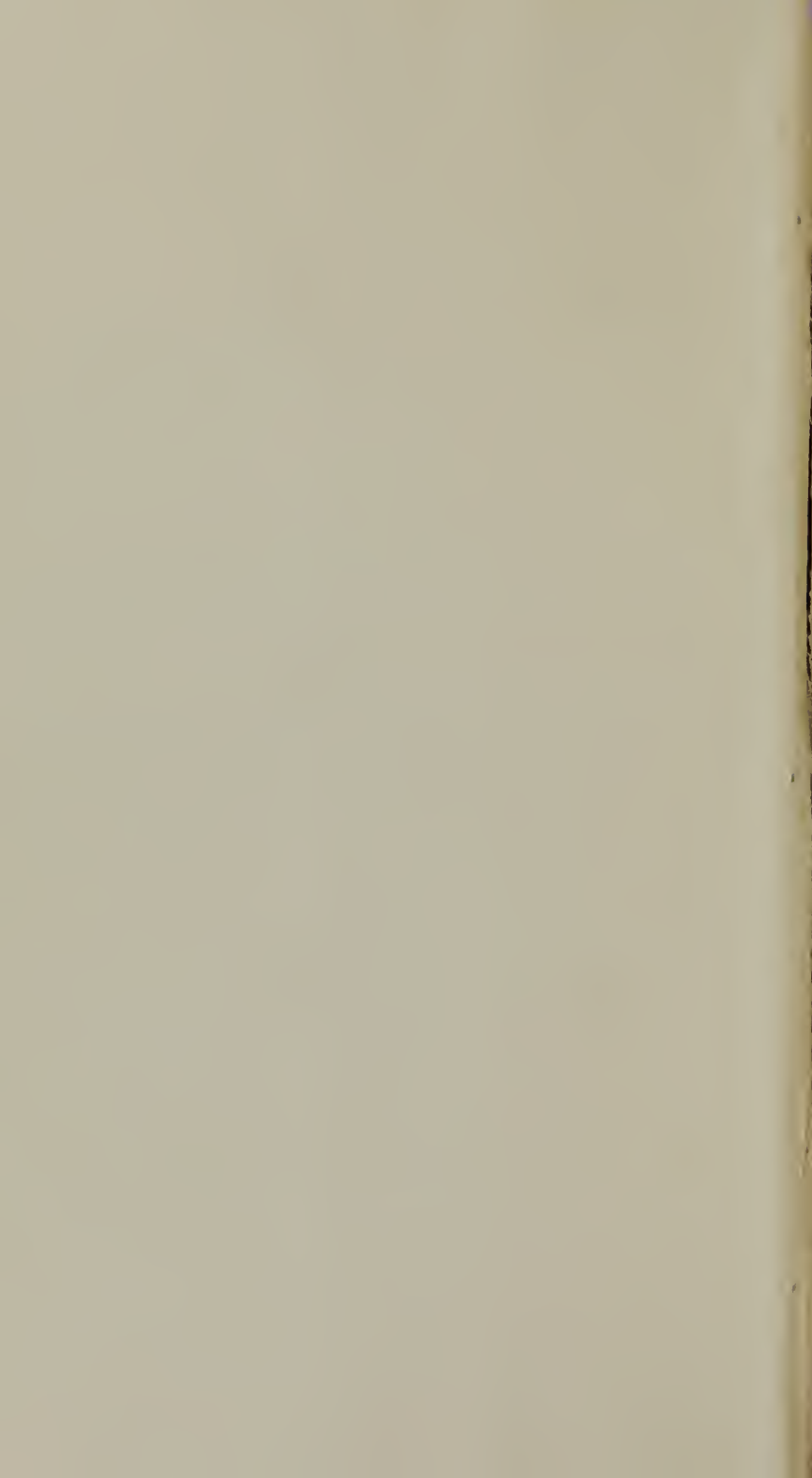


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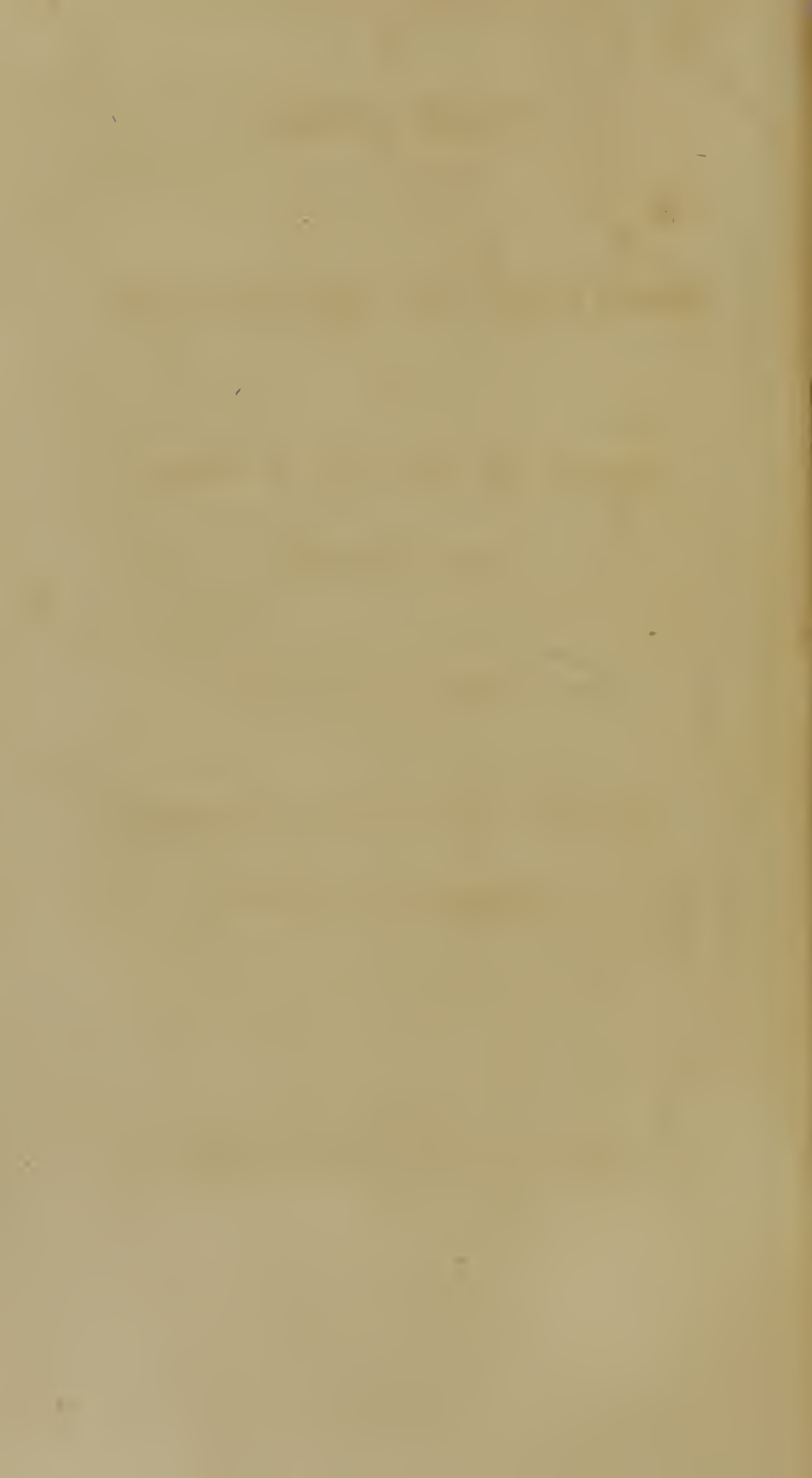
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TEXT BOOK

OF A

Course of Lectures,

ON THE

THEORY AND PRACTICE OF PHYSIC.

PART SECOND.

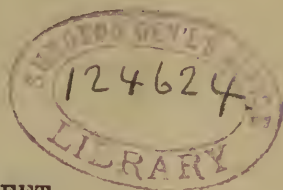
BY JAMES JACKSON, M. D.

FOR THE USE OF THE MEDICAL STUDENTS

OF HARVARD UNIVERSITY.

BOSTON:
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pt. 2

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INTRODUCTION.

As the first part of this text book relates to the general theory of medicine, this second part may be considered as relating to the practice. This distinction is made, however, rather in reference to the title of the professorship I hold, and to the duties belonging to it, than to the exact character of the two parts of the work. The second part is represented as relating to practice, because it will describe particular diseases, and the treatment adapted to each; yet it will admit and require many theoretical discussions.

It will not be attempted in this work, nor in the lectures founded on it, to describe all the diseases, to which the human body is subject. The space of time allotted to the lectures will not permit this to be done. The most important diseases and those actually met with in our climate, must engage our principal attention. Considerations of expediency must determine the share of attention to be bestowed on any one subject.

As has been intimated in the first part of this text book, Dr. Good's Physiological System of No-

sology will be followed, in the consideration of particular diseases. There would undoubtedly be more consistency in arranging diseases with reference to the arrangement of the functions adopted in the first part of this work. But this is a consistency not very important in a practical point of view, and all new arrangements are to be avoided, which will not produce some positive and considerable benefit. It may be sufficient to have pointed out such a division of the functions, as is most natural and renders them most intelligible to the student. In most diseases functions of different kinds are found to be disordered at the same time. It must suffice us at present, to have diseases arranged in a methodical manner under the principal functions, however distinguished.

I have adopted Dr. Good's system, not because it is the most recent, but because it is sufficiently comprehensive and is executed with great skill; because much rare learning has been usefully employed in the formation of it; and because the plan, on which it is formed, appears to be the best ever yet adopted in works of this kind. And though it be a minor advantage, the tasteful and classical selection and formation of names, employed by this distinguished scholar, are to be regarded as no small recommendation of the system, in which they are introduced.

But while this system of Nosology is followed, objections will be made freely, though respectfully,

to many opinions of the author, both in regard to the arrangement of the system and to the diseases embraced in it. To his third class especially, and to much which relates to the sanguineous and vascular functions, great objections must be made.

The following are some of the most important of these objections. First, he has not regarded those diseases, which arise from morbid actions of the extreme vessels, whether formative or excretory, as diseases of the sanguineous function, unless they are accompanied by a general disturbance in the actions of the system, commonly called *fever*. Second, he has arranged under various classes, perhaps in every one, diseases which consist in inflammation. Third, he has placed idiopathic fever in his third class, taking it for granted, that it is properly a disease of the sanguineous function; while its phenomena might equally claim for it admission into other classes. The truth is, all the functions are disordered in this disease, and it is not yet settled in which of the functions the disease has its origin.

In following this nosological system, no reference will be had to "the Study of Medicine," by the same author. That work may be regarded as the author's own commentary on the diseases enumerated in his system and in some measure on that system itself. My lectures will be essentially the same, as to their matter, as they were before Dr. Good's valuable works were published; although it will be my endeavour to gather from those

works, as from others, whatever can be advantageously introduced into them. In short they will, as heretofore, consist of the knowledge I have gained and the opinions I have formed, from the instructions of others, as well as from my own experience and reflections. Many transcripts from the writings of others might, no doubt, be read to my hearers with advantage; but one, who would teach usefully, must communicate that knowledge, which he has made his own.

It is not intended that this part of my text book should be so full, in relation to the subjects of which it treats, as the first part. So much will be stated as will aid the student materially in following the course of the lectures, and facilitate very much the labour of taking notes.

The table of Classification of Diseases will here be copied from the first volume of Good's Study of Medicine, and then the text book will refer to the characters of the various classes and orders and to such genera and species as I deem it necessary to treat of in the lectures. Surgical diseases and those which fall within the province of midwifery, will not be noticed here, because they are subjects of consideration in other courses delivered in this school.

Table

OF CLASSIFICATION.

BY DR. GOOD.

CLASS I. CÆLIACA.

DISEASES OF THE DIGESTIVE FUNCTION.

<p>ORD. I. ENTERICA. AFFECTING THE ALIMENTARY CANAL.</p> <p>GEN. I. ODONTIA. <i>Misdentition.</i></p> <p>SPEC. 1. O. DENTITIONIS. <i>Teething.</i></p> <p>2. DOLOROSA. <i>Tooth-ache.</i></p> <p>3. STUPORIS. <i>Tooth-edge.</i></p> <p>4. DEFORMIS. <i>Deformity of the Teeth.</i></p> <p>5. EDENTULA. <i>Toothlessness.</i></p> <p>6. INCRUSTANS. <i>Tartar of the Teeth.</i></p> <p>7. EXCRESCENS. <i>Excrescent Gums.</i></p> <p>GEN. II. PTYALISMUS. <i>Ptyalism.</i></p> <p>SPEC. 1. P. ACUTUS. <i>Salivation.</i></p>	<p>SPEC. 2. P. CHRONICUS. <i>Chronic Ptya- lism.</i></p> <p>3. INERS. <i>Drivelling.</i></p> <p>GEN. III. DYSPHAGIA. <i>Dysphagy.</i></p> <p>SPEC. 1. D. CONSTRICTA. <i>Constrictive Dysphagy.</i></p> <p>2. ATONICA. <i>Atonic Dyspha- gy.</i></p> <p>3. GLOBOSA. <i>Nervous Quinsy.</i></p> <p>4. UVULOSA. <i>Uvular Dyspha- gy.</i></p> <p>5. LINGUOSA. <i>Lingual Dys- phagy.</i></p> <p>GEN. IV. DIPSOSIS. <i>Morbid Thirst.</i></p> <p>SPEC. 1. D. AVENS. <i>Immoderate Thirst.</i></p>
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SPEC. 2. D. EXPERS.
Thirstlessness.

GEN. V. LIMOSIS.

Morbid Appetite.

SPEC. 1. L. AVENS.
Voracity.
2. EXPERS.
Long Fasting.
3. PICA.
Depraved Appetite.
4. CARDIALGIA.
Heart-burn. Water-brash. Cardialgy.
5. FLATUS.
Flatulency.
6. EMESIS.
Sickness. Vomiting.
7. DYSPEPSIA.
Indigestion.

GEN. VI. COLICA.

Colic.

SPEC. 1. C. ILEUS.
Ileac Passion.
2. RHACHIALGIA
Colic of Poitou. Painter's Colic.
3. CIBARIA.
Surfeit.
4. FLATULENTA.
Wind-Colic.
5. CONSTIPATA.
Constipated Colic.
6. CONSTRICTA.
Constrictive Colic.

GEN. VII. COPROSTASIS.

Costiveness.

SPEC. 1. C. CONSTIPATA.
Constipation.
2. OBSTIPATA.
Obstipation.

GEN. VIII. DIARRHŒA.

Looseness.

SPEC. 1. D. FUSA.
Feculent Looseness.
2. BILIOSA.
Bilious Looseness.
3. MUCOSA.
Mucous Looseness.
4. CHYLOSA.
Chylous Looseness.
5. LIENTERIA.
Lientery.
6. SEROSA.
Serous Looseness.
7. TUBULARIS.
Tubular Looseness.
8. GYPSATA.
Gypseous Looseness.

GEN. IX. CHOLERA.

Cholera.

SPEC. 1. C. BILIOSA.
Bilious Cholera.
2. FLATULENTA.
Wind Cholera.
3. SPASMODICA.
Spasmodic Cholera.

GEN. X. ENTEROLITHUS. GEN. I. ICTERUS.

Intestinal Concretions.

- SPEC. 1. E. BEZOARDUS.
Bezoar.
2. CALCULUS.
Intestinal Calculus.
3. SCYBALUM.
Scybalum.

GEN. XI. HELMINTHIA.

Worms.

- SPEC. 1. H. ALVI.
Alvine Worms.
2. PODICIS.
Anal Worms.
3. ERRATICA.
Erratic Worms.

GEN. XII. PROCTICA.

Proctica.

- SPEC. 1. P. SIMPLEX.
Simple Proctica.
2. SPASMODICA.
Spasmodic Stricture of the Rectum.
3. CALLOSA.
Callous Stricture of the Rectum.
4. TENESMUS.
Tenesmus.
5. MARISCA.
Piles.
6. EXANIA.
Prolapse of the Fundament.

ORD. II. SPLANCHNICA.

AFFECTING THE COLLATITIOUS
VISCERA.

Yellow Jaundice.

- SPEC. 1. I. CHOLÆUS.
Biliary Jaundice.
2. CHOLOLITHI-
CUS.
Gall-stone Jaundice.
3. SPASMODICUS.
Spasmodic Jaundice.
4. HEPATICUS.
Hepatic Jaundice.
5. INFANTUM.
Jaundice of Infants.

GEN. II. MELÆNA.

Melena.

SPEC. 1. M. CHOLÆA.

*Black, or Green
Jaundice.*

2. CRUENTA.
Black Vomit.

GEN. III. CHOLOLITHUS.

Gall-stone.

- SPEC. 1. C. QUIESCENS.
Quiescent Gall-stone.
2. MEANS.
Passing of Gall-stones.

GEN. IV. PARABYSMA.

Visceral Turgescence.

- SPEC. 1. P. HEPATICUM.
*Turgescence of
the Liver.*

<p>SPEC. 2. P. SPLENICUM. <i>Turgescence of the Spleen.</i></p> <p>3. PANCRÉATICUM. <i>Turgescence of the Pancreas.</i></p> <p>4. MESENTERICUM. <i>Turgescence of the Mesentery.</i></p>	<p>SPEC. 5. P. INTESTINALE. <i>Turgescence of the Intestines.</i></p> <p>6. OMENTALE. <i>Turgescence of the Omentum.</i></p> <p>7. COMPLICATUM. <i>Turgescence compounded of various organs.</i></p>
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CLASS II. PNEUMATICA.

DISEASES OF THE RESPIRATORY FUNCTION.

<p>ORD. I. PHONICA.</p> <p style="text-align: center;">AFFECTING THE VOCAL AVENUES.</p> <p>GEN. I. CORYZA.</p> <p style="text-align: center;"><i>Running at the Nose.</i></p> <p>SPEC. 1. C. ENTONICA. <i>Entonic Coryza.</i></p> <p>2. ATONICA. <i>Atonic Coryza.</i></p> <p>GEN. II. POLYPUS.</p> <p style="text-align: center;"><i>Polypus.</i></p> <p>SPEC. 1. P. ELASTICUS. <i>Compressible Polypus.</i></p> <p>2. CORIACEUS. <i>Cartilaginous Polypus.</i></p>	<p>GEN. III. RHONCHUS.</p> <p style="text-align: center;"><i>Rattling in the Throat.</i></p> <p>SPEC. 1. R. STERTOR. <i>Snoring.</i></p> <p>2. CERCHNOS. <i>Wheezing.</i></p> <p>GEN. IV. APHONIA.</p> <p style="text-align: center;"><i>Dumbness.</i></p> <p>SPEC. 1. A. ELINGUIUM. <i>Elingual Dumbness.</i></p> <p>2. ATONICA. <i>Atonic Dumbness.</i></p> <p>3. SURDORUM. <i>Deaf Dumbness.</i></p> <p>GEN. V. DYSPHONIA.</p> <p style="text-align: center;"><i>Dissonant Voice.</i></p> <p>SPEC. 1. D. SUSURRANS. <i>Whispering Voice.</i></p>
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SPEC. 2. D. PUBERUM.
Voice of Puberty.
3. IMMODULATA.
*Immellodious
Voice.*

GEN. VI. PSELLISMUS.

Dissonant Speech.

SPEC. 1. P. BAMBALIA.
Stammering.
2. BLÆSITAS.
Misenunciation.

ORD. II. PNEUMONICA.

AFFECTING THE LUNGS, THEIR
MEMBRANES, OR MOTIVE POWER.

GEN. I. BEX.

Cough.

SPEC. 1. B. HUMIDA.
*Common or hu-
mid Cough.*
2. SICCA.
Dry Cough.
3. CONVULSIVA.
Hooping-Cough.

GEN. II. LARYNGYSMUS.

Laryngic Suffocation.

SPEC. 1. L. STRIDULUS.
*Stridulous con-
striction of the
Larynx.*

GEN. III. DYSPNŒA.

Anhelation.

SPEC. 1. D. CHRONICA.
Short-breath.

SPEC. 2. D. EXACERBANS.
*Exacerbating
Anhelation.*

GEN. IV. ASTHMA.

Asthma.

SPEC. 1. A. SICCUM.
*Dry or Nervous
Asthma.*
2. HUMIDUM.
*Humid or com-
mon Asthma.*

GEN. V. EPHIALTES.

Incubus.

SPEC. 1. E. VIGILANTIUM.
Day-Mare.
2. NOCTURNUS.
Night-Mare.

GEN. VI. STERNALGIA.

Suffocative Breast-pang.

SPEC. 1. S. AMBULANTIUM
*Acute Breast-
pang.*
2. CHRONICA.
*Chronic-Breast-
pang.*

GEN. VII. PLEURALGIA.

Pain in the Side.

SPEC. 1. P. ACUTA.
Stitch.
2. CHRONICA.
*Chronic pain in
the Side.*

CLASS III. HÆMATICA.

DISEASES OF THE SANGUINEOUS FUNCTION.

ORD. I. PYRECTICA.

FEVERS.

GEN. I. EPHEMERA.

Diary Fever.

SPEC. 1. E. MITIS.

Mild Diary-Fever.

2. ACUTA.

Acute Diary-Fever.

3. SUDATORIA.

Sweating Fever.

GEN. II. ANETUS.

Intermitting Fever. Ague.

SPEC. 1. A. QUOTIDIANUS.

Quotidian Ague.

2. TERTIANUS.

Tertian Ague.

3. QUARTANUS.

Quartan Ague.

4. ERRATICUS.

Irregular Ague.

5. COMPLICATUS.

Complicated Ague.

GEN. III. EPANETUS.

Remittent Fever.

SPEC. 1. E. MITIS.

Mild Remittent.

SPEC. 2. E. MALIGNUS.

*Malignant Remittent.**

3. HECTICA.

Hectic Fever.

GEN. IV. ENECIA.

Continued Fever.

SPEC. 1. E. CAUMA.

Inflammatory Fever.

2. TYPHUS.

Typhous Fever.

3. SYNOCHUS.

Synochal Fever.

ORD. II. PHLOGOTICA.

INFLAMMATIONS.

GEN. I. APOSTEMA.

Aposteme.

SPEC. 1. A. COMMUNE.

Common Aposteme.

2. PSOATICUM.

Psoas Abscess.

3. HEPATICUM.

Abscess of the Liver.

* α Autumnal Remittent. ζ Yellow Fever. γ Burning Remittent.
 δ Asthenic Remittent.

SPEC. 4. A. EMPYEMA.
*Lodgement of
Matter in the
Chest.*

5. VOMICA.
Vomica.

GEN. II. PHLEGMONE.

Phlegmon.

SPEC. 1. P. COMMUNIS.
Common Phleg-
mon.

2. PARULIS.
Gum-boil.

3. PAROTIDEA.
Parotid Phleg-
mon.

4. MAMMÆ.
*Abscess of the
Breast.*

5. BUBO.
Bubo.

6. PHIMOTICA.
Phimotic Phleg-
mon.

GEN. III. PHYMA.

Tuber.

SPEC. 1. P. HORDEOLUM.
Sty.

2. FURUNCULUS.
Boil.

3. SYCOSIS.
Ficous Phyma.

4. ANTHRAX.
Carbuncle.

GEN. IV. IONTHUS.

Whellc.

SPEC. 1. I. VARUS.
Stone-pock.

SPEC. 2. I. CORYMBYFER.
*Carbuncled Face.
Rosy Drop.*

GEN. V. PHLYSIS.

Phlysis.

SPEC. 1. P. PARONYCHIA.
Whitlow.

GEN. VI. ERYTHEMA.

Inflammatory Blush.

SPEC. 1. E. ŒDEMATOSUM
Edematous Ery-
thema.

2. ERYSIPELA-
TOSUM.
*Erysipelatous
Erythema.*

3. GANGRÆNO-
SUM.
*Gangrenous
Erythema.*

4. VESICULARE.
Vesicular Ery-
thema.

5. ANATOMICUM.
*Erythema from
Dissection.*

6. PERNIO.
Chilblain.

7. INTERTRIGO.
Fret.

GEN. VII. EMPRESMA.

Visceral Inflammation.

SPEC. 1. E. CEPHALITIS.
*Inflammation of
the Brain.**

* α Brain Fever. † Acute Dropsy
of the Head.

SPEC. 2. E. OTITIS.		GEN. VIII. OPHTHALMIA.
	<i>Ear-ache.</i>	
3. PAROTITIS.		<i>Ophthalmy.</i>
	<i>Mumps.</i>	
4. PARISTHMITIS.		SPEC. 1. O. TARAXIS.
	<i>Quinsy.</i>	<i>Lachrymose Ophthalmy.</i>
5. LARYNGITIS.		2. IRIDIS.
	<i>Inflammation of the Larynx.</i>	<i>Inflammation of the Iris.</i>
6. BRONCHLEMMITIS.		3. PURULENTA.
	<i>Croup.</i>	<i>Purulent Ophthalmy.</i>
7. PNEUMONITIS.		4. GLUTINOSA.
	<i>Peripneumony.</i>	<i>Glutinous Ophthalmy.</i>
8. PLEURITIS.		5. STAPHYLOMA.
	<i>Pleurisy.</i>	<i>Protuberant Eye.</i>
9. CARDITIS.		6. ECTROPIUM.
	<i>Inflammation of the heart.</i>	<i>Everted Eye-lid.</i>
10. PERITONITIS.		7. ENTROPIUM.
	<i>Inflammation of the Peritonæum.</i>	<i>Inverted Eye-lid.</i>
11. GASTRITIS.		GEN. IX. CATARRHUS.
	<i>Inflammation of the Stomach.</i>	
12. ENTERITIS.		<i>Catarrh.</i>
	<i>Inflammation of the Bowels.</i>	
13. HEPATITIS.		SPEC. 1. C. COMMUNIS.
	<i>Inflammation of the Liver.</i>	<i>Cold in the Head or Chest.</i>
14. SPLENITIS.		2. EPIDEMICUS.
	<i>Inflammation of the Spleen.</i>	<i>Influenza.</i>
15. NEPHRITIS.		GEN. X. DYSENTERIA.
	<i>Inflammation of the Kidneys.</i>	
16. CYSTITIS.		<i>Dysentery.</i>
	<i>Inflammation of the Bladder.</i>	
17. HYSTERITIS.		SPEC. 1. D. ACUTA.
	<i>Inflammation of the Womb.</i>	<i>Acute Dysentery.</i>
18. ORCHITIS.		2. CHRONICA.
	<i>Inflammation of the Testicles.</i>	<i>Chronic Dysentery.</i>

GEN. XI. BUCNEMIA.

Tumid Leg.

SPEC. 1. B. SPARGANOSIS.

Puerperal Tumid Leg.

2. TROPICA.

Tumid Leg of hot Climates.

GEN. XII. ARTHROSIA.

Articular Inflammation.

SPEC. 1. A. ACUTA.

Acute Rheumatism.

2. CHRONICA.

Chronic Rheumatism.

3. PODAGRA.

Gout.

4. HYDARTHURUS.

White-swelling.

ORD. III. EXANTHEMATICA.

ERUPTIVE FEVERS. EXANTHEMS.

GEN. I. ENANTHESIS.

Rash Exanthem.

SPEC. 1. E. ROSALIA.

Scarlet-Fever.

2. RUBEOLA.

Measles.

3. URTICARIA.

Nettle-rash.

GEN. II. EMPHLYSIS.

Ichorous Exanthem.

SPEC. 1. E. MILIARIA.

Miliary Fever.

SPEC. 2. E. APHTHA.

Thrush.

3. VACCINIA.

Cow-pox.

4. VARICELLA.

Water-pox.

5. PEMPHIGUS.

*Vesicular or**Bladdery Fever.*

6. ERISIPELAS.

*St. Anthony's**Fire.*

GEN. III. EMPYESIS.

Pustulous Exanthem.

SPEC. 1. E. VARIOLA.

Small-pox.

GEN. IV. ANTHRACIA.

Carbuncular Exanthem.

SPEC. 1. A. PESTIS.

Plague.

2. RUBULA.

Yaws.

ORD. IV. DYSTHETICA.

CACHEXIES.

GEN. I. PLETHORA.

Plethora.

SPEC. 1. P. ENTONICA.

Sanguine Plethora.

2. ATONICA.

Serous Plethora

GEN. II. HÆMORRHAGIA.	GEN. VI. CARCINUS.
<i>Hæmorrhage.</i>	<i>Cancer.</i>
SPEC. 1. H. ENTONICA. <i>Entonic Hæmorrhage.</i>	SPEC. 1. C. VULGARIS. <i>Common Cancer.</i>
2. ATONICA. <i>Atonic Hæmorrhage.</i>	GEN. VII. LUES. <i>Venereal Disease.</i>
GEN. III. MARASMUS. <i>Emaciation.</i>	SPEC. 1. L. SYPHILIS. <i>Pox.</i>
SPEC. 1. M. ATROPHIA. <i>Atrophy.</i>	2. SYPHILODES. <i>Bastard Pox.</i>
2. ANHÆMIA. <i>Ersanguinity.</i>	GEN. VIII. ELEPHANTIASIS. <i>Elephant-Skin.</i>
3. CLIMACTERICUS. <i>Decay of Nature.</i>	SPEC. 1. E. ARABICA. <i>Arabian Elephantiasis. Black Leprosy.</i>
4. TABES. <i>Decline.</i>	2. ITALICA. <i>Italian Elephantiasis.</i>
5. PHTHISIS. <i>Consumption.</i>	3. ASTURIENSIS. <i>Asturian Elephantiasis.</i>
GEN. IV. MELANOSIS. <i>Melanose.</i>	GEN. IX. CATACAUSIS. <i>Catacausis.</i>
SPEC. 1. M. TUBERCULARIS. <i>Tubercular Melanosc.</i>	SPEC. 1. C. EBRIOSA. <i>Inebriate Catacausis.</i>
GEN. V. STRUMA. <i>Scrophula.</i>	GEN. X. PORPHYRA. <i>Scurvy.</i>
SPEC. 1. S. VULGARIS. <i>King's Evil.</i>	SPEC. 1. P. SIMPLEX. <i>Petcchial Scurvy.</i>

SPEC. 2. P. HÆMORRHAGICA.

*Land-scurvy.*3. NAUTICA.
Sea-scurvy.

GEN. XI. EXANGIA.

Exangia.

SPEC. 1. E. ANEURISMA.

*Aneurism.*2. VARIX.
*Varix.*3. CYANIA.
Blue-skin.

GEN. XII. GANGRÆNA.

*Gangrene.*SPEC. 1. G. SPHACELUS.
*Mortification.*SPEC. 2. G. USTILAGINEA.
*Mildew-mortification.*3. NECROSIS.
*Dry Gangrene.*4. CARIES.
Caries.

GEN. XIII. ULCUS.

*Ulcer.*SPEC. 1. U. INCARNANS.
*Simple healing Ulcer.*2. VITIOSUM.
*Depraved Ulcer.*3. SINUOSUM.
*Sinuuous Ulcer.*4. TUBERCULOSUM.
*Warty, excrescent Ulcer.*5. CARIOSUM.
Carious Ulcer.

CLASS IV. NEUROTICA.

DISEASES OF THE NERVOUS FUNCTION.

ORD. I. PHRENICA.

AFFECTING THE INTELLECT.

GEN. I. ECPHRONIA.

Insanity. Craziness.

SPEC. 1. E. MELANCHOLIA.

*Melancholy.*2. MANIA.
Madness.

GEN. II. EMPATHEMA.

*Ungovernable Passion.*SPEC. 1. E. ENTONICUM.
*Empassioned Excitement.*2. ATONICUM.
*Empassioned Depression.*3. INANE.
Hair-brained Passion.

GEN. III. ALUSIA.

Illusion. Hallucination.

SPEC. 1. A. ELATIO.

*Sentimentalism.
Mental Extravagance.*

2. HYPOCHONDRIAS.

*Hypochondrism.
Low Spirits.*

GEN. IV. APHELXIA.

Revery.

SPEC. 1. A. SOCORS.

Absence of Mind.

2. INTENTA.

*Abstraction of
Mind.*

3. OTIOSA.

Brown-Study.

GEN. V. PARONIRIA.

Sleep-disturbance.

SPEC. 1. P. AMBULANS.

Sleep-walking.

2. LOQUENS.

Sleep-talking.

3. SALAX.

Night Pollution.

GEN. VI. MORIA.

Fatuity.

SPEC. 1. M. IMBECILLIS.

Imbecility.

2. DEMENS.

Irrationality.

ORD. II. ÆSTHETICA.

AFFECTING THE SENSATION.

GEN. I. PAROPSIS.

Morbid-Sight.

SPEC. 1. P. LUCIFUGA.

Night-Sight.

2. NOCTIFUGA.

Day-Sight.

3. LONGINQUA.

Long-Sight.

4. PROPINQUA.

Short-Sight.

5. LATERALIS.

Skew-Sight.

6. ILLUSORIA.

False-Sight.

7. CALIGO.

Opake Cornea.

8. GLAUCOSIS.

Humoral Opacity.

9. CATARRACTA.

Cataract.

10. SYNIZESIS.

Closed Pupil.

11. AMAUROSIS.

Drop Serene.

12. STRABISMUS.

Squinting.

GEN. II. PARACUSIS.

Morbid Hearing.

SPEC. 1. P. ACRIS.

Acrid Hearing.

2. OBTUSA.

*Hardness of
Hearing.*

3. PERVERSA.

Perverse Hearing.

4. DUPLICATA.

Double Hearing.

SPEC. 5. P. ILLUSORIA.

Imaginary Sounds.

6. SURDITAS.
-
- Deafness.*

GEN. III. PAROSMIS.

Morbid Smell.

SPEC. 1. P. ACRIS.

Acrid Smell.

2. OBTUSA.
-
- Obtuse Smell.*
-
3. EXPERS.
-
- Want of Smell.*

GEN. IV. PARAGEUSIS.

Morbid Taste.

SPEC. 1. P. ACRIS.

Acrid Taste.

2. OBTUSA.
-
- Obtuse Taste.*
-
3. EXPERS.
-
- Want of Taste.*

GEN. V. PARAPSIIS.

Morbid Touch.

SPEC. 1. P. ACRIS.

Acrid Sense of Touch or general Feeling.

2. EXPERS.
-
- Insensibility of Touch or general Feeling.*
-
3. ILLUSORIA.
-
- Illusory Sense of Touch or general Feeling.*

GEN. VI. NEURALGIA.

Nerve-ache.

SPEC. 1. N. FACIÆ.

Nerve-ache of the Face.

2. PEDIS.
-
- Nerve-ache of the Foot.*
-
3. MAMMÆ.
-
- Nerve-ache of the Breast.*

ORD. III. CINETICA.

AFFECTING THE MUSCLES.

GEN. I. ENTASIA.

Constrictive Spasm.

SPEC. 1. E. PRIAPISMUS.

Priapism.

2. LOXIA.
-
- Wry Neck.*
-
3. RHACHYBIA.
-
- Muscular Distortion of the Spine.*
-
4. ARTICULARIS.
-
- Muscular Stiff-joint.*
-
5. SYSTREMA.
-
- Cramp.*
-
6. TRISMUS.
-
- Locked-jaw.*
-
7. TETANUS.
-
- Tetanus.*
-
8. LYSSA.
-
- Rabies. Canine Madness.*
-
9. ACROTISMUS.
-
- Suppressed Pulse.*

GEN. II. CLONUS.

Clonic Spasm.

SPEC. 1. C. SINGULTUS.

*Hiccough.*2. STERNUTA-
TIO.*Sneezing.*

3. PALPITATIO.

Palpitation.

4. NICTITATIO.

*Twinkling of the
Eye-lids.*

5. SUBSULTUS.

*Twitching of the
Tendons.*6. PANDICULA-
TIO.*Stretching.*

GEN. III. SYNCLONUS.

Synclonic Spasm.

SPEC. 1. S. TREMOR.

Trembling.

2. CHOREA.

St. Vitus's Dance.

3. BALLISMUS.

Shaking Palsy.

4. RAPHANIA.

Raphania.

5. BERIBERIA.

Barbiers.

ORD. IV. SYSTATICA.

AFFECTING SEVERAL OR ALL THE
SENSORIAL POWERS SIMULTA-
NEOUSLY.

GEN. I. AGRYPNIA.

Sleeplessness.

SPEC. 1. A. EXCITATA.

*Irritative Wake-
fulness.*

SPEC. 2. A. PERTÆSA.

*Chronic Wakeful-
ness.*

GEN. II. DYSPHORIA.

Restlessness.

SPEC. 1. D. SIMPLEX.

Fidgets.

2. ANXIETAS.

Anxiety.

GEN. III. ANTIPATHIA.

Antipathy.

SPEC. 1. A. SENSILIS.

Sensile Antipathy.

2. INSENSILIS.

*Insensile Antipa-
thy.*

GEN. IV. CEPHALÆA.

Head-ache.

SPEC. 1. C. GRAVANS.

*Stupid Head-
ache.*

2. INTENSA.

*Chronic Head-
ache.*

3. HEMICRANIA.

Megrim.

4. PULSATILIS.

*Throbbing Head-
ache.*

5. NAUSEOSA.

Sick-head-ache.

GEN. V. DINUS.

Dizziness.

SPEC. 1. D. VERTIGO.

Vertigo.

GEN. VI. SYNCOPE.

Syncope.

- SPEC. 1. S. SIMPLEX.
Swooning.
 2. RECURRENS.
Fainting-fit.

GEN. VII. SYSPASIA.

Comatose Spasm.

- SPEC. 1. S. CONVULSIO.
Convulsion.
 2. HYSTERIA.
Hysterics.
 3. EPILEPSIA.
Epilepsy.

GEN. VIII. CARUS.

Torpor.

- SPEC. 1. C. ASPHYXIA.
Asphyxy. Suspended Animation.
 2. ECSTASIS.
Ecstasy.
 3. CATALEPSIA.
Catalepsy.
 4. LETHARGUS.
Lethargy.
 5. APOPLEXIA.
Apoplexy.
 6. PARALYSIS.
Palsy.

CLASS V. GENETICA.

DISEASES OF THE SEXUAL FUNCTION.

ORD. I. CENOTICA.

AFFECTING THE FLUIDS.

GEN. I. PARAMENIA.

Mis-menstruation.

- SPEC. 1. P. OBSTRUCTIONIS.
Obstructed Menstruation.
 2. DIFFICILIS.
Laborious Menstruation.
 3. SUPERFLUA.
Excessive Menstruation.

SPEC. 4. P. ERRORIS.

Vicarious Menstruation.

5. CESSATIONIS.
Irregular cessation of the Menses.

GEN. II. LEUCORRHŒA.

Whites.

- SPEC. 1. L. COMMUNIS.
Common Whites.
 2. NABOTHI.
Labour-show.

SPEC. 3. L. SENESCEN- TIUM. <i>Whites of ad- vanced Life.</i>	ORD. II. ORGASTICA. AFFECTING THE ORGASM.
GEN. III. BLENORRHŒA. <i>Gonorrhœa.</i>	GEN. I. CHLOROSIS. <i>Green-Sickness.</i>
SPEC. 1. B. SIMPLEX. <i>Simple urethral Running.</i>	SPEC. 1. C. ENTONICA. <i>Entonic Green- Sickness.</i>
2. LUODES. <i>Clap.</i>	2. ATONICA. <i>Atonic Green- Sickness.</i>
3. CHRONICA. <i>Gleet.</i>	GEN. II. PRÆOTIA. <i>Genital Precocity.</i>
GEN. IV. SPERMORRHŒA. <i>Seminal Flux.</i>	SPEC. 1. P. MASCULINA. <i>Male Precocity.</i>
SPEC. 1. S. ENTONICA. <i>Entonic Seminal Flux.</i>	2. FEMININA. <i>Female Precocity.</i>
2. ATONICA. <i>Atonic Seminal Flux.</i>	GEN. III. LAGNESIS. <i>Lust.</i>
GEN. V. GALACTIA. <i>Mislactation.</i>	SPEC. 1. L. SALACITAS. <i>Salacity.</i>
SPEC. 1. G. PRÆMATURA. <i>Premature Milk- Flow.</i>	2. FUROR. <i>Lascivious Mad- ness.</i>
2. DEFECTIVA. <i>Deficient Milk- Flow.</i>	GEN. IV. AGENESIA. <i>Male Sterility.</i>
3. DEPRAVATA. <i>Depraved Milk- Flow.</i>	SPEC. 1. A. IMPOTENS. <i>Male Impotency.</i>
4. ERRATICA. <i>Erratic Milk- Flow.</i>	2. DYSPERMIA. <i>Seminal Mis- emission.</i>
5. VIRORUM. <i>Milk-Flow in Males.</i>	3. INCONGRUA. <i>Copulative Incon- gruity.</i>

GEN. V. APHORIA.

Female Sterility. Barrenness.

- SPEC. 1. A. IMPOTENS.
Barrenness of Impotency.
2. PARAMENICA.
Barrenness of Mis-menstruation.
3. IMPERCITA.
Barrenness of Irrespendence.
4. INCONGRUA.
Barrenness of Incongruity.

GEN. VI. ÆDOPTOSIS.

Genital Prolapse.

- SPEC. 1. A. UTERI.
Falling down of the Womb.
2. VAGINÆ.
Prolapse of the Vagina.
3. VESICÆ.
Prolapse of the Bladder.
4. COMPLICATA.
Complicated Genital Prolapse.
5. POLYPOSA.
Genital Excrescence.

ORD. III. CARPOTICA.

AFFECTING THE IMPREGNATION.

GEN. I. PARACYESIS.

Morbid Pregnancy.

- SPEC. 1. P. IRRITATIVA.
Constitutional derangement of Pregnancy.
2. UTERINA.
Local derangement of Pregnancy.
3. ABORTUS.
Abortion.

GEN. II. PARODYNIA.

Morbid Labour.

- SPEC. 1. P. ATONICA.
Atonic Labour.
2. IMPLASTICA.
Unpliant Labour.
3. SYMPATHETICA.
Complicated Labour.
4. PERVERSA.
Preternatural Presentation.
5. AMORPHICA.
Impracticable Labour.
6. PLURALIS.
Multiplicate Labour.
7. SECUNDARIA.
Sequential Labour.

GEN. III. ECCYESIS.

Extra-uterine Fetation.

- SPEC. 1. E. OVARIA.
Ovarian Exfetation.

SPEC. 2. E. TUBALIS. <i>Tubal Exfeta- tion.</i>	GEN. IV. PSEUDOCYESIS. <i>Spurious Pregnancy.</i>
3. ABDOMINA- LIS. <i>Abdominal Exfe- tation.</i>	SPEC. 1. P. MOLARIS. <i>Mole.</i>
	2. INANIS. <i>False Conception.</i>

CLASS VI. ECCRITICA.

DISEASES OF THE EXCERNENT FUNCTION.

ORD. I. MESOTICA. AFFECTING THE PARENCHYMA.	GEN. III. PAROSTIA. <i>Mis-ossification.</i>
GEN. I. POLYSARCHIA. <i>Corpulency.</i>	SPEC. 1. P. FRAGILIS. <i>Fragility of the Bones.</i>
SPEC. 1. P. ADIPOSA. <i>Obesity.</i>	2. FLEXILIS. <i>Flexility of the Bones.</i>
GEN. II. EMPHYMA. <i>Tumour.</i>	GEN. IV. CYRTOSIS. <i>Contortion of the Bones.</i>
SPEC. 1. E. SARCOMA. <i>Sarcomatous Tumour.</i>	SPEC. 1. C. RHACHIA. <i>Rickets.</i>
2. ENCYSTIS. <i>Encysted Tu- mour.</i>	2. CRETINISMUS. <i>Cretinism.</i>
3. EXOSTOSIS. <i>Bony Tumour.</i>	GEN. V. OSTHESIA. <i>Osthesy.</i>
	SPEC. 1. O. INFARCIENS. <i>Parenchymatous Osthesy.</i>

SPEC. 2. O. IMPLEXA.
Vascular Oedema.

ORD. II. CATOTICA.

AFFECTING INTERNAL SURFACES.

GEN. I. HYDROPS.

Dropsy.

SPEC. 1. H. CELLULARIS.
Cellular Dropsy.

2. CAPITIS.
Dropsy of the Head.

3. SPINÆ.
Dropsy of the Spine.

4. THORACIS.
Dropsy of the Chest.

5. ABDOMINIS.
Dropsy of the Belly.

6. OVARII.
Dropsy of the Ovaries.

7. TUBALIS.
Dropsy of the Fallopian Tubes.

8. UTERI.
Dropsy of the Womb.

9. SCROTI.
Dropsy of the Scrotum.

GEN. II. EMPHYSEMA.

Inflation. Wind-Dropsy.

SPEC. 1. E. CELLULARE.
Cellular Inflation.

SPEC. 2. E. ABDOMINIS.
Tympany.

GEN. III. PARURIA.

Mis-micturition.

SPEC. 1. P. INOPS.

Destitution of Urine.

2. RETENTIONIS.
Stoppage of Urine.

3. STILLATITIA.
Strangury.

4. MELLITA.
Saccharine Urine. Diabetes.

5. INCONTINENS.
Incontinence of Urine.

6. INCOCTA.
Unassimilated Urine.

7. ERRATICA.
Erratic Urine.

GEN. IV. LITHIA.

Urinary Calculus.

SPEC. 1. L. RENALIS.
Renal Calculus.

2. VESICALIS.
Stone in the Bladder.

ORD. III. ACROTICA.

AFFECTING THE EXTERNAL SURFACE.

GEN. I. EPIDROSIS.

Morbid Sweat.

SPEC. 1. E. PROFUSA.
Profuse Sweat.

- SPEC. 2. E. CRUENTA.
Bloody Sweat.
3. PARTIALIS.
Partial Sweat.
4. DISCOLOR.
Coloured Sweat.
5. OLENS.
Scented Sweat.
6. ARENOSA.
Sandy Sweat.

GEN. II. EXANTHESIS.

Cutaneous Blush.

- SPEC. 1. E. ROSEOLA.
Rose-Rash.

GEN. III. EXORMIA.

Papulous Skin.

- SPEC. 1. E. STROPHULUS.
Gum-Rash.
2. LICHEN.
Lichenous-Rash.
3. PRURIGO.
Pruriginous-Rash.
4. MILIUM.
Millet-Rash.

GEN. IV. LEPIDOSIS.

Scale-Skin.

- SPEC. 1. L. PITYRIASIS.
Dandriff.
2. LEPRIASIS.
Leprosy.
3. PSORIASIS.
Dry-Scall.
4. ICTHYIASIS.
Fish-Skin.

GEN. V. ECPHLYSIS.

Blains.

- SPEC. 1. E. POMPHOLYX.
Water-blebs.
2. HERPES.*
Tetter.
3. RHYPIA.
Sordid Blain.
4. ECZEMA.
Heat Eruption.

GEN. VI. ECPYESIS.

Humid Scall.

- SPEC. 1. E. IMPETIGO.
Running Scall.
2. PORRIGO.†
Scabby Scall.
3. ECTHYMA.
Papulous Scall.
4. SCABIES.
Itch.

GEN. VII. MALIS.

Cutaneous Vermination.

- SPEC. 1. M. PEDICULI.
Lousiness.
2. PULICIS.
Flea-bites.
3. ACARI.
Tick-Bite.
4. FILARIÆ.
Guinea Worm.
5. CESTRI.
Gad-fly Bite.
6. GORDII.
Hair Worm.

* γ Shingles. † Ring-worm.

† ♂ Scalled-head.

GEN. VIII. ECPHYMA.

Cutaneous Excrescence.

SPEC. 1. E. CARUNCULA.

Caruncle.

2. VERRUCA.

Wart.

3. CLAVUS.

Corn.

4. CALLUS.

Callus.

GEN. IX. TRICHOSIS.

Morbid Hair.

SPEC. 1. T. SETOSA.

Bristly Hair.

2. PLICA.

Matted Hair.

3. HIRSUTIES.

Extraneous Hair.

4. DISTRIX.

Forky Hair.

5. POLIOSIS.

Grey Hairs.

SPEC. 6. T. ATHRIX.

Baldness.

7. AREA.

Areated Hair.

8. DECOLOR.

*Miscoloured**Hair.*

9. SENSITIVA.

Sensitive Hair.

GEN. X. EPICHROSIS.

Macular-Skin.

SPEC. 1. E. LEUCASMUS.

Veal-Skin.

2. SPILUS.

Mole.

3. LENTICULA.

Freckles.

4. EPHELIS.

Sun-burn.

5. AURIGO.

Orange-Skin.

6. PÆCILIA.

Pye-balled-Skin.

7. ALPHOSIS.

Albino-Skin.

TEXT BOOK.

FIRST CLASS.

CŒLIACA.

DISEASES OF THE DIGESTIVE FUNCTIONS.

I. THE digestive functions comprehend mastication, deglutition, chymification and chyfication. Subserving to these are the secretory functions of the mucous membrane and mucous glands of the alimentary canal, and those of the liver and pancreas; probably also some function of the spleen; and the muscular action of the stomach and intestines. Connected with them are the appetite for food and drink, and the function of absorption by the lacteals, and that of excretion by the large intestines. A difficulty in either of these functions is productive of disorder in the digestive functions more or less extensively.

II. How far the diseases of the digestive functions are original in the organs performing them has been in some measure considered. The most grave diseases, to which those organs are liable, are certainly referrible to disease in the vascular system, as the primary morbid affection. And

probably many of the less grave diseases of the same organs may be referred to the same origin.

III. The first class is divided into two orders, *Enterica* and *Splanchnica*. Order I. ENTERICA.—“Disquiet or diseased action in some part of the passage for the reception and detrition of the food.” Genus I. *Odontia*.—“Pain or derangement of the teeth or their sockets.” Species 1. *O. Dentitionis*. “Irritation from cutting the teeth.” The diseases, which arise in infancy and occasionally at other periods, may be noticed under this species.

IV. The process of dentition, which properly belongs to the formative functions, is not necessarily productive of disease. But there is scarcely any natural process, which gives occasion to disease in so many individuals as this; sometimes in advanced life, but oftener in infancy. The disposition to disease from this cause, is not equally great in all individuals. The diseases produced by it occur more frequently in summer and autumn, than at other seasons; they are influenced by diet and regimen; and they are manifested in the derangement of various functions.

V. The *morbid affections* most frequently produced by *dentition* are pain, an eruption in the mouth terminating in little circular ulcers, (*ulcuscula oris*,) cough, vomiting, diarrhœa, cholera infantum, febrile affections, eruptions on the skin and especially on the face and behind the ears,

stupor and convulsions. Some of these affections are perhaps produced or aggravated through the medium of indigestion, which is very often the primary morbid effect of dentition.

VI. Indigestion will occasion vomiting and diarrhœa. The irritation from dentition may alone cause inflammation in the mucous membrane of the stomach and small intestines, constituting the disease known among us by the name of *Cholera Infantum*. But this will be promoted by indigestion and by vicissitudes of weather, if the influence of these be not necessary to its production. That improper food has an influence, is shown by the effect of weaning at an improper age or season.

VII. The principal *indications* are to relieve the parts over the protruding teeth by incision; to remove any burden or offending matters from the alimentary canal; to relieve any extensive irritation by a mild but extensive counter-irritation, or by narcotics; perhaps, sometimes, to diminish the force of vascular action, or to remove local determinations of blood, by leeches; and to remove particular local affections, as those of the mouth and skin, by local remedies. To these may be added an attention to diet and regimen, with a view both to cure present evils and to prevent their recurrence.

VIII. Genus II. *Ptyalismus*. “Involuntary flow of saliva from the mouth.” Without regarding the species of this genus, it may be remarked,

that it is produced by irritation and inflammation of the parts within the mouth; by affections of the stomach, and perhaps of other abdominal viscera; and by debility.

IX. Genus III. *Dysphagia*. “Pain or difficulty of swallowing, without inflammation, and mostly without impeded respiration.” This arises from stricture and from tumours, and then requires surgical assistance for the most part; also from affections of the stomach and other causes producing spasm in the œsophagus, when it is to be obviated by removing its cause, or by opiates; and from affections of the larynx.

X. Genus IV. *Dipsosis*. “The desire for drinking excessive or impaired.” The desire for drink varies much from habit and from constitutional differences. This desire is increased in most instances of fever, and in the constitutional affections attendant on inflammation or other local irritations; especially when the alimentary canal is the seat of these affections. Also in diabetes. It sometimes appears to be an *idiopathic* affection; but probably it appears so only where the original affection is peculiarly obscure. The entire *absence of thirst* is an extremely rare occurrence.

XI. Genus V. *Limosis*. “The appetite for food impaired, excessive, or depraved.” Species 1. *L. Avens*. “Insatiable craving for food. Canine appetite.” This is commonly a symptom; and when it appears to be an *idiopathic* disease, it

is probable that it is owing to some hidden primary affection. The *causes* of this symptom are, first, organic affections of the stomach, or of other organs concerned in the functions of assimilation, where these affections are such as not to destroy the appetite; second, habits of gluttony; third, previous exhaustion; fourth, possibly some peculiar state of the nervous system. The *indication* is to obviate or remove the proximate cause; and the methods must vary accordingly. In the first case this indication cannot commonly, if ever, be fulfilled. In the second self-restraint, labour and occupation, with perhaps occasional nauseating medicines, may be prescribed. In the third, the appetite may be indulged, at first moderately, but afterwards to a considerable extent, not only with safety, but with advantage. In the fourth, nearly the same methods as in the second case must be resorted to, aided however by tonic medicines.

XII. Species 2. *L. Expers.* "Loss or want of appetite, without any other apparent affection of the stomach." The loss of appetite occurs as a symptom in almost all acute and in many chronic diseases. It may also no doubt occur under great exhaustion from fatigue and fasting; in consequence of a whimsical abstinence from food; or from grief, anxiety, and other depressing passions. It is sometimes obstinate; but may be relieved by removing the acrimonious secretions which are collected in the alimentary canal, by stimulants and

tonics, by stimulating the skin in different modes, and by exercise, at first gentle, but regularly increased, with amusement and cheerful occupation of the mind.

XIII. Species 3. *L. Pica*. 4. *L. Cardialgia*. 5. *L. Flatus*, and 6. *L. Emesis*, are almost always if not always symptomatic; and may be considered under the next species, of which particularly they often constitute very distressing symptoms. Species 7. *L. Dyspepsia*. “The appetite fastidious and the food digested with difficulty.” This also is a secondary, or symptomatic affection in many instances, and most especially in chronic diseases. But it is also sometimes strictly primary. Its *proximate cause* is the want of vital power in the digestive organs, with more or less of disorder in the secretions of the stomach, or organs allied to it. Dyspepsy may be occasioned by various remote causes; but these may be comprehended under first, such as have exhausted the power of the digestive organs; and second, such as have prevented its production, or development. The *symptoms* of dyspepsy are much *varied* by different modes of management. It may be constantly aggravated and its symptoms rendered distressing by the continued influence of its remote causes.

XIV. The *principal symptoms* which occur in dyspepsy, are foulness of the tongue and bad taste in the mouth; impaired, voracious, or capricious appetite; sense of oppression experienced in the

breast, epigastrium or hypochondria; nausea, eructations, and vomiting; heart-burn; flatus and pain in bowels; constipation and diarrhœa, often alternating; emaciation; pulse feeble; dryness, and coldness of the skin; vertigo and head ache; many vicarious pains; and diminution of strength in body and mind. All these symptoms are not to be found in every case; which may be explained by reference to the duration and violence of the disease, to the extent of the primary affection in the digestive organs, to the diet and regimen adopted, and to the peculiarities of constitution in different subjects. In those who have used stimuli freely, habitually foul secretions prevail, with their consequences; and this even under a regulated diet. In those, whose powers have not been well developed, there is a great sense of weakness and faintness, when empty, with violent distress often on taking food, but without foul secretions. In persons of sedentary habits, this disease is often preceded by habitual constipation. Sometimes inflammation of a low kind is superinduced in the stomach.

XV. In the *treatment* of this disease we have, first, to remove offensive matters from the alimentary canal by vomiting, or purging, or both; second, to regulate the diet as to quantity and quality; third, to promote regular alvine discharges; fourth, to remove any inflammatory or organic changes, which may have been induced; fifth,

to promote the more vigorous performance of the organic functions and especially those of the digestive functions, by medicinal tonics, by stimulants applied to the skin, by muscular exercise in a pure air, and by amusement of the mind. When dyspepsy is secondary, the same treatment is to be combined, as far as circumstances permit, with that which is appropriate to the primary disease.

XVI. Genus VI. *Colica*. “Gripping pain in the bowels, chiefly about the navel, with vomiting and costiveness.” Of this genus Dr. Good has six species, which he says constitute a natural family, or tribe. But in truth their resemblance to each other arises only from having one common feature and not from having a common origin. Gripping pain in the bowels is a symptom attending various morbid affections of the alimentary canal. It most commonly, if not always, arises from *a difficulty in carrying forward* by the peristaltic motion *the contents of the intestines*; and this difficulty may be traced to various *causes*, of which the following are the most frequent, viz. the quantity of those contents; their quality, as being crude or peculiarly acrimonious; a loss of power, or paralysis of some part of the intestinal canal; an inflammation of some of the textures of that canal, especially when affecting a complete ring in any part; vascular congestion in the coats of the canal; mechanical obstacles, such as calculi within the canal, intussusception, hernia, or stricture of the intestines; and two or more of these combined.

XVII. In the *treatment* of colic the great object is, in all cases, to promote the effectual evacuation of the intestinal contents. To this end the cause of difficulty must be ascertained, and remedies should be employed to alter the state of the canal itself, or to excite it to perform its functions more vigorously, or both, as the case may require. If the *colic* be *habitual*, or frequently repeated, the *cause* will almost always be found in some organic affection of the abdominal viscera; and the intervals of the attacks must be occupied in the removal of such affection, if that be possible, and in guarding against the exciting causes, which may occasion the fits of the disease.

XVIII. Genus VII. *Coprostasis*. “Obstinate retention of the fæces in the intestines.” Costiveness may be regarded as *occasional* or *habitual*. It may be the primary difficulty, giving rise to various secondary affections; or it may itself be symptomatic. It is when habitual that costiveness requires the most serious attention. It may originate in improper diet, so that the large intestines are not duly stimulated; or in a failure of those intestines to obey the proper stimulus; or in some mechanical obstacle to their efforts; or in a deficiency in the secretions which are in health mixed with the feces. The remedies in every case must be adapted to the cause.

XIX. Genus VIII. *Diarrhœa*. “The alvine evacuations crude, loose and too frequent; with

little or no griping or tenesmus." The fecal matter, when discharged from the small intestines, is liquid. If from any cause this be hurried through the large intestines, diarrhœa will be produced. This may happen, first, when the materials discharged by the small intestines are proper, or, second, when otherwise; and the discharges will be varied accordingly. But in the first case the cause of disease must exist in the large intestines; in the last, it must exist, in part at least, in the upper part of the alimentary canal. It may exist in the stomach, small intestines, or liver; and probably also in the pancreas.

XX. Diarrhœa may be *produced* by some material received into the stomach; commonly by a material which is indigestible; but sometimes by one which the healthy stomach can digest, but which a feeble or unsound one has not digested. The disease may also be produced by copious or morbid secretions poured into the intestines. It may be produced by any cause which renders the intestinal canal unusually irritable, although no unusual stimulus be applied. In diarrhœa the intestines often fail to evacuate with sufficient freedom their fecal or other contents.

XXI. In the *treatment* of diarrhœa, we have to follow one or more of the following indications, according to the cause, which produces it. First, to evacuate offensive materials from the alimentary canal; second, to remove any inflammation

which may exist; third, to lessen any undue irritability; fourth, to guard against the introduction of new causes of irritation into the canal; fifth, to check any excessive secretions, which may have become habitual; sixth, to restore the tone, or vigour of organs which have been debilitated.

XXII. Genus IX. *Cholera*. “Anxiety, gripings, spasms in the legs and arms; with vomiting and purging; or flatulent eructations and dejections.” The presence of spasms in the extremities is not, in our climate certainly, regarded as essential to this disease; nor should we denominate a disease cholera, in which flatus only should be discharged from the alimentary canal. Yet this may no doubt happen where the real proximate cause is the same in kind, though more severe, or extending over a larger surface than in common cholera.

XXIII. *Cholera*, like most of the diseases of the abdominal viscera, belongs to hot climates and to the hot season of the year. Its most common *remote causes*, are exposure to great heat and to vicissitudes of weather, and acrid substances received into the stomach. But to these, others may be added, and among them is some unknown cause, of very peculiar force, operating extensively and rendering the disease epidemic at certain periods and places. It has commonly been regarded as the consequence of some hepatic affection. It may no doubt arise from such an affection; but probably the liver is in most instances affected

secondarily, and a copious secretion from this organ is more frequently salutary than otherwise. The *proximate cause* of cholera seems always to consist in an unusual excitement of the stomach and duodenum; in which the mucous membrane of those organs is acted upon by a very powerful stimulus, or is itself rendered very irritable and preternaturally sensible by inflammation. This last appears to be the case in the most violent forms of the disease. The inflammation is probably often accompanied by great congestion in, or determination of blood to the neighbouring viscera; and is rather violent in its character than lasting in its duration. In hot climates the disease often terminates fatally in from twelve to forty-eight hours.

XXIV. In the *treatment* of cholera, regard must be had to the severity of the disease. One or more of the following intentions are to be adopted, according to the severity and circumstances of the disease, viz. first, to remove any offensive matter from the stomach, or duodenum; second, to lessen the stimulant, or acrimonious quality of matters not removed; third, to diminish the irritability of the stomach and of the system; fourth, to lessen the determination of blood to the gastric viscera.

XXV. Genus X. *Enterolithus*. “Stony concretions in the stomach or intestinal canal.” The occurrence of such concretions is undoubted, though

happily it is rare. It cannot be ascertained except by the discharge of a portion of them. The indications must then be sufficiently obvious, though it may be difficult to fulfil them.

XXVI. Genus XI. *Helminthia*. “Worms or larves of insects inhabiting the stomach or intestines.” This definition and that of the preceding genus are very liable to objection; since they each mention something internal, and not the phenomena by which that something may be known to exist. It may also be objected against the last of them at least, that though worms are a cause of disease, they cannot strictly be called a disease. There are not any symptoms, which show unequivocally the existence of worms in the alimentary canal. It is not uncommon to find them in the alvine discharges from persons, who have not exhibited any marks of ill-health. They are discharged in various diseases, even in those which are occasioned by accidental injuries. The *symptoms*, which are produced by them, consist in those which mark irritation in the alimentary canal, or sympathetic affections of other parts of the body. The *treatment* consists in the expulsion or in the destruction of them. The first may often be done by any purgatives, in persons who are diseased otherwise; but requires drastic purgatives in healthy subjects. The second is not easily effected, yet is sometimes done by substances, which

are poisonous to the worms, but not so to the human subject.

XXVII. Genus XII. *Proctica*. “Pain or derangement about the anus, without primary inflammation.” The diseases of this genus are extremely distressing; but, when primary, call mostly for surgical aid. They are found as symptoms, or accompaniments of other diseases. They arise from local irritation, or from change of structure in the rectum; from an imperfect or a laborious performance of the functions of this bowel; or from sympathy of the same with other parts of the alimentary canal, with the urinary organs, or with the uterus. The treatment must have reference to the cause in each case respectively.

XXVIII. Order II. of the first class, *SPLANCHNICA*. “Affecting the collatitious viscera.” Genus I. *Icterus*. “Yellowness of the eyes and skin; white feces; urine saffron-coloured, and communicating a saffron dye; the course of the bile obstructed.” The last circumstance, being an inference, does not seem to belong to the description of the disease. Some of the symptoms of icterus, but not all of them, can exist without it. The obstruction may be occasioned by various causes, of which some are easily removed by spontaneous efforts or medicinal aid, while others are nearly or quite insuperable. Though some, or all of these causes are known to us, it is not possible always to

distinguish them in the living subject, and hence a difficulty in the adaptation of remedies.

XXIX. Among those causes which are easily removed, we may place viscosity of the bile, gall stones, spasms in the common duct, and temporary turgescence of the same, or of the mucous membrane of the duodenum at its mouth. Among those which are nearly or quite incurable, the most important is inflammation actually closing the common duct by adhesion; the same inflammation commonly extending to the surrounding parts. Pressure from the induration of surrounding parts may perhaps have a place among the same. *Partial obstruction* to the flow of bile in its natural channels may be produced by organic diseases of the liver.

XXX. The indications must be as uncertain as our knowledge of the causes of obstruction in this disease. As, however, the causes in the great majority of instances are of the first class, the indications will be furnished by a consideration of these. Hence we are led to use remedies, which acting powerfully on the stomach and bowels may by mechanical operation or otherwise, promote the evacuation of the common duct; such as may overcome spasm in the same; and such as will remove vascular turgescence.

XXXI. Genus II. *Melæna*. “The colour of the eyes and skin yellow-green, fuliginous, leaden or livid; the dejections pale, occasionally dark

coloured; anxiety; depression of spirits." Of this genus Dr. Good has two species, *M. Cholæa* and *M. Cruenta*. It is however obvious, that the symptoms by which this affection is marked do not belong to one or two specific affections, but rather to various diseases, and these often extending to different organs. The alimentary canal is as often, if not oftener, the seat of these affections, as the collatitious viscera; so that this genus might claim a place in the first order of this class as rightfully as in the second. Various organic diseases, as well as occasional inflammations, or other vascular affections of the abdominal viscera, induce melæna; and the organic affections occasion repeated attacks of it, which at length destroy life. These remarks apply to both species of melæna; but it may be said of the second species that the blood is rarely, if ever, derived from the collatitious viscera.

XXXII. In the treatment of both species of this disease, the first indication is to remove the offensive materials lodged in the intestinal canal; for which powerful and repeated purgatives are often required. Debility sometimes appears to forbid this practice; but, unless when extreme, this debility need not be regarded. The second indication is to divert the blood from the abdominal viscera. The third must relate to the organic disease, if there be any such. And the last is to restore and maintain the tone of the parts, which

have been diseased. These indications, the third especially, cannot always be fulfilled; and, when that appears obvious, palliatives must be resorted to.

XXXIII. Genus III. *Chololithus*. “Pain about the region of the liver, catenating with pain at the pit of the stomach; the pulse unchanged; sickness; dyspepsy; inactivity; bilious concretion in the gall-bladder or bile ducts.” The formation of calculi from stagnant bile is not, perhaps, a very rare occurrence. When lodged in the common bile duct they occasion jaundice as already shown. When this is not produced, it is not very easy to ascertain the existence of such calculi, unless while they are passing through the bile ducts in persons, who have previously had jaundice from the same cause. In some instances, however, we can be sufficiently satisfied, where the gall-stone occasions well marked pain in its passage, without either attending or preceding icterus. The *Chololithus quiescens*, however, is hardly to be recognized with confidence, when affecting one who has not had jaundice. In the *treatment* of the *C. means*, the pain may be relieved by opiates; and afterwards purgatives, or even emetics may be required to promote the passage of the stone into the intestines. It is more important to obviate the remote causes of the disease in both species; and for this purpose errors in diet and regimen must be corrected.

XXXIV. Genus IV. *Parabysma*. “Knotty or unequal intumescence of the abdomen from an

indurated enlargement of one or more of the viscera contributory to the digestive function; derangement of the general health." Under this genus are included various organic diseases; not only those of several organs, but also those of different kinds. The abdominal viscera may be enlarged by inflammation, hydatids, tubercles and tubera. In practice it is not easy to distinguish, especially at a late stage of disease, some cases of enlargement in the kidneys, ovaries and womb from those of enlarged mesenteric glands, nor perhaps from some other species of *parabysma*. The difficulty of diagnosis in diseases of this genus is often increased by the occurrence of dropsy in the abdomen. It may be added that, generally, the prognosis in these diseases is to be formed from attending to the constitutional effects more than from an exact diagnosis.

XXXV. *Parabysma* may be traced to a variety of remote causes; such as constitutional predisposition, food of bad quality, intemperance in the use of spirituous liquors, and marsh-miasmata. In some cases, however, it is not easy to assign any remote cause for diseases of this genus. The indications of treatment are to promote the absorption of the matter deposited, and to restore the tone of the injured organs. The chance, however, of success in fulfilling these indications, is not such as to justify the use of the most powerful medicines, unless where the disease evidently consists in chronic inflammation,

SECOND CLASS.

PNEUMATICA.

DISEASES OF THE RESPIRATORY FUNCTION.

XXXVI. This class is divided into two orders, *Phonica* and *Pneumonica*. Order I. PHONICA. "Affecting the vocal avenues." Not to be noticed in this work. Order II. PNEUMONICA. "Affecting the lungs, their membranes, or motive power." It may be doubted whether the affections enumerated under this order, most of them at least, would not find a place more properly in a table of symptoms than in one of diseases.

XXXVII. Genus I. *Bex*. "Sonorous and violent expulsion of air from the lungs." In this expulsion, the air may be made to bear on different portions of the trachea and perhaps of the bronchial vessels, according to the seat of irritation. This is one source of the variety in coughs. But there are other sources of that variety. Coughs differ according as the motions of the organs of respiration are impeded or not; according to the more or less free admission of air to every part of the lungs; according to the presence or absence of matter to be moved by the act, and to

the quantity and quality of this matter when present. The use of the action is very obvious, when there is any material to be removed from the air-passages. Its use is less obvious, when there is not any such material. It appears in such cases to arise from irritation occurring in some one of the organs concerned in respiration, or from some sympathy of those organs with other parts. Only the third species will be particularly noticed.

XXXVIII. Species 3. *Bex Convulsiva*. “The cough convulsive and suffocative; accompanied by a shrill, reiterated hoop; and frequently with vomiting; contagious.” This appears to be a specific disease, occurring about a fortnight after exposure to contagion. It does not ordinarily affect the same individual twice. In its commencement it is not easily distinguished from a catarrhal cough; though in some cases at least it has even then a peculiar character. The cough is at first short, and frequently repeated; seeming to occur from a very sudden irritation, which produces an instantaneous and irresistible effort. This character is changed after a few days; and at the end of about a fortnight the cough is found to be less frequent, and in longer spells or kinks; but is still irresistible. These kinks, or paroxysms, often terminate in the expectoration of simple mucus; of which the secretion is augmented by the irritation of coughing. They also often occasion vomiting, and bleeding from the nose. The violence of the cough con-

tinues to increase, till the end of the fifth or sixth week ; and then sometimes the disease subsides rapidly in the course of ten days ; while, in some instances, it continues till the end of three months from its commencement.

XXXIX. This disease does not always materially affect the general health in vigorous subjects ; yet at the beginning it usually causes some loss of appetite and some febrile symptoms. But it does not exclude other diseases ; and it is liable to be increased by every derangement of the health, which occurs during its continuance. Thus it is especially aggravated by the diseases of dentition and by catarrhal affections ; and it seldom terminates fatally, except in combination with these or other diseases. It is remarkable also that after this convulsive cough has subsided, pulmonary catarrh, or other inflammations of the lungs will occasion a cough of the same character ; and by the violence of this the pulmonary inflammation is often much increased.

XL. In the *treatment of *Bex convulsiva**, we are principally limited to guarding against the causes, which may aggravate the disease. It is very doubtful, at least, whether any remedies can be relied on to shorten its duration, or to diminish its violence. Perhaps a short course of alteratives at the commencement of the disease is beneficial. Care in diet, that the digestive organs may not become embarrassed ; and exercise in the open air,

that the strength may be maintained, and that the system may not be made susceptible to the influence of atmospheric vicissitudes;—these constitute the most important parts of the treatment for healthy subjects. In those, who are tender or diseased, the treatment must be adapted to circumstances. When inflammation of the lungs occurs in conjunction with this disease, the remedies for inflammation must be employed as in other cases;—only that they should be resorted to more promptly and employed more vigorously, than if the same inflammation existed alone. In protracted cases of this disease, whether simple or combined with other diseases, experience has shown a peculiar advantage in change of air. Medicinal tonics are useful under the same circumstances, but their good effects are less unequivocal than those of a change of air.

XLI. Genus II. *Laryngismus* will be most conveniently noticed when treating of croup. Genus III. *Dyspnœa*. “Permanent difficulty of breathing; with a sense of weight on the chest.” This affection is to be regarded as a *symptom*. It shows itself in various diseases; first, in such as affect the organs of motion employed in respiration; second, in such as prevent the admission of the usual quantity of air into the lungs, when the chest is duly expanded. Among these last will be included an unusual fulness of the blood-vessels of the lungs. This unusual fulness may be produced in different

modes; and often occurs when there are other permanent causes of dyspnœa. In this case there will ensue an exacerbation of the usual dyspnœa. The dyspnœa may thus become so great as to destroy life; but ordinarily the exacerbation is temporary, and subsides upon the equalization of the circulation. This equalization may be induced by the very rest from voluntary motion, which the dyspnœa imposes. In some instances the obstruction to the admission of air arises from some effusion of blood, serous fluid, or other material within the thorax. In these cases, the patient is often incapable of the recumbent posture, and cannot be relieved, until the matter effused has been in some way removed. In cases of organic diseases of the heart we sometimes find various immediate causes of dyspnœa produced; and by their co-operation the distress becomes nearly or quite insupportable; so that at length the action of the heart is arrested, and death ensues. Lastly, the exacerbations may, no doubt, be occasioned by spasm in some of the muscles of respiration.

XLII. In the investigation of the *causes* of dyspnœa, as well as of other symptoms in thoracic diseases, much may be learnt by attending to the effects of position and motion; also by percussion and by *auscultation*, mediate or immediate. In great dyspnœa voluntary efforts are made, by the use of the muscles attached to the upper extremities, to enlarge the thorax; and this especially, when there is any compression within that cavity.

For this purpose the erect is preferable to the recumbent position. If any organ presses on the trachea or its great branches, the position, which relieves that pressure, will be preferred. If the lungs on one side be rendered useless, or nearly so, the position, which leaves those on the opposite side most free, must be assumed. When there is compression of the air-vessels, especially if the heart be diseased, motion by quickening the circulation will aggravate the dyspnœa.

XLIII. The practice of *percussion* of the thorax is founded on the following circumstances. When the air is admitted fully into the lungs, the thorax resounds on percussion like a hollow cask, with the exception of certain regions. When the air is not permitted to enter any particular part of the lungs, a blow over that part will produce a flat sound. The extent, over which this flat sound is perceived, will determine the extent to which the air-vessels are compressed or obstructed; and if the compressing cause be moveable, such as a fluid in one of the cavities of the pleura, this may be discovered by attending to the effects of a change of position, as regards the parts affording the flat sound.

XLIV. The use of the *stethoscope* is founded on the following circumstances. The motion of the air in the lungs, with all the obstacles to the regular passage of it, is productive of sounds, which may be heard by placing the ear on the chest,

So also are the motions of the heart capable of being ascertained by the ear. But these sounds in the thorax may be ascertained most conveniently through a cylinder of wood, or of other material; one end of the instrument being rested on the chest, and one end being applied to the ear. When such an instrument is used the auscultation is mediate; when the ear is applied to the thorax the auscultation is immediate. If the instrument be applied when the patient is speaking, a tremor is perceived over healthy lungs; but when the lungs are diseased, or compressed, the changes are manifested by certain peculiar changes in the sounds transmitted through the instrument.

XLV. The *treatment* of dyspnœa must be determined by the cause producing it. Where this cannot be ascertained, certain remedies must be resorted to, as palliatives of the symptom, which may apply to the various causes of it. There is often a temporary advantage in lessening the quantity of blood in the pulmonary vessels. The dyspnœa is often aggravated by a load in the stomach. Then vomiting gives relief. Emetics also relieve by their effect on the circulating system and by removing spasmodic affections. Opium, after evacuations, will often be found a most valuable auxiliary. In chronic dyspnœa, change of residence, with attention to diet and regimen, will, in some cases, afford the most lasting relief.

XLVI. Genus VI. *Asthma*. "Difficulty of

breathing temporary, recurrent; accompanied by a wheezing sound, and sense of constriction in the chest; with cough and expectoration." Asthma is considered by Dr. Good, as constituting a disease altogether different from dyspnœa. Commonly, however, dyspnœa is employed as a general name for difficulty of breathing; and, regarded in this light, asthma is a species of dyspnœa. The peculiarities of that kind of dyspnœa, which is called asthma, seem to be these, viz. first, the dyspnœa is attended by a wheezing; second, the patient has not any difficulty in enlarging the cavity of the thorax; on the contrary, he does enlarge it abundantly in inspiration; third, the enlargement of the thorax does not afford the patient comfort and relief, he still wants air; fourth, the patient has a difficulty in contracting the cavity of the thorax, not however connected with any undue retention of air in it; fifth, the dyspnœa is attended with a cough, and at an early period is aggravated by it; sixth, the cough at first produces an expectoration of crude matter, i. e. frothy serum, or simple, adhesive and transparent mucus, from which no relief is obtained; but gradually some opake mucus is discharged, and in proportion as this increases, the patient is relieved; seventh, the disease is divided into fits or paroxysms, and these may terminate in other modes, as well as by expectoration; and these other modes appear to be such as lessen the blood in the lungs.

XLVII. The remote *causes* of this kind of dyspnoea, like those of *dyspnœa* generally, are various; and this is especially true, in respect to the exciting causes of the paroxysm in persons subject to this affection. But the most interesting question is what is the proximate cause. This seems to me to consist in a fulness of the blood-vessels of the mucous membrane of the lungs, extending in a greater or less degree to the larger blood-vessels of the same organs. This vascular fulness may be attended by some proper inflammation of the same mucous membrane, limited perhaps to small portions of its surface; but the fulness is then in a much greater proportion than in ordinary cases of inflammation. It may be true in addition, and indeed, seems to be so, that the muscles become irritated by the extra labour they are called to, and which they are not allowed to remit, until at length their actions become spasmodic: or, more definitely, until their actions become sudden and violent, instead of being slow and firm, as in health; and ultimately this mode of action is readily adopted by them, when even a slight embarrassment of the respiration is in any way induced.

XLVIII. These considerations lead to an explanation of the two kinds of asthma so generally noticed, the humoral and the spasmodic. It will be found, perhaps, that the readiness, with which the spasmodic affection occurs, depends on the original or acquired constitution of the patient.

In such as are irritable and feeble the spasmodic affection may be most easily induced, and will be the predominant circumstance in the disease.

XLIX. In the *treatment* of asthma, there is one leading intention to be adopted. This is to take off, or remove the vascular fulness in the mucous membrane of the lungs. When however the disease has acquired the spasmodic character, a second intention must also be adopted, viz. to overcome the spasmodic effort. The circumstances to be regarded and the methods to be adopted in fulfilling the first intention, are more or less complicated in different cases. In some rare instances this intention may be fulfilled by blood-letting. It may be fulfilled in most cases with more safety, sometimes as suddenly and more permanently, by emetics, alteratives, counter-irritation, sedatives, and tonics. All these remedies may be found useful, at different periods, in the same subject. The prevention of a return of the disease is at least as important, as the treatment under the paroxysm. This is to be effected by all those means, which give vigour without increasing irritability, and which promote regularity in the organic functions. In addition, it is necessary that the patient avoid all offensive stimulants; and that the mind be kept free from anxiety and from agitation.

L. Genus VI. *Sternalgia*. “Violent pain about the sternum, extending towards the arms: anxiety, difficulty of breathing and sense of suffocation.”

In addition to these essential symptoms, this disease is often attended with palpitation of the heart, syncope, and various irregularities of the pulse. It seldom appears in persons under fifty years of age. It occurs in paroxysms, and especially while the patient is walking. Then he finds it absolutely necessary to stop, and often to support himself against a post or wall, to prevent falling. The disease is sometimes suddenly fatal. It usually continues to recur during life; at first only on exercise, and subsiding entirely on rest; but at length the patient will seldom enjoy intervals of entire relief; the paroxysms will be induced by slight causes, and will take place even during sleep. In some instances, however, the disease subsides spontaneously, or from remedies, leaving the patient free from it for several years before death.

LI. The *proximate cause* of sternalgia has not been ascertained. This distressing affection has been found connected with various organic diseases of the heart and the neighbouring parts; but those diseases seem to act only as remote causes. This is true at least of the disease when occurring only in paroxysms, *Sternalgia ambulantium* of Dr. Good. The *S. chronica* may perhaps more justly be referred to some organic disease, impeding the free action of the heart.

LII. In the *treatment* of this disease, the only remedy of universal application during the par-

oxysms is rest; and of this the patient is usually compelled to avail himself. But, with a due regard to general principles, we may resort sometimes to bleeding, sometimes to emetics, sometimes to opiates. In the intervals we must guard the patient from violent efforts; but in other respects attend only to the establishment of good general health. The diet should be of the least stimulating kind. If there be an increasing tendency to the paroxysms, and especially if the symptoms continue in some measure during the intervals, mercurials and counter-irritation on the chest, and a permanent drain by seton or issue, may be employed with benefit. Lastly, tonics are useful in some instances; at least, in cases of much debility, and in irritable habits.

THIRD CLASS.

HÆMATICA.

DISEASES OF THE SANGUINEOUS FUNCTION.

LIII. In this class we find some of the most important and most interesting diseases, which occur in the human body. Among these are the febrile diseases, which seem to constitute a natural tribe, which are readily enough distinguished in a general way, but respecting which, pathologists have never agreed as to a definition of their character, nor as to an explanation of their nature. It is principally with a view to the accommodation of this tribe of diseases, that Dr. Good has created this class. It is to be lamented that even with his extensive learning and nice discrimination, he has not been more successful in overcoming the difficulties connected with this subject.

LIV. It will not be profitable to engage fully in critical animadversions upon errors on a subject, on which nothing better is to be found; but some difficulties must be stated to prevent misconceptions. What is meant by the sanguineous function? This must be clearly understood, and it must appear that we are capable of understand-

ing distinctly when it is not duly performed in any of its parts, before we can determine what diseases are to be arranged in this class. It would seem that all the operations, in which the blood is essentially concerned, belong to the sanguineous function. We might then include first, the change of chyle into blood; second, the circulation of the blood; third, the use or appropriation of this fluid, or any part of it, in the various functions of formation; fourth, the functions by which it is purged of materials no longer fitted for use, or the vascular excretory functions.

LV. In accordance with this view of the subject, we might rank in this class all diseases in which the functions just enumerated are deranged. But is it not obvious that, if this plan were adopted, we should include in this class a large part of the diseases now distributed through the other classes of the same system? Is it contended, that in diseases included under other classes, though the sanguineous function may be in fault, this is not obvious; and that a disease of the sanguineous function is not properly a *symptom* in those diseases? May it not be replied, that the same is true in respect to many diseases, actually included in this class? In truth the sanguineous function belongs to every part of the body, and this is the foundation of the difficulty in this case.

LVI. It might indeed be urged, that there are certain functions, which belong to the sanguiferous

system, where it acts independently of other organs. This is true in respect to the first and second of the operations enumerated § LIV.; but the diseases included in this class, by Dr. Good, are not confined to those operations, or functions. Some additional objections must follow immediately in considering the first order of this class.

LVII. The third class is divided into four orders, viz. *Pyrectica*, *Phlogotica*, *Exanthematica*, and *Dysthetica*; in English, fevers, inflammations, eruptive fevers, and cachexies. It is obvious at once, that, in this arrangement, the plan adopted in the two first classes, and in some of the subsequent ones, is abandoned. The orders in this class have not any reference to different organs, nor to different functions. This seems to betray the consciousness of the author, that he had left the ground, on which he had before stood. There would, however, be less objection to this arrangement, if the distinctions of the orders and their characters were perfectly well marked.

LVIII. Order I. PYRECTICA. "Heat and number of the pulse preternaturally augmented: usually preceded by rigor and followed by perspiration: during the rigor, pains fixed or wandering: lassitude: debility of mind and voluntary muscles." It would be difficult to give a better description of fevers in the same number of words; but in truth no short description of fever is of much practical value; for the disease appears under so

many and such various characters, that it can be known only by studying its history. Dr. Good has made four genera in this order, and has very properly distinguished them by their types.

LIX. Genus I. *Ephemera*. “One series of increase and decrease; with a tendency to exacerbation and remission, for the most part appearing twice in twenty-four hours.”* This is the definition given in the “Study of Medicine.” That which is given in the “Physiological System of Nosology,” is to be preferred; and is in the following words. “Attack of fever sudden; paroxysm single, and terminating in about twenty-four hours.” The circumstances to be regarded in a description of fever are very numerous; they are presented under various combinations; and it is difficult to make any one general remark on the subject, without adding some exception or qualification. Patients exhibiting very different symptoms are acknowledged to have this disease by all practitioners. No one has yet succeeded in tracing all the phenomena of this disease from any one original change in the state, or functions of the body. It will be attempted to pourtray the most constant and apparently most important phenomena of fever; classing them under general heads, as far as may be, in order to assist the memory;

* It would seem that this is an error, being the same definition afterwards given to *Enecia*, the fourth genus of this order. Yet it appears in the last and improved edition of the Study of Medicine.

and to point out some of the most common varieties in the combinations of these phenomena. It should be added that, while the term fever is applied loosely, even by medical men, to any affection, in which there is heat and acceleration of pulse, there is one disease, to which no other name has ever been generally appropriated. This is the disease which is now to be described, beginning with that which is the simplest in its type.

LX. An *Ephemera* is a fever of one paroxysm. This paroxysm consists of several distinct stages in the most regular cases. If a good acquaintance be formed with the disease as thus presented, it will furnish a prototype, to which reference may be advantageously made in the description of the other genera of this order. The stages may be denominated *the access, the cold stage, the hot stage, and the crisis.*

LXI. The *access* consists in an affection of the whole system. It begins with an undefined sense of uneasiness, and is succeeded in various degrees, and with some diversity as to order, by the following symptoms, viz. pain in the head, loins, and limbs; diminished sensibility, and indisposition to exercise the powers of the mind, particularly the memory and the attention; a coat on the tongue; bad taste, or dryness in the mouth, with thirst; loss of appetite and even disgust for food, especially for animal food; sense of fulness or uneasiness, or both, about the scrobiculus cordis; nausea,

sometimes with vomiting; sense of distention in the bowels, but without that of action; no alvine dejection, or only a scanty one, at the usual period; urine diminished and without sediment after standing; skin cool, and inactive; contraction of the superficial veins; pulse gradually accelerated, but diminished in volume; diminution of the secretions; muscular strength depressed, and an indisposition to exert it; watchfulness at the usual period of sleep, or disturbed sleep, or coma; delirium on waking, and occasionally at other times, but not preventing the proper use of reason for short periods, when roused to it. The symptoms of this stage may be said generally to be growing worse, as long as they continue; though this is not true at every moment, nor as to every particular.

LXII. The symptoms which have been enumerated, do not all of them occur at once, nor all in every case. The most violent of them very rarely occur before the symptoms of the hot stage have supervened. They are, however, enumerated in connexion with the others for reasons to be stated hereafter. They present themselves as marks of disease in the whole system, and without any such one local affection, as that they can be referred to that, as their obvious source. The suddenness of their invasion, the rapidity of their course, and the duration of the access, as a distinct stage, are very various.

LXIII. The access is succeeded by the *cold stage*; or more properly the symptoms of the access continuing, those of the cold stage are added to them. The symptoms of this stage are a sense of coldness, chilliness, shivering, shuddering and shaking; a contraction of the skin and the appearance called goose-flesh, or a smoothness like that of marble; an actual reduction of temperature, though not always corresponding with the sensations of the patient; and an increase of the pains and other symptoms of the access. This stage seldom exceeds two or three hours in duration.

LXIV. The *hot stage* follows, and is in some measure opposed to that which precedes it. The more grave symptoms, described as belonging to the first stage, may now come on, or if they have before occurred, they increase. But the peculiar symptom of the third stage is heat, which is various in its degree, in the suddenness of its invasion, and in its steadfastness. With this is commonly found a change in the pulse, and in the aspect of the skin. In this stage, likewise, the increase of delirium is sometimes accompanied by violent muscular exertions; but, except under delirium, the debility of the animal system is increased. Vomiting often occurs in this stage. The duration of this stage is ordinarily from two to four hours; but it is sometimes much prolonged.

LXV. The fourth and last stage of a perfect paroxysm, or ephemera, is the *crisis*. This consists, first, in the subsidence of the symptoms, which belong to the access; second, in the renewal of the usual functions and display of the usual powers of the body, though not without some marks of exhaustion; and third, in the occurrence of some unusual evacuations, arising perhaps out of the new circumstances, in which the body has been placed by the disease. The order, in which the phenomena of the disease subside, and those of health re-appear, is various.

LXVI. There are two other modes, in which the hot stage of an ephemera may terminate; but, though in these the fever ceases, the paroxysm is not perfect. These modes are hemorrhage and inflammation. Both of these often occur in fever, and the fever does not terminate, but continues with them; but sometimes they terminate the fever, as well when it is of other genera, as when it is an ephemera. When either inflammation or hemorrhage exist without terminating fever, they may be regarded as local affections combined with the fever. It may be noted in this connexion, that congestion in the blood-vessels of some one or more organs, is another local affection often combined with fever. The general symptoms of congestion are a suppression more or less entire of the functions of the part affected, coldness, and a defect of vascular actions. Either of these local

affections will modify the symptoms and progress of fever. Lastly, with or without these local affections, though oftenest with them, fever often terminates fatally.

LXVII. The symptoms of the access have been described as occurring separately and at first, though they continue, so far as possible, throughout the two subsequent stages of the paroxysm. All, which ever occur in the access alone, being those which most distinguish idiopathic fever, are placed together to make the character of the disease appear more distinctly; although some of these symptoms most commonly appear at a later period. It is now to be noted, that the access does not always occur distinctly by itself, but sometimes in common with the cold stage. It may likewise happen, that the cold stage is wanting. Then the hot stage follows immediately upon the access, and may even come on at the same time. Likewise the hot stage may not appear distinctly marked; but the crisis may immediately follow the cold stage.

LXVIII. It is next to be noted, that of the symptoms enumerated, as belonging to fever, there is not one, nor is there any particular assemblage of them, which can always be found in this disease. Further, among those which do occur, there is a great difference in respect to their relative force, or violence. Thus the system is affected very unequally, and hence presents a very dif-

ferent aspect in different cases. There is not, however, sufficient uniformity in these differences to furnish a foundation for the distinction of different species of fevers. The distinctions pointed out by Dr. Good, under the name of species, as well as some others, may, however, be attended to with profit.

LXIX. Genus II. *Anetus*. "Paroxysm intermitting, and returning during the course of the disease: the intermissions generally perfect, and regular." Possibly the following definition may be preferable. *A fever of two or more distinct paroxysms; with a period of intermission between every two successive paroxysms.* The disease is essentially the same as an ephemera, often repeated. The paroxysms are not, indeed, all of them perfect. The symptoms of different stages predominate in different instances. The paroxysms are seldom perfect, at first, but gradually become more so. The disease sometimes terminates suddenly after a perfect paroxysm. More frequently, after many repetitions, the paroxysms again become less regular and less perfect; and at length the patient is left free from the disease, though the vigour of the body is much impaired. While declining, the disease is often brought on with new violence by accidental derangements of the health; and even for a long time after it has subsided, it may be renewed in the same way.

LXX. As the period from the termination of

one paroxysm to the commencement of the next, is called the *intermission*, so the period from the commencement of one paroxysm to that of the next, is called the *interval*. The interval in different intermittents, is from one day to three, and even longer. The interval commonly has a respect to the diurnal period, though not always. It commonly observes the same period as long as it continues; but this does not always happen; and especially when the disease has been arrested and returns again, it often changes as to the length of its interval. When the disease recurs daily, it is said to be of the *quotidian type*; when once in two days, of the *tertian type*, &c. The distinction of the *species* of Anetus, is founded on the *type*; and very properly.

LXXI. In regard to all the different species of intermittent fevers, it may be noticed, that the interval does not always observe the diurnal period with accuracy. The tertian, for instance, may have an interval of forty-six or fifty hours, instead of one of forty-eight hours. In the one case, it is called an *anticipating tertian*, and in the other, a *retarding tertian*. There are also intermittents, which are quite *irregular* as to their intervals.

LXXII. The quotidian commences in the morning, and its paroxysm occupies more than half the twenty-four hours. The tertian commences at noon, and occupies less than twelve hours. The

quartan commences in the afternoon, and occupies less than nine hours. But these characteristics are not constant. Generally the disease is more obstinate, the longer its interval.

LXXIII. In some cases, in which there is a daily paroxysm of fever, the disease is called a double tertian. This happens, where two succeeding paroxysms differ from each other, in any well-marked manner, while the alternate paroxysms resemble each other. In a similar manner, double and triple quartans are said to take place.

LXXIV. In respect to the character of intermittent fevers, there is the same diversity, as in fevers of other types, and such as has been pointed out in respect to an ephemera. Like other fevers, they may be accompanied by hemorrhage, inflammation, or congestion. They are sometimes attended by comatose or convulsive affections, probably in consequence of congestion in the brain. They may subside, and leave important organs indurated; and this induration takes place, especially, in the abdominal viscera. In this way death may be ultimately produced. They may also prove more immediately fatal, when combined with other diseases. But they seldom prove fatal when simple, or uncombined. Their duration is various, commonly extending to several months.

LXXV. Genus III. *Epanetus*. "Symptoms strikingly exacerbating and remitting; but without intermission; one paroxysm every twenty-four

hours." Of this genus Dr. Good has three species, *Epanctus Mitis*, *E. Malignus*, and *E. Hectica*. It does not appear necessary to discuss fevers of this genus separately. They would seem sometimes to belong to intermittents in their general character, and at others, to continued fevers. After considering the treatment of the other kinds of fever, these may be brought into view. But this opportunity may be taken to object to the opinion, that hectic fever is ever strictly idiopathic. It has something of the form, without the essential characters of idiopathic fever. In almost all cases it obviously depends on a local disease; and if in some few instances a local disease is not discovered, we should be slow to admit that it does not exist.

LXXVI. Genus IV. *Enecia*. "One series of increase and decrease; with a tendency to exacerbation and remission for the most part appearing twice every twenty-four hours." Continued fever commences in a manner more or less formal, like an ephemera, or the paroxysm of an intermittent. But after the commencement, the formal resemblance is lost. The paroxysm is not completed, and the disease does not subside, or does so very imperfectly, until it has finished its whole course. Its duration is from three days to as many weeks, and even sometimes double this space of time. From its commencement, the symptoms are growing more severe, from day to day, for many days;

and when some of them are mitigated, others increase, or new ones appear. At length it terminates in a crisis, of which, however, the symptoms do not commonly appear at once, but in more or less regular succession, for several days. It may likewise terminate in hemorrhage or in inflammation.

LXXVII. Continued fever in our climate often comes on slowly and insidiously; and the symptoms, which constitute fever in the popular sense, are not manifested till the disease has become firmly established. In other words, the symptoms of the access come on, as it were, silently and gradually, and in so doing, they occupy not only hours, but frequently, days. Then the cold stage supervenes, not often with violence; but it is often protracted. It is followed by the hot stage; but frequently the symptoms of these two are intermixed for many hours, and even for a day or two. After once subsiding, however, the symptoms of the cold stage seldom recur, and the disease is marked by the continuance of the symptoms of the access, accompanied by exacerbations and remissions of those of the hot stage. It is in fevers of this type, that it is especially important to bear in mind, that the symptoms of the access essentially constitute the disease; and this, whether they appear previously and distinctly, or only come on in company with those of the other stages.

LXXVIII. In our climate, with the exception of peculiar epidemics, *enecia* ordinarily lasts three weeks, and not rarely four weeks or more, before an entire crisis has taken place. In the summer its duration is shorter; but this increases in the autumn; and after the occurrence of frost and during the winter the disease is often protracted through five and even six weeks; and then instead of a perfect crisis, there sometimes ensues a long continued state of weakness, with more or less of local disease. At all seasons it is frequently accompanied by inflammation, commonly of a low kind; and not rarely by congestion, or hemorrhage, with or without inflammation. It is not very often fatal, where the evidence of one of these local affections has not appeared; though this evidence is not always of the most strongly marked character.

LXXIX. Continued fever is said at first to increase from day to day, then to remain stationary for a season, and then gradually to decline. This regularity, however, is not very often to be observed, especially if all the symptoms be taken into account. But the severe pains, the heat and the thirst increase for several days; then, while these abate, symptoms quite as formidable, such as stupor, or watchfulness and delirium supervene, accompanied by increased muscular weakness and by an entire failure in the functions of the alimentary canal, with a very feeble performance of all

the organic functions. Under these circumstances, the severity of the disease is measured by that of any local affection accompanying it, by the severity of the symptoms above specified, by the expression of the countenance, by the position the patient may assume, by the state of the skin, tongue and mouth, by that of the abdomen and of the evacuations, and by that of the pulse and respiration. The danger is generally greater in the autumn, than in the summer, but diminishes after the period of hard frost.

LXXX. The disease has many *varieties*, which are also found in fevers of other types, but which are not so distinct as properly to constitute species. These varieties are dependent on the disproportion of the different elements of the paroxysm; on the unequal affection of the system, in consequence of which different subordinate systems are more especially deranged; and on the positive local affections of particular organs. Among these varieties may be noticed the *cauma*, *typhus* and *synochus*, recognized by Dr. Good, and many of his predecessors, as species. Among them may also be enumerated the gastric, the ataxic or malignant, and the adynamic or putrid fevers; likewise, those which are grounded on the prevalent characters of particular epidemics, such as the yellow and petechial, or spotted fevers.

LXXXI. It may now be remarked in respect to remittent fever, *epanetus*, that in a large pro-

portion of instances it is produced in company with intermittents, and appears properly to be a modification of *anetus*. This opinion seems to be supported by the treatment, which it then requires. The want of a perfect intermission is perhaps to be attributed to the combination of some local affection with the constitutional disease. But as continued fever has commonly some remissions, so far at least as regards the appropriate symptoms of the hot stage, it sometimes happens, that these remissions are strongly marked; and then the fever may be called remittent, though it has the essential characters of the continued fever. This is found true, so far as the effect of treatment is a test, when such remittents occur in company with continued fever.

LXXXII. Fever, like other acute diseases, often becomes *epidemic*. It may be so over a larger, or smaller region of the earth. An epidemic fever is commonly limited to one season of the year, and during that season it will have a prevailing character, more or less strongly and distinctly marked. Subsiding on the change of season, it will sometimes recur the following year, or even for three successive years, at the same season, with nearly the same prevailing character.

LXXXIII. In respect to epidemic fevers, and especially those which are most remarkable, it has been thought that, as they possess peculiar characters, so they constitute distinct species. This

opinion, rendered venerable by the authorities by which it is supported, does not seem to rest on a very solid foundation. It will appear that, while there are certain characters, which are generally found in the cases of an epidemic, there are always some and often many cases, in which these characters are wanting. It is, however, urged, that there is something common to all the cases, though this is almost hidden; or something which may be seen, but cannot be described. It is at least doubtful, whether this something be not common to fever generally, rather than peculiar in any particular epidemic. An examination of the two most remarkable epidemics of our own country, as well as of some others, will give an opportunity to illustrate the opinions here advanced.

LXXXIV. In regard not only to epidemic fevers, but to other epidemic diseases also, it has been said, that they are capable of converting other diseases to themselves. This is figurative language; but the fact, intended to be stated, has often been observed, although the truth has no doubt been exaggerated in many instances. It would seem that, when powerful causes occasion a general disposition to an epidemic disease, many different occasional causes will induce this disease. Among such causes are many common diseases, such as catarrh, which, by deranging the health, may, like any other temporary derangement, operate as exciting causes of the epidemic disease.

LXXXV. The *causes* of fever have been investigated by the learned and wise for many ages, but without satisfactory results. Of the *remote* causes, those which are called exciting, or occasional causes, are ascertained with some degree of certainty. Any sudden derangement of the proper functions, such as at other times would be easily and shortly remedied by the natural efforts of the system, may act as an exciting cause of fever and of other acute diseases, in one, who is already predisposed. But the predisposition to this particular disease is necessary, and this must have some cause for its production. To discover this cause is the difficulty.

LXXXVI. In regard to *intermittent fever*, it has long been admitted that its *predisposing cause* is an emanation from the earth, called *marsh-miasmata*. The evidence that some emanation from the earth, and from grounds more or less similar in character to marshes, do produce intermittent fever, is abundant. That intermittents sometimes arise, where no such source is obvious, is also true; but it is to be noted, that the disease may appear long after exposure to its predisposing cause; and this may help us to explain some apparent anomalies. Meanwhile nothing is known of the material thus emanating from marshy grounds, except this property of producing disease. It is known also, that this material does not act at any considerable

distance from its source, either in a vertical, or a horizontal direction.

LXXXVII. In regard to *continued fever*, the following facts are sufficiently ascertained. The disease sometimes prevails successively among the inmates of the same house, for many weeks, and even months in succession, without affecting any occasional visitors to the sick; and this happens in clean houses, and where no obvious nuisance is near. In other cases it prevails within a very limited district of a city or village, without being communicated to visitors, who remain in such district only a few hours. In other instances its range is more extensive, the disease showing itself in every part of a village or town, or over a much wider region of country. In such cases, it is not easy, nor perhaps possible, to ascertain whether the disease is communicated from one person to another. Yet these facts, taken together, and compared with what is known respecting the causes of intermittents, create a probability, that some emanation may take place from the soil, capable of producing continued fever. Yet, if this be admitted, it must be allowed, that the material thus emanating is not known, the qualities of the soil from which it arises are not known, and the only advantage from the observation, is to lead us to avoid the places, in which fever prevails.

LXXXVIII. The opinion, that continued fever is generally, or even ever, produced in the way

just pointed out, has not been commonly received. Yet that it is often produced by some cause, *diffused through the atmosphere*, has been believed by many pathologists. Whence a cause often so limited as to the extent of its influence, can be derived to the atmosphere, except from the earth, it is not perhaps very easy to imagine. The water used for drinking may possibly convey to the stomach the material, which is productive of the disease. In this case the atmosphere may remain pure. But this supposition is not supported by any particular evidence, and is opposed by some facts. Some material, capable of producing fever, appears to be generated on board ships at sea. Hence those on board are sometimes affected at sea; in other cases, persons engaged in discharging the cargoes of ships in port, become affected with fever.

LXXXIX. But other causes have been supposed to have some influence, and even the principal influence, in producing fever. Several of these causes have been thought to be of animal origin. These are first, some vitiation of the atmosphere, where a number of persons in health are confined in the same apartment; second, some vitiation where a number of persons affected with disease, exclusive of fever, are confined in the same apartment; third, some material generated in the body of one sick with fever; fourth, some material generated in dead animal matter, under the pro-

cess of putrefaction. In regard to these causes, there is much contradictory evidence. Under my own observation, and within the circle of my own knowledge, none of these causes have ever produced fever, unless the third; and that has not often, nor ever with certainty appeared to have this effect.

XC. The *remote causes of ephemera* have never been distinctly considered; unless by those, who regard as an ephemera the symptomatic affection following a debauch. The ephemera is a fever of uncommon type; and observations respecting it, have not been made distinctly. As, however, it has sometimes appeared in epidemics, in common with continued fevers, it is highly probable, that it has the same remote causes. The remote causes of remittent fever, need not to be separately considered.

XCI. The question respecting the *proximate cause* of fever, is attended with the same doubt, and has been answered as variously, as that respecting its predisposing cause. On what does the remote cause act? on the whole system, or any particular part? If on one part, or on one subordinate system, which is it? What is the nature of the change it produces? How does this change lead to the sensible phenomena, by which the disease is manifested? These are the principal questions presented by a consideration of the subject. How far they have been answered, will appear

by a brief statement and discussion of the principal opinions, which have been maintained on the subject.

XCII. It may first be remarked, that *one opinion* has been very *generally adopted*, viz; that the actions of the system in fever, or some part of them, consist in spontaneous efforts to remove, or overcome the primary injury inflicted on the system, and to restore health. As the disease consists in a succession of unusual operations and changes, and as the last of these, in favourable cases, is immediately followed by a state of health, though not of strength, the opinion, that this last operation removes, or overcomes the injury, and thereby produces health, is rendered plausible. But the preceding operations, each in its turn, seem necessary to the production of that last one; and therefore they are all necessary to the production of health, if that last one is so. But whether the general opinion is well-founded, may admit of much doubt.

XCIII. These things being premised, it may be stated, *first*, that the proximate cause has been supposed to consist in some *change in* the quality or quantity of some of *the fluids* of the body, and that the subsequent phenomena result from efforts to correct this evil. This opinion, after having been almost universally received for many ages, scarcely finds any advocates at the present day. It is inconsistent with the physiological doctrine

that all changes in the animal fluids are secondary, and are produced by changes in the functions of the solids. No positive evidence is adduced in support of this humoral doctrine. Yet it has not been disproved by positive evidence. The science of chemistry is not yet able to detect all the changes, which occur in animal and vegetable fluids.

XCIV. *Second*, the proximate cause has been supposed to consist in some *modification of the functions*. It has been supposed that the remote cause, acting on the capillaries and extreme arterial vessels, induces a contraction, or *spasm* in them, and that this may be regarded as the proximate cause of fever. The supporters of this doctrine endeavour to show, that the effects of this cause must be those changes in the circulating system, by which the leading phenomena of fever are produced, and by which the termination of it is effected. This theory makes the contraction of the extreme vessels essential to the production of fever in every instance; it admits not of any exception. But much evidence may be adduced to show, that in many cases of fever, such contraction does not take place in those organs in which the matter can be ascertained; and that the subsequent changes do not uniformly proceed with the regularity, which the theory requires; and that the disease does not terminate, when the contraction, where it can be ascertained, has been overcome.

XCV. *Third*, it has been supposed, that the proximate cause consists in a *diminution of the vital power*, or energy. This opinion, in its simplest form, has been supported by one pathologist; by another, it has been supposed that this diminution of power causes the contraction of the extreme vessels, and the consequences above described; and by another, it seems to have been supposed, that the *diminution* of the vital power is *accompanied by some modification* of it. A general and fundamental difficulty in admitting the doctrine of diminution in vital power is, that the continuance of the disease tends to increase that cause, that the remedies employed in many cases have the same tendency, and yet the disease subsides after a certain time under these circumstances. To the doctrine of a modification of the vital power or powers, there seems to be less objection. But though this doctrine be true, it is so indefinite as not to help us in the explanation of the symptoms; and still less can it assist us in the treatment.

XCVI. *Fourth*, it has been supposed that the proximate cause consists in *inflammation*, and that the *constitutional affection* is *not idiopathic*, but symptomatic. Those, who maintain this opinion, differ in respect to the parts inflamed; some pointing to one organ, others to another, while others believe that the local affection exists in various organs. In favour of this opinion, is adduced the evidence of dissections of those, who have died

of fever. But it is urged against it, that these dissections have not been made in cases of simple fever; that it is allowed, that fever is often attended by inflammation; that it is often fatal when so attended; but that in many cases no traces of inflammation have been discovered after death; and that these cases are positive proof against the doctrine.

XCVII. On the whole, as no change, certainly no uniform change, is found to exist primarily in the fluids; as no particular functions are found to be uniformly deranged primarily; as there is nothing in the disease, which has a tendency to restore any particular functions; as no organic changes are discovered by dissection, uniformly in any one organ, nor, in all cases, in any organ whatever; as all the functions appear to be deranged, which must arise, either from some change in the stimuli applied to all the organs, or to some particular organ, the rest being affected by sympathy; or must arise from some change in the structure, or some change in the vital powers of all the organs; the most probable opinion appears to be, that some change or modification of the vital powers, does constitute the proximate cause. That is, the immediate effect of the remote causes is to induce some change in the vital properties, this occasions the subsequent phenomena; the return to health is marked by a recovery of the vital powers, not in degree or quantity, but in kind or quality,

It must, however, be acknowledged, that if this doctrine be true, it does not admit of any important inferences. Likewise, in common with other hypotheses on this subject, the one here proposed furnishes no explanation of the remarkable difference among fevers, as to type.

XCVIII. To the remarks made on this subject, it may be proper to add, that, in seeking for the proximate cause of the disease under consideration, too much attention has been given to the cold and rigors, the heat and vascular excitement, and the sweat or other evacuations which follow. However true it be, that these circumstances are the most essential to fever in the popular sense of the word, they by no means constitute the most peculiar part of the disease under consideration. These symptoms are common to various affections of the system, and occur even in consequence of the institution of new or unusual processes in the animal economy, although such processes are of a natural and healthy kind. The essential characteristics of idiopathic fever are found in the symptoms of the access.

XCIX. There are some general principles, which guide us in forming a *prognosis* in fever. The prognosis is most favourable, when the different stages occur in due time and proportion; when the system is equally affected; and when the disease is unaccompanied by congestion, inflammation, or hemorrhage. Under the opposite cir-

cumstances the prognosis is unfavourable; likewise, when the powers of the system fail very much, or are exercised with great irregularity; when great evacuations occur, without obvious relief; and when the secretions or excretions undergo rapid decomposition. In proportion as the mutual influence of the mind and body ceases to be exercised, the prognosis is unfavourable.

C. In the *treatment* of fever the continued exposure to the remote causes should be avoided, if possible; as these sometimes counteract the tendency to recovery. But the proximate cause is not so far known to us, as to furnish any indication. Experience is our only guide. From this we learn to adopt certain general intentions. The treatment must vary according to the type. In the first attack of the disease the type cannot be known with certainty; yet an opinion may be formed from the usual character of the diseases of the climate and season. But the same modes of treatment are applicable on the first attack, whatever the type; though not equally necessary in all.

CI. The *first* question, in regard to the treatment of fever, is, *whether* it should be *active*, or whether the disease should be watched, and special evils only obviated. Experience seems to decide in favour of the former method in all the early part of the disease; but, in proportion as this has advanced, active treatment must be avoided.

CII. *Various remedies* are found successful, in arresting fever, when employed early, and especially in the first paroxysm; and these remedies, when they do not arrest the disease, often diminish its violence and shorten its duration. These are remedies capable of *making a strong and somewhat sudden impression* on some part of the system; as on the stomach, or on the skin. If the fever be simple, or uncombined and regular, an *emetic*, given in the first paroxysm, will produce the effects above described. It is not, however, indifferent, what emetic medicine is usual. The good effects more certainly ensue, if free purging follow the vomiting. These evacuations are often attended or followed by a crisis, more or less perfect; and, as one of the symptoms of this crisis, a sweating commonly occurs. While this lasts, and, indeed, while the changes which appertain to the crisis are taking place, the patient should be kept at rest, and excluded from all vicissitudes of temperature, and restrained from taking food. If the vomiting be not successfully produced and the patient not relieved, the same remedy may be repeated on the second, or third day.

CIII. If the fever be not arrested by the remedies mentioned, the subsequent treatment must depend on the type. If it be an *intermittent*, the question will arise whether the returns of the paroxysms can be prevented, and whether this is safe. To these questions, experience answers in

the affirmative. When a paroxysm terminates by a regular and perfect crisis, the relief is often permanent; it is likewise more easy by medicinal agents to prevent the return of the paroxysms in such a case. It is then a first object to promote a perfect crisis, and afterwards to employ the remedies to prevent the recurrence of the paroxysm.

CIV. In order to promote a perfect crisis, first, if there be any accompanying inflammation, or congestion, or any remarkable hardness of pulse with great heat; *blood-letting*, general or local, *purging* and *counter-irritation*, are to be employed, one or all. Second, if there be any irritation existing in the alimentary canal, this must be removed. Third, if there be a disproportion in the force, or duration of any one stage of the paroxysm, this must be counteracted by the appropriate remedies. If this disproportion exist in the predominance of the symptoms of the access alone, or conjoined with those of the cold stage, external stimulants, such as can be applied most extensively, must be employed; likewise internal stimulants of such kind, as are most transient and at the same time most immediate in their operation; to which may be added opium, which operates in some manner, not perhaps satisfactorily explained. If there be a predominance of the symptoms of the hot stage, external and internal stimulants should be withdrawn and withheld, as far as possible, and cold ablutions and cold drinks

employed; and in the same case, the medicines called refrigerants, may be administered with some benefit.

CV. It is, however, to be remembered, that when the symptoms of the cold and hot stages occur with a good share of force, a perfect crisis is apt to follow. It is only when there is found in the paroxysms of an intermittent the disproportion, which has been described, that the force of symptoms should be reduced by any direct means. When, other things having been attended to as much as possible, the paroxysms are not found to terminate in the most perfect manner, so as to leave an entire intermission, we have, fourth, to employ the more direct remedies, with which experience has made us acquainted for promoting a crisis. These remedies are the medicines called alteratives. Of these, the most powerful are the preparations of antimony and mercury. These may be exhibited both during the paroxysm, and in the intermission, but most in the former.

CVI. A crisis which is perfect, or nearly so, having occurred, whether spontaneously, or by the aid of remedies, the next intention should be, to prevent the return of the paroxysm. The remedies employed for this purpose, are found to succeed, sometimes, when the crisis has not been perfect, but oftener, when it has. Of these remedies, the most noted is the *bark of the Cinchona*. This may be employed in its crude state, or certain

preparations of it may be substituted. This remedy must be given during the intermission, and in full doses. If successful, either wholly or partially, it must be repeated after the two or three next febrile periods; and, at intervals, for several weeks, in order to secure the patient from relapse.

CVII. There are *other remedies*, which have also been found effectual, though generally less so than the cinchona, in arresting the paroxysm. These are various vegetable tonics and astringents; opium; and several metallic articles.—Of these last, a preparation of arsenic is the most effectual; this being scarcely, if at all, inferior to cinchona.

CVIII. In *continued fever*, if the disease be not arrested at its commencement, by the treatment proposed for the first paroxysm, the methods to be pursued must differ from those recommended in an intermittent. In continued fever, the active treatment may be adopted with advantage at an early period, but not at a late one. As the disease goes on with various degrees of rapidity, the periods called early and late, are not absolutely the same in all cases. The judgment must be made up on this subject, in each case, from the prevailing character of the fevers, of the place and season in which it occurs, and from the rapidity of its increase. In fevers commonly prevalent among us in the autumn, the active treatment may be employed in the first week, but not very freely afterwards.

CIX. The active treatment in continued fever is to be pursued on the principles already suggested for the treatment of a first paroxysm, § CII., and for promoting a perfect paroxysm in an intermittent, § CIV. But the remedies, which prevent the recurrence of a paroxysm in intermittents, are not applicable to continued fever.

CX. When the period for the active treatment has passed by, in continued fever, the management of the patient is still very important; as the disease may be rendered more safe, though it may not be shortened by art. Under such circumstances, the alimentary canal must be kept clear from irritation. The temperature of the patient must be carefully watched and regulated, with a view to his comfort. All causes preventing quiet sleep, must be warded off. The mind should be kept tranquil, and the body at rest, in a well ventilated and clean apartment.

CXI. In respect to diet, the general principles already inculcated, under the head of Therapeutics, (Part I. of this work, §§ CCLXXXII—CCLXXXIV.,) should be followed. The application of these principles, will of course lead to very different results in intermittent and continued fevers. In the first, when the crisis of a paroxysm is imperfect, the patient will often be wanting in appetite, and incapable of digesting food, during the intermission. But when it is not so, nutritious food should be allowed him; for in all cases of

fever, it is important to maintain the vigour of the patient. In giving food during the intermission, regard should be had to the usual seasons for meals; but this must be so far modified, as not to give food so near the period of the expected paroxysm, as that it shall not be digested before that period. Cordials may also be taken during the intermission, so far as the state of the patient may require; but they should be given at such times, as that they shall not be exercising their full influence, during the paroxysm, or certainly not during the hot stage.

CXII. In continued fever, neither the appetite, nor the powers of digestion will allow the same use of food, as in intermittents. So far as the appetite will permit, farinaceous and mucilaginous substances in a liquid form, and vegetable acids should be given; but the former should be given rather at the periods of remission, while the latter may be used more safely during the exacerbations. Meanwhile, during the whole time, and in intermittents, during the paroxysms, the thirst should be gratified, as far as possible. For this purpose, cold water is ordinarily the most grateful and the most useful beverage. This, however, cannot be given with safety, while the patient is cold, nor when the perspiration of the crisis exists. Then the temperature of the water must be at least tepid, and that article may be made more grateful and more salutary by some light aromatic.

CXIII. The most embarrassing questions, in respect to diet, arise at the period of convalescence, in continued fever. When the appetite first returns, it sometimes increases rapidly, but its gratification is often followed by indigestion, and this occasions a relapse into disease. The appetite, when truly spontaneous, may be indulged as to the quality of the diet, in most instances, but not as to quantity. The appetite may be indulged more readily, when the disease has gone through its whole course, than when it has been arrested by treatment.

CXIV. During convalescence, and previous to this, when the vital powers of the system appear to flag very much, cordials may be given to the patient, so far as they are grateful to him. Life seems to depend on the proper management of them, in some cases. There is a question, whether tonics may not be used in the same cases. This question may generally be answered in the negative.

CXV. The treatment of *ephemera* and of *epanctus*, has not been particularly considered, but may be inferred from what has preceded. The *ephemera* cannot be distinguished until it has ceased. It must be treated as fevers of other types, at their commencement. The remittent is to be regarded as a modification of an intermittent or continued fever, and treated accordingly.

CXVI. In the course of fever, there sometimes occur sudden changes, and these are often of an un-

favourable kind. They consist in the severe attack of a new paroxysm, in the formation of inflammation, or in hemorrhage. According to the cause, must be the treatment. The prevailing character of the epidemic, when one exists, is to be regarded carefully, but is not to be made the sole guide in the treatment.

CXVII. Order II. *Phlogotica*. “Fixed heat and pain, or soreness; increased secretion; lesion of a particular part, or organ; mostly accompanied with fever.” Dr. Good means to include the inflammations, which are most important, in this order. But he limits it, as Cullen does the *Phlegmasiæ*, although not within the same boundaries. He does not include in it various slight inflammations. The consequent evil is, that diseases belonging to the same natural family, are found distributed through different classes and orders. This is one of the evils arising from describing diseases, sometimes by the internal morbid changes, and at other times by their symptoms, or external phenomena.

CXVIII. Some general information on the most essential processes of inflammation has been communicated under the head of general pathology. But the symptoms were not stated, nor were the constitutional affections described. When inflammation is on the skin, or parts subject to examination, the part is red, with very few exceptions, is usually hot, painful and swollen. The sensibility

of the part is increased, so far as concerns pain, at least; for the specific sensibility of a part is diminished by inflammation. The irritability also is increased.

CXIX. Internal parts are affected by inflammation in the same manner, generally speaking, as external parts. The situation of internal parts does not permit us to see the redness, and often prevents our ascertaining the heat and swelling. But the pain exists, and is usually a leading symptom in making us acquainted with the inflammation. Pain, however, is not a sufficient evidence of inflammation. The increase of sensibility, and where the parts possess irritability, the increase of that, are additional evidences of this disease. The distress, or pain, attending the distention of the parts, adds to the evidence. The increased secretion, or some kind of liquid effusion in the part, or its vicinity, is a later symptom; but one of great importance in showing the existence of inflammation. This alone may be regarded as evidence of inflammation, when the symptom is distinctly marked.

CXX. The lesion of the part, taken in the most general sense, is also a very important symptom. Of this, we judge by the examination of the part, when so situated as to permit it. But in other cases we judge by the failure, or imperfection, or difficulty of its functions. The variety of circumstances to be taken into view, under this head,

modified by the degree of difficulty, or change, is so great, that they can scarcely be enumerated.

CXXI. Lastly, the constitutional affection, or “fever,” aids us exceedingly in ascertaining the existence of inflammation, in the internal parts of the body. This constitutional affection is not, however, to be taken as the measure of the inflammation; as regards either its severity, or extent, or importance. The constitutional affection is to be regarded as sympathetic, and it varies according to several circumstances. The principal of these, are the constitution; the part affected, taking into view, both the organ and the texture; the extent of the inflammation, its severity, and its species: also, the rapidity of its course; and, lastly, its stage.

CXXII. *In acute inflammation* there is a marked difference in the *constitutional affection*, as being *active*, or *passive*; although these are often mixed, one part of the system exhibiting active, while another part exhibits passive sympathy. The former has been called “general inflammation,” the latter “symptoms of morbid irritation;” they have also been called inflammatory fever, and typhoid fever. In chronic inflammation the distinction is less strongly marked, and the two kinds of sympathy, are almost always mixed.

CXXIII. The principal symptoms of *active constitutional sympathy* in acute inflammation are the following, viz. a hard pulse, commonly attended by

strength and fulness and by increased frequency; heat and dryness of the skin, often preceded by chills; thirst, and diminution of appetite for food; a white, thin coat on the tongue, closely adhering to that organ; pains in various parts of the body; diminution of muscular strength; rapid respiration; high-coloured urine; watchfulness, and sometimes delirium and convulsions. These symptoms are dependent on changes in the circulation, and, perhaps, other causes, which sometimes produce death, independently of the local disease.

CXXIV. The principal symptoms of *passive constitutional sympathy* in acute inflammation are the following, viz. a great sense of weakness, and a depression of strength; pulse small and very frequent; tongue coated variously, but shortly getting dark and foul; parched and clammy mouth; skin cool and moist, or dry and of unequal temperature in different parts; disgust for food, and often nausea and vomiting; watchfulness, or coma; delirium, convulsions, or other spasmodic affections; and these, when severe, terminating in death.

CXXV. In regard to both affections, as they are produced by the local disease, the symptoms change with that, and are terminated with it generally. They diminish, when the inflammation has terminated in suppuration, or other effusion. But sometimes the disorder, which is at first sympathetic, is productive of so much derangement in im-

portant functions, that the general health is not easily restored, when the local disease has subsided.

CXXVI. The constitutional affection does not always assume the decided character implied in the description. It often partakes of the two characters, in various proportions. Frequently, the active sympathy appears at first, and gradually changes to the passive; but sometimes the reverse of this takes place. In both cases, the symptoms are often mixed with those of local sympathy between the part affected, and some particular organ.

CXXVII. The constitutional affection, attending *chronic inflammation* is less violent, than either of those before described. The principal symptoms are emaciation and debility; to which are often added failure in the digestive functions, irregularity in the excretions, the urine especially, being scanty and high-coloured, and depositing a lateritious sediment; imperfect sleep; accelerated pulse; and often hectic fever. This fever is marked by paroxysms, once or twice in twenty-four hours; but these are not regular for many days in succession. These paroxysms have their cold, hot, and sweating stages, the vascular system being as much affected, as in idiopathic fever; but it is not attended by the affection of the animal system, nor by the appearance of universal disease, which occur in idiopathic fever. By the constitutional

affection, in cases of chronic inflammation, the powers of life appear to become gradually exhausted, and death is produced, when the local disease is not such as immediately to interrupt any of the functions essential to life.

CXXVIII. In treating of inflammation formerly, (first part of this Text Book, § CXXIX.,) *the irregularities of the various processes* were deferred for future discussion. These irregularities, or deviations, from the common course, may be observed in the adhesive, suppurative, ulcerative, and restorative processes. The *adhesive process* does not appear to belong to the mucous membrane. It does, however, occur there, so far as the effusion of fibrine marks its character, although an actual adhesion is a most rare consequence. This effusion of fibrine on the mucous membrane sometimes happens in inflammation of a sudden and rather violent character, in healthy subjects. But it happens, perhaps, more frequently, when the vessels of the part, with the whole system, have become much enfeebled, when the proper mucous secretion has, therefore, failed, and the membrane is left unnaturally denuded. The consequence of this state of things, is either a watery secretion, or an effusion of fibrine; apparently as a defence to the part.

CXXIX. Another and very important irregularity in the adhesive process, is the imperfect performance of it, when its seat is a circumscribed

cavity. This happens in a hurried and violent inflammation; in persons of impaired constitutions; and generally where there is great irritability, without vigour. In this case, there is not established any limit to the diffusion of pus; and by this diffusion the inflammation is extended.

CXXX. The *suppurative process* may be deficient, or excessive, and is liable to many other irregularities. The deviations are analogous to those of the secretions. From a suppurating surface there may be poured out blood alone, or any one or more of the proximate elements of blood, mixed with pus. Sometimes, in scrophulous abscesses especially, the matter discharged appears to consist of a coagulated matter, mixed with a serous fluid, slightly opake. Likewise pus of a specific kind is produced in certain cases; the difference from common pus, not being recognized by the senses, nor by chemical tests; but by the effect on a living body.

CXXXI. In the *ulcerative process* there are frequent deviations from that, which is designed only to give a passage to pus. This process occurs on the skin and on the mucous membrane, extending from without, inward and on one, or every side from its circumference. This happens in certain specific inflammations, produced by morbid poisons, or otherwise; or where any obstacle exists to the restorative process; also, occasionally, in cases of deficient vital power, in parts acciden-

tally injured. In all cases suppuration goes on upon the part ulcerated. In healthy inflammation, ulceration is preceded by adhesion; but in some cases of disease, this does not happen, and then arteries or veins may be laid open, and a consequent hemorrhage ensue.

CXXXII. In the *restorative process* we see failures from weakness of the parts, or of the constitution, especially in the lower extremities. Even in healthy and vigorous subjects, if this process be often interrupted and delayed, it fails to take place, and the suppuration process is continued. This last process may then be carried on with little inconvenience, for the most part; but, upon local or constitutional irritation, there will often be a sudden extension of inflammation, or of the formative process at least, in the surrounding parts; and then, sometimes, adhesion or ulceration will ensue but more commonly, the new inflammation will shortly subside, upon the removal or subsidence of the offending cause, leaving the ulcer as it was. There is also an irregularity in the restorative process, when one part of an ulcer is disposed to heal and another is not. In this case, even a temporary cicatrization will take place over an unsound part. Lastly, in opposition to the restorative process, mortification sometimes occurs in an inflamed part. This happens where the inflammation is very active and violent in healthy subjects; also, upon very slight inflammation,

and almost at its commencement, in debilitated subjects.

CXXXIII. A *distinction* is always recognized *between acute and chronic inflammation*. This is a distinction practically useful; but it is not susceptible of exact definition. The gradation is such, that it is impossible to draw an exact line between the two. When a part goes through all the processes very slowly, the inflammation is called chronic. But still more, if the adhesive process, or the ulcerative having occurred, the fulness of vessels, the pain or soreness, the interruption of functions, or any of the common characteristics of the disease continue, the inflammation is called chronic.

CXXXIV. The *remote causes* of inflammation are various; first, such as injure the structure of parts, either mechanically, or chemically. Under this head, may be included foreign or dead matter lodged within the substance of any living part. Second, such as disturb the functions of a part; particularly such as occasion a sudden interruption of the vascular excretory functions. Third, such as act by some peculiar stimulus, having properties, not cognizable by chemistry. These are of vegetable and animal origin. Of the last, some are natural secretions in particular animals, thence called venomous; others are secreted only by diseased parts, whence they are called *morbid poisons*.

CXXXV. In the *treatment of inflammation*, re-

gard must be had to various circumstances. The kind of inflammation, its seat, its stage, and the constitution of the patient must be especially regarded. It is usually desirable to arrest the disease, and to make it terminate in resolution; or to diminish its violence and extent. But sometimes it is to be allowed to go through its regular processes, these are to be guarded and facilitated, and the strength supported so far as may be possible.

CXXXVI. The *remedies* for the promotion of *resolution*, whether wholly or partially, are evacuations, counter-irritation and alteratives, with rest, and abstinence from food and from stimulants. But these remedies belong to active inflammations, or common acute inflammation, and to cases where there is strength to bear them. Sedatives, both local and general, are advantageous in some cases. It is, when inflammation is marked by irritability, without strength, that general sedatives are useful. Local sedatives are useful in superficial inflammations. When there has been constitutional weakness, preceding the inflammation, and in certain other cases, tonics and certain stimulants will promote resolution.

CXXXVII. If *mortification* has occurred, or is threatened, it is to be averted, or its extension prevented by the remedies appropriate to active inflammation, where there is strength; by tonics, where there is weakness. Nearly the same observations apply to cases of *excessive suppuration*,

or secretion. In *sluggish inflammations*, stimulants are sometimes beneficial. In *inflammation* of the *mucous membrane*, especially when the secretion is purulent, a peculiar stimulant, Balsam of Copaiba, and some similar articles have been found useful.

CXXXVIII. The diseases of the *first five genera in the order Phlogotica*, fall more under the care of the surgeon, than that of the physician. These genera are denominated *Apostema*, *Phlegmone*, *Phyma*, *Ionthus* and *Phlysis*. It is true, that some of these diseases are connected with constitutional derangements, but not of a specific kind. So far as the general health is deranged, the treatment must be directed to the particular difficulties.

CXXXIX. Genus VI. *Erythema*. “Red, glabrous, tumid fulness of the integuments; disappearing on pressure; pain burning; inflammation ulcerative; terminating in cuticular scales, or vesicles; occasionally in gangrene.” The inflammation here described is of the kind commonly called erysipelatous. It affects the cutis, or the cellular membrane, immediately subjacent to it. It does not spread equally from a centre, but by continuous sympathy on one side. When it affects the cellular membrane, the adhesive process does not take place; nor does suppuration often occur, though it does occasionally. The effusion is commonly serous. The parts affected suffer from soreness, rather than pain, though not without this. When suppuration does occur, the pus is diffused

extensively from want of the adhesive process ; and thence ulceration also becomes extensive. Gangrene sometimes occurs. The extent, to which the disease spreads, depends partly on the cause producing it, and partly on the state of the constitution.

CXL. Dr. Good makes *seven species* under this genus, viz. *Erythema œdematosum*, *erysipelatosum*, *gangrænosum*, *vesiculare*, *anatomicum*, *pernio* and *intertrigo*. Of these, the three first species have been sufficiently adverted to for our purpose. The fourth, *E. vesiculare*, is produced occasionally by the use of mercurials, employed either internally or externally, in persons of a peculiar constitution, or at a time when the constitution is in a peculiar state. The fifth, *E. anatomicum*, is produced by the matter of a dead body applied to a scratch in the skin. The inflammation spreads with great rapidity, and occasions extensive destruction in the parts affected. *E. pernio* is the disease familiarly known under the name of chilblain ; and *E. intertrigo*, the fret or excoriation very common in children, and sometimes occurring in adults.

CXLI. *Erythema*, with the exception of the two last species, is commonly attended by a *constitutional affection*. This is sometimes of the active kind ; but more frequently it is the passive sympathy. When it is of the first kind, and strongly marked, there is an advantage in blood-letting ; as

the system then becomes better qualified to bear the necessary subsequent treatment. But more frequently vomiting and purging are beneficial. After these evacuations tonics, and especially cinchona, in large doses, may often be employed with advantage. To the part affected, when the temperature is much elevated, the remedies are local sedatives, and especially evaporating lotions; when the temperature is reduced, warm and more stimulant applications. For *E. pernio* and *intertrigo* stimulant applications are most effectual; while constitutional remedies are seldom required.

CXLII. Genus VII. *Empresma*. “Deranged function of an internal organ, membranous or parenchymatous; with local pain; fever mostly a cauma; inflammation mostly adhesive.” To ascertain the existence of inflammation of an internal organ, is sometimes extremely easy; but in other cases it is most difficult to discriminate between such an inflammation and other diseases. The difficulty is not removed by the definition given above; nor, perhaps, could it be by any generic definition. The fever is “mostly a cauma;” or, in our own language, the constitutional affection is mostly of the active kind. This may be true in respect to internal inflammations, if all the cases be brought into view. But it is not true in a large proportion of the severe cases, which call for medical treatment, and require nice discrimination. The “inflammation is mostly adhesive.” This cannot be ascertained respecting an

internal inflammation at the period, when it is important to discriminate the disease. And this also is not true in respect to a large proportion of the most severe and important cases. We have then left, as symptoms of this genus, the derangement of function and local pain. But these symptoms often occur, where there is not any inflammation. If the definition of the order be also taken into consideration, we shall not find the characteristics, by which we may decide the question, whether an internal part be, or be not inflamed, in the cases of difficult diagnosis. This, in truth, cannot be done by brief definitions. It can be done only by attending to the whole history of the several diseases, respectively, included under this genus, and of such as resemble them in their characters.

CXLIII. Species 1. *E. Cephalitis*. "Pain in the head; aversion to light; face more or less flushed; cauma." These symptoms are not constant; and there is a difficulty, especially at an early period, in detecting inflammation of the brain. This is owing, very much, to the intimate connexion between the functions of that organ and those of other parts. Besides, oftentimes the early symptoms are of a less striking character than might be anticipated. It is highly important to ascertain the order of symptoms in doubtful cases. Pain in the head occurs in a vast many diseases; and in cephalitis it is sometimes very slight, and seems sometimes to be absent.

CXLIV. The *symptoms*, which are found in cephalitis, may commonly be referred to *two distinct stages* of the disease; but these two stages bear no certain proportion to each other either as to duration, or as to severity. In the *first stage* the sensibility is exalted; there is commonly some pain or distress in the head, and often vertigo or confusion of mind; sometimes delirium of a furious character. The pain is sometimes aggravated by some particular position or motion. Other parts sympathize, the alimentary canal especially; hence nausea, retching, vomiting and costiveness; the pulse are quickened; and then ensue other marks of constitutional sympathy, sometimes of the active, but often of the passive kind. Meanwhile, the patient is not always disqualified for muscular efforts and even for some of the common active business of life. In the *second stage* the effects of pressure on the brain appear, viz. stupor; paralysis; convulsions; slow pulse, becoming quick again when the strength is greatly exhausted; smooth, cool, inactive skin; followed by symptoms of exhaustion and death; or terminating suddenly, perhaps, with convulsions. It is not rare for this disease to supervene upon others, and then it is often unnoticed, until the symptoms of the second stage appear. Its frequent combination with fever has been noticed. The *phenomena* observed *after death* do not bear a certain relation to the symptoms in this disease. This is

to be explained by a consideration of the greater, or less rapidity in the organic changes.

CXLV. It is almost essential to the successful *treatment* of this disease to commence the treatment early. Then the usual methods may produce resolution. If effusion of any kind has taken place, the disease is very seldom removed. When the disease presents itself under an active form, the most copious depletion, both general and local, is requisite. Then counter-irritation and alteratives should be employed. In all cases the hair should be removed at once, and if there be external heat, cold applications should be made to the head. Rest and the abstraction of all stimulants are essential. When the disease occurs in a feeble subject and is also attended by passive sympathy, general depletion must be omitted, or used very sparingly; but alteratives and other remedies may be employed to the fullest extent. A spontaneous recovery is so rare, in this disease, that active treatment is justifiable, even at a late period. The distress at a late period may be mitigated by opiates.

CXLVI. Species 2. *E. Otitis*. “Severe pain in the ear; tenderness upon pressure; deafness or confusion of sounds.” Inflammation affects every part of the ear; and, as the symptoms depend more on its extent and violence, than on the part affected, that part is not always easily ascertained. There is, however, sufficient ground for distin-

guishing two varieties, the external and internal. When the disease is severe, in either case, the constitution is affected by sympathy. In some instances, though rarely, the disease extends to the brain. It is a more frequent occurrence for the inflammation to extend to the *portio dura* of the auditory nerve; and then there is produced that particular paralytic affection, which Mr. C. Bell has described. The remedies are those common to other inflammations.

CXLVII. Species 3. *E. Parotitis*. "Painful un-suppurative tumour of the parotid glands, often extending to the maxillary; conspicuous externally; frequently accompanied with swelling of the testes in males, and of the breasts in females." It may be doubted whether this disease ought properly to be introduced into this genus. It is a disease of a specific character, produced by a specific contagion, and, like small-pox, very rarely occurs twice in the same subject; or rather in the same gland. For the disease, having affected one of the parotids, the other is not thereby exempted from it at a future day; at least, not always. The tumour commences immediately below the articulation of the lower jaw-bone, and raises up, or outward, the inferior part of the external ear. It spreads downward and forward, increasing for four days, but most rapidly the two first. It subsides in the course of the four following days, and sometimes more rapidly. The subsequent swell-

ing of the testes is not a frequent occurrence, and that of the breasts a very rare one. The constitutional affection is usually, though not always, slight. Medicinal remedies are seldom wanted. The swelling of the testes, as well as that of the parotid glands, subsides without suppuration; but it is remarkable that a wasting of the former glands sometimes ensues.

CXLVIII. Species 4. *E. Paristhmitis*. “Redness and swelling of the fauces; with painful and impeded deglutition.” There is a great variety in the affections necessarily included in this species; for the inflammation affects the whole of the fauces, or a part only; it is quite limited to the surface, or goes deep into the substance; it is mild, or severe; it affects the constitution very variously, and not in proportion to its local violence; and it sometimes terminates in an abscess, but commonly not. The disease is also complicated in its symptoms from extending to the pendulous palate and parts above it, so as to occasion, in some cases, a most inconvenient and distressing obstruction in the nasal passages. But, in addition to these varieties of common inflammation in the fauces, Dr. Good has given as varieties of this species *P. Maligna*, *P. Pharyngea*, and *P. Œsophagi*; the first a disease marked by a peculiar inflammation, the others by a difference in the seat of the disease; the first of these requiring different remedies from the common inflammation; the others not admit-

ting the topical remedies employed in that inflammation of the fauces.

CXLIX. First variety. *E. Paristhmitis tonsillar*. “Swelling of the mucous membrane of the fauces, and especially of the tonsils; redness florid; fever a cauma.” This differs from the catarrhal affection of the fauces. It seldom extends over the whole of the fauces at once, but commencing in or about one tonsil, extends in a day or two, to the other, involving in its course the pendulous palate, and sometimes the posterior fauces. Commonly it does not remain in one spot more than four days, and terminates in resolution. It often occasions an œdematous swelling in the uvula, in consequence of its pendulous situation and the looseness of its texture; and, occasionally, this part becomes permanently elongated, and then gives rise to frequent irritation in the parts below, causing cough and retching. But sometimes this inflammation terminates in suppuration, and then the swelling is large and hard from the beginning, deglutition becomes nearly or quite impossible for a time, and the duration of the disease is much longer than in other cases. Some individuals are very subject to the disease in this form. The remedies are evacuations, and refrigerants to the parts, in the form of gargles. But if there is a tendency to suppuration, and the disease is not arrested before the third day, it must pursue its own course.

CL. Second variety. *E. P. maligna*. “Redness crimson; with ulcerations covered with mucous and spreading sloughs, of an ash or whitish hue; fever a typhus. Frequently epidemic; generally contagious. Found also as a symptom in rosalia or scarlet fever.” This inflammation is of the erythematous character. It commences on the surface and sometimes it is so superficial in its whole course, that the parts do not appear to be at all swollen. Yet the soreness is very great, and the constitutional affection of a more formal kind than in the first variety. But more commonly there are patches of lymph thrown out, forming the sloughs described, and the parts under these appear to lose vitality in the bad cases. Then, in casting off the sloughs, the circumjacent parts often swell very much. This sloughing is attended with prostration of strength, as if the system suffered from a great poison, or laboured much in separating the dead from the living parts. The danger is to be estimated by the colour of the sloughs, and by the degree of fœtor in the breath; the dark sloughs and very offensive smell being bad symptoms. In severe cases the respiration is affected by accumulation of matter and swelling in the fauces; and occasionally the inflammation extends to the epiglottis and even to the larynx. The constitutional affection is not always such as corresponds in character with typhus; but often

more like synochus; at first active, afterwards passive sympathy.

CLI. In the *treatment* of this variety of the disease, when the constitutional affection is of the active kind, benefit is sometimes derived from bleeding, and often from other remedies, tending to lessen the violent vascular action. By this treatment the inflammation is limited in extent and violence. But most commonly the tendency to weakness in vascular action and the early prostration forbid general blood-letting, though leeches may even then be used. In most cases there is benefit and almost always safety in vomiting at an early period. The contents of the stomach are often found to be offensive; but independent of the evacuation of these, the vomiting tends, as in many other cases, to diminish the inflammation, and at the same time to counteract the constitutional affection. This is even more useful when this affection is of the passive, than when of the active kind. Moderate purging is also useful in the commencement of the disease; and it is necessary afterwards to prevent any accumulation in the alimentary canal.

CLII. When the inflammation assumes a bad character, and the symptoms of morbid irritation are strong, tonics and stimulants are often highly useful; especially cinchona. Through the whole disease local applications are very beneficial. Cold lotions to the neck, and stimulating and astringent

gargles, are the best local remedies. In very young subjects the astringent washes must be applied by the syringe.

CLIII. Third variety. *E. P. pharyngea*. “Redness florid, and especially at the lower part of the fauces; deglutition extremely painful and difficult: fever a cauma.” Fourth variety. *E. P. œsophagi*. “The impediment to deglutition felt below the pharynx, with a circumscribed pain, and rejection of food when it reaches the seat of obstruction.” Neither of these varieties require any particular comment; except that in some individuals the latter is habitual and terminates in suppuration.

CLIV. Species 5. *E. Laryngitis*. “Pain about the larynx; epiglottis swollen and erect; breathing shrill and suffocative; great anxiety; deglutition impeded; fever a cauma.” The essential symptoms are the difficulty of respiration and of deglutition; usually accompanied by hoarseness of voice. The proximate cause is an inflammation in the upper part of the larynx, sometimes affecting the upper, or anterior face of the epiglottis, and always the pharynx, especially the part immediately behind the larynx. The inflammation is attended by a puffy swelling of the mucous membrane of the parts mentioned. It occasions death by suffocation. The treatment is that of inflammation generally, where resolution is possible, and should be practised without delay. Mer-

curials are especially useful. In a bad state of the disease bronchotomy should be performed.

CLV. Species 6. *E. Bronchlemitis*. “Breathing permanently laborious and suffocative; short, dry cough; expectoration concrete and membranous; fever a cauma.” Of this species Dr. Good has two varieties, acute and chronic; of which the first only answers to the disease commonly known among us by the name of *croup*. This disease follows inflammatory affections of the fauces and catarrh, or commences suddenly without any precursor. Its most distinctive symptoms are a peculiar sound in respiration, and a ringing cough. The respiration does indeed become suffocative and very distressing; but this is in an advanced stage. In the early stage the patient often appears void of distress and in good spirits. This disease belongs to children, occurring rarely before the third year, and still more rarely after the eleventh. Its proximate cause is a peculiar inflammation in the mucous membrane of the wind-pipe, often extending to the bronchia, and causing the formation of a false membrane. It is the affection of the larynx, which is most important, though the disease is commonly spoken of as being especially in the trachea. The false membrane is not always found on examination after death. It is said to be expectorated sometimes with relief; but this is most rare. The disease is almost always fatal, when left to its own course;

nor are remedies of much avail, unless employed within the first two days. The object of the treatment is resolution of the inflammation. This is effected by emetics, by alteratives and by bleeding. The last is the most certain remedy, and should be resorted to at once, if the disease has passed to the second day.

CLVI. There do occur, very rarely, cases of a *chronic* kind which may be called croup, or bronchlemitis. That is, the sound in respiration is of the same kind, and the distress is sometimes great. But the course of the disease is so different, that it must be an affection different from the acute croup. It appears to me to belong to the period of dentition only, and probably is a sympathetic affection of the spasmodic kind. It is temporarily relieved by vomiting. It should be added, that some children are very liable to croup, or to croupy breathing. In such the disease easily yields for the most part; but will sometimes prove fatal after frequent recurrences.

CLVII. Children are also liable to a *species of asthma*, which often attacks them near midnight. It is usually relieved by vomiting, either spontaneous, or from medicine; and then they commonly throw off undigested food. This, most probably, is the disease called by Dr. Good *Laryngismus stridulus*.

CLVIII. Species 7. *E. Pneumonitis*. “Inflammation of the lungs; obtuse pain in the chest;

constant difficulty of respiration, alleviated by an erect position; tumid, purple face, or lips; cough, generally moist, often bloody; pulse usually soft." The inflammation in this disease has its seat in the cellular membrane of the lungs; though it often, and even commonly extends both to the serous and mucous membrane. The symptoms must vary according to the extent and violence of the inflammation. It happens, not very rarely, that pain is not complained of; especially at an early period. There is some sense of oppression and difficulty of breathing, and cough; these local symptoms are attended by constitutional sympathy, which is various in amount. When these symptoms come on suddenly, they mark the acute form of the disease; but the disease also appears in the subacute and even in the chronic form. In estimating the weight of the malady reference is to be had to the degree of difficulty in respiration, to the embarrassment produced by coughing, and to the constitutional affection. This last, however, is not to be estimated merely by the state of the pulse, but by the whole amount of constitutional disease. In the progress of the disease the appearance of the matter expectorated, and the ease or difficulty of expectoration aid much in forming an opinion of the extent and character of the inflammation.

CLIX. In acute pneumonitis the inflammation occurs almost invariably in the inferior portion of

the lungs; or is most severe in that portion, when not confined to it. Also, it occurs much oftener on the right side than on the left. Hence arises some affection of the liver, and most frequently this is such as to cause a great secretion of bile from perhaps the fifth to the tenth day, and a consequent *diarrhœa*. This *diarrhœa* affords great relief in most instances. The same relief is not obtained from a *diarrhœa*, at a late period, in protracted cases. Hemorrhage, whether from the lungs or from the nose, affords some relief; and, when copious, sometimes terminates the disease at once.

CLX. In most cases, and especially those of favourable termination, *expectoration* occurs, and the disease is said to terminate by it. The matter expectorated is commonly derived from the mucous membrane. The more fully this membrane participates in the disease, the more favourable the issue. It furnishes a watery fluid or pure mucus at first; or, if much affected, there is some blood combined with the mucus. The matter expectorated gradually acquires the purulent character; a true suppuration of the mucous membrane taking place. In proportion to the perfection of this process the induration of the lungs is removed, and expectoration is rendered more easy.

CLXI. In some instances the suppuration occurs in the cellular membrane, or substance of the lungs; but this is rare. When this happens, as

in other *abscesses* in the cellular membrane, the suppuration is sometimes in one large cavity, sometimes in many little cavities, communicating with each other more or less freely. The matter formed in the first of these cases is often very large; but the parts may even then recover, and health be restored.

CLXII. Pneumonitis sometimes terminates in *mortification*. More frequently the *induration* continues, the symptoms of active inflammation subsiding; and then a slow suppuration may ultimately ensue; or the patient remains liable continually to fresh accessions of the inflammatory processes. This course rarely takes place in a healthy state of the system.

CLXIII. In the *treatment* of pneumonitis *resolution* is to be attempted at an early period. This attempt is seldom successful in its full extent, but very commonly is so to a certain degree, and the danger of the disease is thereby much diminished. Even at a period comparatively late, after the seventh day, the inflammation may be moderated in violence, and rendered more favourable in character, in severe cases, by the milder remedies employed to produce resolution. At a *late period*, if the constitution appears to sink under the disease, the actions of the system must be maintained by cordial stimulants. Various substances are often employed with benefit under the name of *expectorants*. Some of these are such as diminish the

inflammation in the cellular membrane, others such as stimulate the mucous membrane.

CLXIV. Pneumonitis is always attended with *danger* and often terminates life, at all ages. But it is sometimes peculiarly fatal, and especially when it is extensively *epidemic*. It is then called malignant, and sometimes is otherwise distinguished. The disease, when bearing this character, is usually sudden in its invasion, and the constitutional affection is strongly marked from the commencement; it consists in active sympathy at first, but is shortly followed by some symptoms of passive sympathy; and these soon predominate. There is likewise an extension of the inflammation to the abdominal viscera in many instances; the liver is often affected; and hence the disease has been called bilious. There is not one uniform course in the parts inflamed; but, in general, the processes of inflammation are marked by violence and succeed each other with great rapidity; and there is a great tendency to an extension of the disease from its original bounds. When pneumonitis of this character is epidemic, there is found with it pleuritis and carditis. In this variety of disease resolution is to be attempted by the most copious depletion at an early period. If this be not effected then, it can seldom be done afterwards; and, when it is not, evacuations appear to exhaust the powers of life without affording any relief.

CLXV. Another variety of this disease has been described under the name of *peripneumonia notha*. This designation has been applied to some different affections; sometimes to the variety last described, sometimes to cases of influenza. But the disease described by Sydenham under this name, and which occurs more or less frequently every year in our climate, appears to be a catarrhal affection of the lungs, in the first instance. As such it is not regarded as important; but presently, inflammation, or vascular congestion, at least, spreads to the cellular membrane, and dyspnœa, embarrassing cough, with difficult, though copious, expectoration ensue. These symptoms are not accompanied by hardness nor by great acceleration of the pulse, the skin is often cool and moist; there is a tendency to coma, and the patient sinks unexpectedly into great muscular debility. In the aged and intemperate the disease is very often fatal.

CLXVI. In this variety blood-letting can seldom be employed with advantage, or even with safety. Other evacuations are more safe, but must be proportioned to the powers of the patient. Vomiting is often useful; and if the liver, or other abdominal viscera sympathize strongly with the lungs, free purging may be employed. Alteratives and vesication are more universally safe, and when the powers are sinking very low, cordials must be used freely. Death sometimes occurs suddenly in this disease, when the patient seems to be convalescent.

CLXVII. Species 8. *E. Pleuritis*. “Acute pain in the chest, increased during inspiration; difficulty of lying on one side; pulse hard; short, dry, distressing cough.” In severe cases of pneumonia the inflammation almost always extends to the pleura; and in severe pleuritis the inflammation commonly extends to the lungs. But, even when severe, the inflammation is, in both cases, sometimes confined to the parts first affected. Inflammation of the pleura to a small extent and not severe probably occurs often without any very well marked symptoms. Adhesions are found after death in more instances, than the frequency of the disease would lead us to anticipate. In severe cases, there is usually a copious effusion both of lymph and serum, and adhesion commonly terminates the disease. But in some cases suppuration ensues, and constitutes the most legitimate *empyema*. In simple pleurisy there is cough; but no expectoration, or an expectoration of only simple mucus with more or less of watery fluid. The inflammation also terminates in mortification in some rare cases. The treatment has for its object the discussion, or the diminution of the inflammation. The means, though of the most grave character and highest importance, need not be here specified.

CLXVIII. Species 9. *E. Carditis*. “Pain in the region of the heart, often pungent; anxiety; palpitation; irregular pulse.” Inflammation of the

pleura and lungs, especially when on the left side, not very rarely extends to the pericardium. But inflammation also originates in the heart; and though it may affect all the textures of that organ, yet its common seat is the serous membrane. Here, as elsewhere, the inflammation may be various in extent, in severity and in rapidity; but even in its mildest form, it most frequently has a fatal termination. In severe cases this occurs quickly, but in mild cases it is often much protracted.

CLXIX. Pain in the heart is not a very common symptom in Carditis; at least, not such pain as to cause much complaint. On the other hand vicarious pains are very common, and these may be in the trunk, especially in the abdomen, or in the extremities. The anxiety, felt particularly at the heart, or about the præcordia, and manifested in the whole aspect and figure, is a more constant symptom, perhaps, than pain in the heart. Palpitation is sometimes felt over a great extent of surface, and is usually accompanied by orthopnoea; but neither of these symptoms are manifested at the commencement of the disease, except in severe cases. Faintness and fainting often take place. Cough, as in pleurisy, without expectoration, or with an expectoration of natural, transparent and adhesive mucus, occurs in this disease. Nausea and vomiting very frequently attend it. The pulse is often more regular than would be antici-

pated, and, though commonly much accelerated, is not always so.

CLXX. *Carditis terminates* in adhesion, in the effusion of serous fluid, and in suppuration; or life is destroyed by the sympathetic irritation and irregular circulation, before either of these effects are fully produced. In the two first modes of termination the functions of the organ are more or less constantly disordered, or at least become so, whenever the circulation is quickened; but life may be much prolonged. In the third mode the case proves rapidly fatal. In the acute form of the disease art is of little avail, unless the most copious depletion and other remedies for producing resolution are employed at the very beginning of it. In the subacute and chronic forms something beneficial may be effected by local depletion, counter-irritation and alteratives, together with a mild diet.

CLXXI. Species 10. *E. Peritonitis*. "Pain and tenderness of the abdomen, especially on pressure or in an erect posture; with little affection of the subjacent viscera, or abdominal walls." This definition applies principally to the variety which Dr. Good afterwards gives us, under the name of *Peritonitis propria*. He has two other varieties, *P. omentalis* and *P. mesenterica*. In truth inflammation may occur in any point of the peritoneum, and is found in every part, whether investing the viscera, or lining the walls of the

abdominal cavity. In whatever part of the peritoneum it occurs, it almost always produces contiguous sympathy in the part in contact, especially when acute; and thus its extension is prevented in a healthy state of the system. It seldom extends to the other textures connected with the peritoneum. When the inflammation is severe and rapid, the adhesion fails, and then the disease is propagated over the whole cavity by the matter effused. In such cases there is found after death a purulent serum with flakes of coagulable lymph floating in it. Where adhesion is perfect, it is not very rare to find pus; and sometimes there is an effort at least to bring this through the parieties by ulceration.

CLXXII. It is important to distinguish this disease from other painful affections of the abdomen. This is not always easy; but it has happened from want of care and from ignorance of the disease, that experienced practitioners have failed remarkably in making this distinction. It is by observing the effects of pressure, of posture and of respiration that the distinction is to be made.

CLXXIII. Severe peritonitis is almost inevitably fatal, when not met by the most active treatment in the beginning. This consists in copious general and local bleeding, fomentations and similar applications, vesication, cathartics and alteratives. When the inflammation is subacute, or chronic, it gives rise to a great variety of symp-

toms; which consist in uneasy sensations of the parts, difficulty and disorder in the functions of the viscera in the neighbourhood, and many sympathetic affections both local and general. Ascites is one of the effects of a low peritonitis, however induced, and often when limited to a small surface. The formation of tubercles on the peritoneum is also attended by a thickening of that membrane and a serous effusion, both of which are truly processes of inflammation.

CLXXIV. Species 11. *E. Gastritis*. “Burning pain at the pit of the stomach, increased by swallowing; rejection of every thing; hiccough; emaciation; oppression and dejection of mind; fever a synochus.” The inflammation here referred to belongs to the mucous membrane. The remark continually occurs in reading the definitions of diseases, which consist in inflammation of any organ, that the symptoms vary exceedingly according to the extent, severity and other characters of the inflammation. Hence the symptoms enumerated in the definition may indeed show the existence of the inflammation, to which it refers; but also, the inflammation may exist without all and perhaps without any of the symptoms so enumerated, but with a different set of symptoms. These remarks apply most especially to inflammation of the mucous membrane of the alimentary canal.

CLXXV. Inflammation of the mucous membranes does not, ordinarily, extend to other tex-

tures; and it does not exhibit after death the strong marks, which are anticipated in cases of a violent character during life. It sometimes does extend to other textures, and then ulceration and still oftener thickening of the parts are found after death. In such cases adhesion to adjoining organs is usually found also. When the inflammation is confined to the mucous membrane, ulceration of that membrane sometimes ensues. All these appearances occur in and about the stomach. The symptoms in all these cases are such, as more or less distinctly mark the nature of the disease.

CLXXVI. The *symptoms* of gastritis, like those of other inflammations, consist in pain and heat of the part, with increased sensibility and irritability; and in the disturbance of the functions of the organ. Now the common symptoms may vary, as in other inflammations, according to the natural sensibility and irritability of the constitution, to the extent of the disease, its severity, &c. The disturbance of the functions of the organ will depend, *cæteris paribus*, on the strength of the constitution generally, and on that of the diseased organ particularly.

CLXXVII. Gastritis may be produced by the common causes of visceral inflammation, and by the local action of agents injurious to its texture, operating either mechanically or chemically. In the *treatment* of it some regard must be had to its remote cause. If this consist in any substance

present in the stomach, or if any substance aggravating the disease be there present, such substance must be removed or rendered innocuous. As far as possible the stomach should be left free from any substance, which can irritate it, even temporarily. Mean while, with due reference to these considerations, the common remedies of inflammation should be employed. If the disease be acute and recent, general bleeding is useful; but otherwise this remedy must be omitted or employed sparingly. Opium is often useful in mitigating the suffering until remedies of more permanent effect can be brought into operation. Local bleeding, vesication, and, as soon as may be, purging are very important remedies. It is, however, to be kept in mind that if disorganization can be prevented and the violence of constitutional irritation controuled, the inflammation as in other mucous membranes may be allowed with safety to go through its regular course. The same remark holds good in regard to the whole alimentary canal.

CLXXVIII. Species 12. *E. Enteritis*. “Gripping pain in the belly; tenderness and vomiting: fever a synochus.” The general remarks on the variety of symptoms in gastritis apply as strongly to enteritis. Particularly in this last the extent and seat of the disease influence the symptoms: and no doubt these must be influenced by the circumstance of the relative situation of the diseased

part to the form of the canal ; as, whether it embraces a ring of the canal or extends in the longitudinal direction. The observations made on diseases of the first order of the first class, and those on gastritis, render further observations on this species unnecessary.

CLXXIX. Species 13. *E. Hepatitis*. “Tension, soreness, and pain in the region of the liver ; pain about the right shoulder, felt especially when lying on the left side ; short, dry cough.” Acute hepatitis, especially if the peritoneal coat be affected, is very distinctly marked by its symptoms. But chronic inflammation of the liver is not easily detected in many instances, unless there be discovered enlargement and tenderness on pressure over and just below the seat of this organ. Derangement of the functions of the liver is so readily produced by diseases of the other digestive organs, that it is not an evidence, when alone, of disease in that organ.

CLXXX. The *treatment* in hepatitis must be conducted on the same principles, which guide us in the inflammation of other organs. In our climate suppuration rarely occurs in the liver, but induration is not uncommon. The great object is to produce resolution. It has been thought that mercurials were *peculiarly* efficacious in all diseases of this organ, and among others in cases of inflammation in it. This opinion is in great part to be attributed to prejudices formed, when it was not

known how useful mercurials were in inflammations of other parts of the body. On the other hand, they are often relied on too exclusively in chronic hepatitis. In this a careful regulation of diet and regimen is most important; and benefit is often derived from the mineral acids, both externally applied and internally, and from tonics of various kinds.

CLXXXI. Species 14. *E. Splenitis*. “Heat, fulness, and tenderness in the splenic region; with pain upon pressure.” In ascertaining inflammation of the spleen we have not the advantage of being guided by the state of its functions, since those are not known. But practically this is of less consequence than might be anticipated; for all the abdominal viscera are so connected, that a disease in one of them often deranges the functions of all, and the part first affected cannot always be ascertained. This is especially true in respect to the stomach, duodenum, liver, pancreas and spleen. Acute splenitis is not common in our climate; nor is a well marked chronic inflammation of the spleen of frequent occurrence among us. The most common instances are in persons coming from districts, in which intermittent fever prevails. In the treatment there is nothing peculiar.

CLXXXII. Species 15. *E. Nephritis*. “Pain in the renal region; frequent micturition; vomiting; numbness of the thigh on the affected side;

retraction of the testicle.” Well marked nephritis is a very rare disease with us. It is a very distressing and dangerous one, when left to its own course; but it yields to the treatment adapted to diseases of this genus, if commenced at a period sufficiently early. Demulcents and a free use of liquids are found beneficial; but acrid diuretics not so.

CLXXXIII. Species 16. *E. Cystitis*. “Pain and swelling of the hypogastric region; painful, or obstructed discharge of urine; tenesmus.” This is a more frequent disease than the last, both from acrid substances which reach the bladder and from cold. It occurs in females from a sudden stoppage of the catamenia; and in that case it is often accompanied by inflammation in the adjoining parts; sometimes by pleurisy; by sympathetic vomiting; and by symptoms of morbid irritation. In all cases cystitis produces strangury, and sometimes a retention of urine. The secretion is generally much diminished. Tenesmus is sometimes an attendant. The treatment does not vary from that of other inflammations, except in the free use of demulcents internally, with warm, mild injections into the rectum, and sometimes the use of the catheter.

CLXXXIV. Species 17. *E. Hysteritis*. “Pain, swelling and tenderness in the hypogastric region; heat, pain, and tenderness in the os uteri; vomiting; pulse rapid.” Inflammation of the uterus, as

also that of the bladder in females, is frequently overlooked, especially at its commencement, not so much from any obscurity in the disease, as from the want of a full account of the symptoms. It often produces sympathetic affections of the bladder and rectum. It not uncommonly terminates in the adhesive stage, leaving the organ enlarged; but if the mucous membrane of the uterus be inflamed, it may be affected by a suppurative process. Sometimes menorrhagia is produced by hysteritis; and this disease, as well as inflammation of the ovaries, when chronic, occasions habitual menorrhagia.

CLXXXV. Species 18. *E. Orchitis*. “Pain and swelling of the testicles; nausea and vomiting; depression of spirits; pulse quick, and somewhat low.” Inflammation of the testicles is readily detected by the local symptoms. It is sometimes attended by active, but oftener by passive constitutional sympathy; and, as happens in the female in affections of the genital organs, it is likewise attended by particular sympathy of the stomach and of the brain. This disease is produced by the common causes of inflammation; by irritation propagated from the urethra, probably by the *vas deferens*; and by some sympathy with the parotid glands in cases of mumps. It is not uncommonly followed by hydrocele, especially when produced by a blow on the part; and then the inflammation is evidently in the *tunica vaginalis testis*. It is

sometimes followed by permanent enlargement of the testis, and more rarely by a wasting of this organ. To the usual means for producing resolution there may be added in this case some local remedies, not applicable generally to the other species of *empresma*. These remedies are such as appear to act as sedatives to the vascular system at the first, and afterwards such as are deemed stimulant.

CLXXXVI. Genus VIII. *Ophthalmia*. "Pain and redness of the eye and its appendages; intolerance of light; flow of tears or other discharge." From the variety of textures belonging to the eye, and from the different species of inflammation to which, in common with other parts it is liable, its inflammations present themselves under numerous forms. Hence the treatment of its diseases has often been made a distinct and sole object of professional pursuit; and this not without advantage. At the same time it is only by studying carefully the general principles, or laws of inflammation, that we can learn to understand the numerous phenomena presented in the various cases of ophthalmia. And again, the interest attached to the minutest diseases of the eye leads to observations, which throw light on inflammatory processes in other organs. The subject is too extensive to be taken up in its details in this course; but this is compensated in some measure by the frequent re-

ference to it in the illustration of the diseases of other parts.

CLXXXVII. Inflammation of the eye is important, in proportion as it tends to limit or prevent the natural motions of any part of the ball, or its appendages; or to produce opacity in any membrane or humour, destined for the transmission of light; or to induce organic or vital injury to the retina. In proportion as any of these evils are threatened, does it become an object to effect a resolution of the inflammation; and, accordingly, in some cases the remedies for this purpose are to be employed to the extent and with the promptitude called for in the inflammation of organs essential to life. In other cases, great as is the evil which may be produced by the disease, this may be averted by mild local remedies. The eye sympathizes strongly with the stomach and some other organs. Hence disorders elsewhere may produce, or maintain ophthalmia; and hence too, this disease may be relieved by acting powerfully on other organs, as by vomiting.

CLXXXVIII. Genus IX. *Catarrhus*. “Inflammation of the mucous membrane of the fauces, often extending to the bronchia, and frontal sinuses; infarction of the nostrils; sneezing; and, for the most part, a mucous expectoration, or discharge from the nose.” In this disease there may be inflammation in the mucous membrane of the nose, fauces, or lungs, and this inflammation may

commence in any one of these parts and extend to the others. It is thought that the mucous glands are the proper seat of the inflammation; or, at least, the source of the matter discharged. The disease is various in its violence, in the rapidity of its course, and in the extent which it occupies at one time. Hence a great variety in the symptoms it presents at its attack, and afterwards. If violent and extensive, a constitutional affection may be induced, and sometimes this is severe. If the nose, and especially the nostrils, be first attacked, the disease may commence with sneezing, a greater or less sense of fulness in the nose, and a feeling of heaviness in the head. At first there will be no discharge, or it will be very watery. Subsequently the mucus will assume the opacity of pus, will lose some of the adhesiveness which belongs to it, and will flow in increased quantity.

CLXXXIX. The process is similar, in every part of the vocal and respiratory passages; but the inconvenience experienced, and the mode of removing the matter which is formed, varies with the part affected. The disease assumes importance when the lungs are extensively affected, or when the inflammation spreads to the cellular membrane, as has been noticed under the head of *E. pneumonitis*. This is true, especially, with very young subjects, and with old ones. The dyspnœa, the difficulty of expectoration, or labour in coughing, the livid flushing of the face, and the stupor,

are the symptoms to be particularly regarded. When these are severe, and especially if they are attended by coldness, or by unequal heat of the skin, with moisture, the case is full of danger. This disease is the one peculiarly known under the name of *a cold*, although this name is occasionally applied to other affections. It has been so named from an opinion that it always arises from exposure to cold, or some analagous cause; but this opinion is contradicted by experience.

CXC. Catarrh does not, ordinarily, call for active *treatment*; but it may be shortened and mitigated by abstinence, by evacuations, and by alteratives, with opium. In severe cases blood-letting, vesication and the treatment employed in other cases of active inflammation must be resorted to. But in young and tender subjects it is most important to watch that it may not introduce other diseases. The croup, for instance, is often preceded by catarrh. It is also often important to prescribe the mode of prevention for persons very liable to this disease. This may consist in avoiding the remote causes, or in rendering the body insensible to their influence. The last method is the best in almost all cases.

CXCI. Dr. Good distinguishes *catarrhus epidemicus* as a distinct species from *catarrhus communis*, and confines the former name to the disease well known as *influenza*. This disease is epidemic, whenever it occurs; and is justly distinguished as

a different disease from common catarrh. But every epidemic catarrh is not influenza. Common catarrh is often epidemic for a few weeks at a time in autumn, winter and spring; and it is often severe when epidemic, especially among young children. The influenza is the most remarkable for the wide extent of its prevalence among the nations. It consists in a constitutional affection, or fever not dependent on a local affection, but accompanied by inflammation of the mucous membrane of some part; and this part commonly, but not always, the lungs, fauces or nose.

CXCII. The influenza is sometimes limited to adults, or to those above the age of puberty, but not often. It attacks several in the same family, and many families at the same moment. It passes over extensive regions in various directions, but occasionally leaves some spots untouched at first, yet visits them afterwards. It occurs at all seasons; sometimes two years in succession; sometimes with intervals of many years. Though violent at first, the constitutional affection subsides shortly; often in two days. But the local affection occasionally spreads to the cellular membrane of the lungs, or to the pleura, and then there is a secondary affection of the constitution, which is sympathetic. Rest and moderate evacuations are commonly sufficient; but in severe cases blood-letting and the other remedies for resolution are employed with benefit.

CXCIII. Genus X. *Dysentaria*. “Inflammation of the mucous membrane of the larger intestines; griping and tenesmus; frequent and often bloody dejections; the feces irregularly discharged.” Inflammation of the mucous membrane of the large intestines is undoubtedly the proximate cause of dysentery; as is shown both by the symptoms and by examinations after death. But here, as in some other cases, the proximate cause is placed by Dr. Good, among the symptoms, which distinguish the disease. The inflammation may differ in extent, violence, and character; and there is a corresponding difference in the symptoms and course of the disease. Sometimes it is slight and mild, sometimes severe and malignant. It occurs at all seasons, but most frequently in the autumn. Then it is often epidemic, and more severe and fatal than at other seasons.

CXCIV. Dysentery often appears in the same situations, in which fever occurs, and may probably be referred to the same miasmata. It has been attributed to the water employed in diet, in particular spots, and perhaps sometimes with justice. Cold is among the exciting causes at least. It is thought to be contagious, but perhaps not on sufficiently good evidence. It is remarkable that there is sometimes a sudden conversion, as it has been called, of this disease into rheumatism, and the opposite. Dysentery exists in combination with fever, as other inflammatory diseases do,

The danger is increased very much by the combination. In simple dysentery the danger is to be estimated in part by the pain in the abdomen and the difficulty of producing fecal discharges; but much more by the violence of sympathetic affection in the general system and in the stomach.

CXCV. In the *treatment* of dysentery regard must be had to the violence of the disease; but there are certain indications, one or all of which must be regarded in every case; the methods of fulfilling them being adapted to the circumstances. These indications are, first, to remove and withhold all causes of irritation from the alimentary canal. Second, to lessen the sensibility and irritability of the diseased parts. Third, to remove the inflammation. Fourth, to maintain the vital actions, when disposed to sink. And fifth, to restore the tone of the digestive organs in the latter stage of the disease. In some mild cases it is sufficient to fulfil the first indication; but most frequently the second must afterwards be complied with, that the diseased organs may be left at rest. In other cases, when the inflammation is severe, this must be diminished before the efforts necessary for alvine evacuations can be endured with safety. In such cases it is often necessary to attend to the second and third indications at the same time. When the disease has continued long and the digestive powers are much impaired, while the necessity for nourishment is urgent, it is requi-

site to fulfil the fourth and fifth indications. The fourth alone must be regarded, when there is a sudden sinking and evacuations cannot be supported, and this sometimes at an early, though not at the earliest period of the disease. The same indications are to be respected in chronic, as in acute dysentery; though in the methods of fulfilling them there should be a difference. When dysentery is combined with fever, general principles, heretofore stated, must be referred to.

CXCVI. Genus XI. *Bucnemia*. "Tense, diffuse, inflammatory swelling of a lower extremity; usually commencing at the inguinal glands, and extending in the course of the lymphatics." Under this genus are comprehended two species, *B. Sparganosis* and *B. Tropica*. The *first* of these falls very naturally among the diseases, discussed in the lectures on midwifery. The *second* never originates among us; and the consideration of it in this course may give way to diseases which will frequently demand your attention in practice.

CXCVII. Genus XII. *Arthrosia*. "Inflammation mostly confined to the joints; severely painful; occasionally extending to the surrounding muscles." Of this genus Dr. Good makes four species, *A. Acuta*, *A. Chronica*, *A. Podagra* and *A. Hydarthrus*. In the two first species the term arthrosia is used as equivalent to rheumatism, while in the two last it is employed in its strict generic sense. In regard to the distinction of

rheumatism into acute and chronic it may be said that like a similar distinction of inflammation generally, it is practically convenient; yet it is a distinction not susceptible of precise definition, nature not allowing any such clear marks, as to justify us in making two species in this way. On the other hand, among the cases called rheumatism there is so great a variety, that if we make any distinction of species we might perhaps find it on other circumstances than the duration of the disease. The third and fourth species of this genus are much more distinctly marked than the two first.

CXCVIII. Species 1. *A. Acuta*. "Pain, inflammation and fulness, usually about the larger joints and surrounding muscles; often wandering; urine depositing a lateritious sediment; fever a cauma." Acute rheumatism is evidently an inflammation; but one of a peculiar kind. There is, in its essential nature, a difference from that of other inflammations; but what this is we do not know. Its external characters are usually sufficiently clear; but they are not always so, especially at its commencement. Its most common seat is in the large joints and in the course of the vertebræ. But it also attacks the small joints, the muscles, the various textures of the eye, and other parts. Its first attack may be on the eye; then it cannot be known until it shifts its seat to the joints. In whatever part it commences, it usually affects in succession various parts of the body,

commonly leaving one or more parts and appearing in others. The same parts may be affected twice or oftener during the continuance of the disease. The inflammation does not tend to supuration.

CXCIX. The local affections in acute rheumatism are rarely preceded by a constitutional affection; usually this follows in a few days, and is one of the best examples of *general inflammation*. The urgent symptoms usually abate within three or four weeks; but they recur once and again; and firm convalescence does not take place, in the majority of instances, in a less time than three months, unless the disease be relieved by art.

CC. In some instances a derangement of the digestive functions appears to be associated with this disease from the commencement; and in all cases such a derangement is apt to occur in the course of the disease, unless sedulously guarded against. The proper rheumatic affection is aggravated by every such derangement. The most alarming occurrence in this disease is an affection of the chest; for not only the muscles of the chest, but most grave diseases of the lungs and heart take place. The rheumatic inflammation of the heart is commonly seated in its serous membrane; on this membrane the adhesive process is produced, and the matter effused is not absorbed with the same readiness as about the joints. Delirium is rare. A spontaneous diarrhœa or diaphoresis

will sometimes terminate acute rheumatism; but these often occur in it without a removal, and even without an alleviation of the disease. Most commonly the recovery is slow and gradual, being interrupted by many relapses, or recurrences of the disease. The constitution may never recover its original vigour; but death is very seldom the immediate consequence of acute rheumatism, unless the heart be affected.

CCI. The acute rheumatism may be arrested by art at an early period; and even at a late period it may be somewhat abridged in its duration and much mitigated. But in all stages, though the appearances of disease are removed, the disposition to it remains for some time; generally longer or shorter, according to the previous duration of the malady; and the treatment must then be directed to the removal of this disposition and to guard against causes, which would call it into action.

CCII. At an early period, resolution of the rheumatic inflammation is to be effected upon the same principles, on which other inflammatory diseases are treated. Blood-letting is not advantageously employed, except in vigorous subjects and at a very early period of the disease; for, if the disease be not fully removed by it, or by other means shortly after it has been used, the disposition to new attacks is rather increased. Purging is a much safer evacuation, and may be repeated

more or less freely, as long as the disease continues. At first, and at any period when the stomach is disordered, purgatives may be very beneficially combined with emetics. At an early period drastic purgatives may be used once and again, even for several days in succession; but not when they produce much exhaustion. At a later period gentle purgatives should be used.

CCIII. Alteratives, either in combination with emetics and cathartics, or after them, are valuable remedies in Arthrosia of both the two first species; but, in the first, antimonials and ipecacuanha are preferable to mercurials. In this species antimonials should be used to as large an extent as the system can bear, and in combination with small doses of opium; and at an early period of this species, a limited use of mercurials, in conjunction with antimony is beneficial; but a full salivation should be cautiously avoided. Counter-irritation and narcotics are also beneficial under certain limitations. The disposition to a recurrence may be overcome by the use of tonics, and by guarding against exciting causes.

CCIV. Besides the disease, which has been now described, rheumatism occurs in a form, which may properly be called acute, yet without a disposition to change its seat, usually without swelling, and without any or with very slight constitutional disease. This may be called local acute rheumatism. It is known by pain, which is much aggra-

vated by motion in the part, or is felt only on motion. It comes on very suddenly in many instances, and sometimes during an unusual exposure to cold or moisture. Its most frequent seats are the neck, shoulders, loins and hips. Its severity and duration are very various. It often yields to local stimulants; but sometimes these must be of a powerful kind; and occasionally it requires purgatives. These may be of a stimulant character.

CCV. Species 2. *A. Chronica*. "Pain, weakness and rigidity of the larger joints and surrounding muscles; increased by motion; relieved by warmth; limbs spontaneously or easily growing cold; fever and swelling slight, often imperceptible." The disease, which has been described as acute rheumatism, sometimes continues under a chronic form. In some cases one or more parts continue swollen, lame, or painful; in others the disease is not thus fixed in its seat, but often renews its attacks on one or more parts, varying in severity and in duration. In both cases the disease is usually denominated chronic; although in the last it is the disposition to the disease, which becomes chronic; while the several attacks may be said to be acute.

CCVI. There is another form of chronic rheumatism, which comes on more gradually and sometimes becomes fixed in one or more parts, varying in severity at different times. This sometimes commences in the local acute form of the disease;

the local attacks becoming more frequent and prolonged, until at length the parts are never quite free from lameness. The disease in this case is aggravated by whatever disturbs or deranges the organic functions. Swelling is not a common attendant on chronic rheumatism; at least not in any great amount. On the other hand, the limbs affected sometimes become emaciated. But the swelling which does occur is often permanent, and, though small, it occasions a distortion and rigidity of the joints.

CCVII. Chronic rheumatism may exist in a severe degree, without any well-marked constitutional affection. But it is often associated, at least, with dyspepsy, and sometimes with other diseases; and occasionally emaciation, debility, accelerated pulse and even hectic paroxysms attend this as they do other chronic inflammations. Both acute and chronic rheumatism are sometimes connected with cutaneous diseases; thus bearing some analogy to diseases produced by morbid poisons. And, combined with the symptoms of secondary syphilis, there are sometimes not only pains, but articular swellings, which could not easily be distinguished from rheumatic swellings in some instances, or from white swellings in others.

CCVIII. Rheumatism, but especially in its chronic form, may be ranked among the *hereditary* diseases. The disposition to it exists in the constitution. But as in all similar cases, this may

be restrained or brought into action by habits of living, or by accidental causes. In some instances, however, the disease is evidently excited by accident in subjects apparently not predisposed; yet the disposition is then formed and continues for many subsequent years. Cold, moisture, and intemperance are the principal *remote causes*.

CCIX. In regard to the *proximate cause* there are cases of chronic rheumatism, in which it would be difficult to decide even to what subordinate system this appertains; whether to the vascular, the nervous, or some other system. But in well marked cases of acute rheumatism this cause seems clearly to consist in some morbid action of the vascular system; and, tracing the chronic rheumatism from the acute, we are justified in supposing that the proximate cause, of that also, exists in the same system. How far the same opinion can be admitted in regard to that form of chronic rheumatism, which neither originates in the acute disease, nor resembles it, may be a matter of more doubt. The morbid action in the vessels appears to partake of the simplest characters of inflammation; yet it is an inflammation different in kind from others.

CCX. In the *treatment* of *Arthrosia chronica*, it is important, first, to attend to the general health. If this be deranged, whether previous, or subsequent to the rheumatism, it must, as far as possible, be amended. For the proper rheumatic af-

fection, the remedies are to be found among evacuants, alteratives, stimulants, narcotic sedatives and tonics. Local bleeding is sometimes beneficial; and purgatives, especially those which are stimulant, may generally be used with benefit, so long as they do not produce exhaustion. Emetics are sometimes, but more rarely useful.

CCXI. Species 3. *A. Podagra*. "Pain, inflammation, and fulness, chiefly about the smaller joints: returning after intervals; often preceded by, or alternating with, unusual affections of the stomach, or other internal parts; unsuppurative." There is not any one mark, by which gout or rheumatism may always be distinguished; though there are many, by which they may be ordinarily. Gout, like rheumatism, is a painful affection of the joints, accompanied by swelling and redness; and the pain is aggravated by motion. But, usually, gout is confined to the small joints, at least until it has frequently returned; while rheumatism is more confined to the large joints, especially at its commencement. In both there is a constitutional affection; but in gout this precedes the local disease, and is principally a gastric affection, with depression of spirits; though the local affection is sometimes followed by general inflammation. In acute rheumatism the local disease almost always precedes the constitutional affection; but this affection becomes more severe than in gout, and continues for a longer time. Gout, like rheuma-

tism, shifts suddenly; but does not affect many joints at once, as acute rheumatism often does.

CCXII. A. Podagra sometimes occurs only once in the same individual. But in most of its subjects the attack is renewed frequently, from twice in a year to once in three or four years. In some subjects it produces so much injury to the joints, after frequent paroxysms, as to cause permanent lameness, and this in the vertebræ, as well as in the limbs. More commonly the patient is free from articular inflammation, and sometimes from all other disorders, during the intervals of the paroxysms. Gout is sometimes irregular in its course and affects the more noble organs, occasioning in them great disorder of various kinds, and sometimes causing sudden death.

CCXIII. Gout is more frequently hereditary than rheumatism, and may be traced, like a family likeness, through many generations. But it also occurs in those whose ancestors were free from it. In these cases it is commonly attributed to habits of luxury and idleness. It is said to occur in those who drink wine freely; but not in those who indulge in ardent spirits, unless these be mixed with a vegetable acid. But it certainly appears in not a few, who have never indulged in luxury, nor idleness. Its subjects are most commonly persons of rather a large frame, with large heads and full, round breasts, and a florid complexion. Its paroxysms are sometimes habitual, and occur without

any obvious exciting cause ; but it is often induced by the same exciting causes, which produce other acute diseases. Its proximate cause has not been discovered.

CCXIV. This disease will not yield to any uniform mode of treatment. The paroxysms have been relieved by various methods ; but the health has been said to be otherwise injured, in many cases, by some of the methods employed. The principles of treatment adapted to common inflammation may be followed to a certain extent, in some cases ; but it must be done cautiously, and particularly in those, who have had frequent returns of the disease. Evacuations from the alimentary canal, especially purging, may usually be employed with benefit. If the evacuants be combined with articles, which are sedative to the vascular system, they are both more safe and more useful. In cases not admitting active treatment, it is proper only to regulate what is amiss in the alimentary canal, to enjoin rest under the paroxysm, and adapt the diet to the digestive powers.

CCXV. As the disease so commonly recurs and generally exhausts the system more and more, it becomes important to guard against these evils during the intervals of health. To this end all those habits, which aided in inducing the disease, must be altered ; and methods must be adopted to increase the vigour and lessen the irritability of the system. In general, temperance and active

exercise must be prescribed; but with a due regard to the circumstances of each case.

CCXVI. Species 4. *A. Hydarthrus*. This is one of the diseases, which custom has assigned to surgery. The consideration of it will therefore be omitted. I shall, however, introduce here a fifth species of Arthrosia, which appears to have escaped the notice of Dr. Good. This is the disease described by Dr. Haygarth under the name of Nodosity of the joints, and I have given it a corresponding name, deriving the term from the greek.

CCXVII. Species 5. *A. Nodosia*. An enlargement about the joints, most common in the fingers and toes; hard; without discoloration of the skin; attended by pain; continuing through life; appearing to consist in a morbid growth of the ends of the bones, periosteum, ligaments and joints. This disease occurs almost exclusively in women, and chiefly at the period of life when menstruation ceases. It commences without violence, but for the most part progresses constantly, without lessening the duration of life. Distortion is produced in the joints affected, and ultimately their use is lost. The skin is not affected. Although bearing some resemblance to gout and rheumatism, Nodosia may be readily distinguished from them both. Dr. Haygarth found leeches and bathing with *dry-pumping* the most effectual remedies for this disease.

CCXVIII. Order III. EXANTHEMATICA. “Cutaneous eruptions, essentially accompanied by fever.” The language used in regard to cutaneous diseases is founded on very natural opinions, but not on philosophical principles; and this language misleads the mind. A disease on the skin is attributed to some material cause existing within the body; and it is supposed that this cause “breaking forth on the surface,” or being pushed out, constitutes the material part of the cutaneous disease. It is obvious, however, that a disease on an internal membrane, might be, with equal justice, regarded in a similar light. In all these cases there is a change in the organic functions of the part affected, and in all there is often formed some material, which either in a liquid, or solid form is thrown off from the part. In each case the immediate agents are the blood-vessels of the part, and in each the remote cause of the disease is often applied to some distant part, and its local effects are preceded by some constitutional disturbance. But in neither case is there reason to suppose that the material thrown off is generated in any other part than that, on which it is exhibited. Hence the expression “cutaneous disease” is preferable to that of “cutaneous eruption.”

CCXIX. The great variety in the characters of cutaneous inflammations would be unknown to us, if the skin were as much hidden from view as the internal membranes are. It is probable, however,

that this variety is greater than that of inflammations in any other organs. In distinguishing these inflammations one of the most striking circumstances is that in some cases the system at large appears interested in forming them; or undergoes what is called a *fever* before their appearance; while in other cases the disease is formed without the intervention of any, or of any such disease of the whole system. In cases of both descriptions the inflammation might be called “a disease of the sanguineous function;” but not in the sense which Dr. Good has meant to affix to this phrase. Those only of the first description are intended by him to be included in this third order, under the name of *exanthematica*, or “eruptive fevers.” The other cutaneous diseases may, for the most part, be found in the third order “*Acrotica*” of his sixth class “*Ec critica*.”

CCXX. Genus I. *Enanthesis*. “Eruption of red, level, or nearly level patches; variously figured; irregularly diffused; often confluent; terminating by cuticular exfoliations.” Of this genus Dr. Good has given three species, which are well marked, distinct diseases, viz. *E. Rosalia*, *E. Rubeola*, and *E. Urticaria*.

CCXXI. Species 1. *E. Rosalia*. “Rash, a scarlet flush, appearing about the second day on the face, neck, or fauces; spreading progressively over the body; and terminating about the seventh day; fever a typhus.” There are two well mark-

ed varieties of this disease, *E. Ros. simplex* and *E. Ros. paristhmica*. In the first there is a rash only, though often affecting the mouth and fauces as well as the skin; in the second there is an inflammation of a grave character in the fauces. In the first the constitutional affection is commonly mild, sometimes nearly wanting. It is not, however, uniformly of the *typhoid* character. The eruption consists in minute red spots. The seat of the inflammation is that part of the skin most immediately under the cuticle. It does not appear that any effusion takes place; but as the inflammation declines the cuticle is thrown off in branny scales. The eruption almost always subsides on the fifth day from its first appearance, and in one or two days afterwards no vestiges of it remain. The fever subsides before, or with the eruption in most cases.

CCXXII. The second variety, *scarlet fever, with sore throat*, usually commences with soreness in the fauces and difficulty in swallowing. This is sometimes preceded, and almost always accompanied by fever, or constitutional affection. The eruption does not appear on any certain day, nor does it appear to influence the progress of the disease in any remarkable degree. On the other hand very much depends on the state of the throat. The inflammation of the throat in this species is usually attended by swelling and almost always by sloughs on the tonsils, or other parts of the fauces.

These sloughs form on the surface and gradually get deeper. At first they are of a light colour; but they grow more dark subsequently. In proportion as they are more extensive, more deep and more dark coloured, the disease is dangerous. The absorbent glands of the neck are usually enlarged and tender, and sometimes they suppurate. In some instances the local disease extends to the nasal passages and even to the ears.

CCXXIII. The convalescence from this disease is slow, and is often interrupted by other diseases. The British writers mention dropsical affections as very common, and as occurring particularly upon exposure to cold, even as late as three weeks after the rash has subsided. With us rheumatism more frequently supervenes, and this usually within a week after the eruption has disappeared. This may affect any part of the body, but is most common in the wrists and hands, ancles and feet. It is marked by tenderness of the parts, some swelling and occasionally redness, with great pain on motion. It differs from rheumatism occurring in other cases by subsiding spontaneously in most instances within a week. Scarlet fever is contagious, and one variety may be produced by exposure to the other. Its severity, and the mortality occasioned by it, are very various at different periods. The eruption does not occur twice in the same individual, with perhaps a few exceptions. But it is not very rare to see the sore throat, such

as has been described, occur twice and even oftener, in the same person; and this even from exposure to the disease in its more perfect form.

CCXXIV. The violence of the cutaneous disease and of the fever attending it may be relieved, especially at an early period. But the inflammation is of a specific kind; and its duration cannot, probably, be diminished by any treatment. The affection of the throat, when severe, requires the treatment pointed out for *Empresma Paristhmitis maligna*. Mercurials and digitalis, sometimes preceded by blood-letting, are found most useful in the dropsical affection which has been mentioned. Gentle purging, and local tepid bathing are generally sufficient in the treatment of the rheumatic affection.

CCXXV. Species 2. *E. Rubcola*. “Rash in crimson, stigmatized dots, grouped in irregular circles or crescents; appearing about the fourth day, and terminating about the seventh, preceded by catarrh; fever a cauma.” This disease resembles scarlet fever in many points; yet differs so decidedly from it, that we are surprised that they were long confounded under the same name. The inflammation is in both of a specific character and very superficial, but differs in the form of the spots and somewhat in colour. The eruption may be seen, first, on the fauces, then on the face and neck, and afterwards on the trunk and extremities. Meanwhile the inflammation spreads from the

fauces to the lungs, though not in the same measured course; nor does it probably there retain its specific character. All the textures of the lungs become inflamed in bad cases, though the mucous membrane only partakes of the disease at first. The constitutional affection often increases in severity after the eruption, in consequence of the pulmonic inflammation. The danger of the disease depends mainly on this inflammation. The measles, like scarlet fever, varies much in severity and danger to life in different countries and seasons.

CCXXVI. This disease appears in a spurious form. *Rubeola sine catarrho* of Willan, *R. Incocta* of Dr. Good. This does not give its subjects an exemption from the true disease; for the true disease, with a few exceptions does not occur twice in the same subject. The spots in measles often assume a slightly livid or dark hue at the period of decline, and this when the convalescence is favourable. But in some cases the eruption has an unusually dark appearance even at an early period, or at the time when it should be subsiding, and the system suffers under passive sympathy. This variety called the black measles, (*R. Nigra* of Good,) is uncommon among us; and is said to be attended with great danger. It may be added that a sudden and premature subsidence of the eruption, accompanied by great internal distress, particularly at the chest, and immediately threat-

ening life, is one of the evils much dreaded in this disease. But with us this is an accident very rarely observed.

CCXXVII. In measles active *treatment* is not always requisite. It becomes so when the constitutional affection is violent, but still more when the disease of the lungs is severe. When the lungs are affected the treatment must have reference to them, and this without much regard to the period of the cutaneous disease. It is, however, important to distinguish the rapidity and labour of respiration, attending an accelerated circulation on the first days of the disease, from the embarrassment in the respiration, caused by inflammation of the lungs. In the *rubeola nigra*, if the system yield greatly, cordials and tonics are requisite; and the same may perhaps be called for in some rare instances of the sudden subsidence of the cutaneous eruption.

CCXXVIII. Species 3. *E. Urticaria*. "Rash in florid, itching, nettle-sting wheals; appearing about the second day; irregularly fading and reviving, or wandering from part to part; fever a mild remittent." Unlike the other two species of this genus, this disease is not contagious, and may affect the same subject repeatedly. It is often produced by offensive materials taken into the stomach. It may be mitigated by a cooling cathartic and a cool regimen. Or, when any offen-

sive material has been swallowed, this may be removed by an emetic.

CCXXIX. Genus II. *Emphlysis*. “Eruption of vesicular pimples, filled progressively with an acrid and colourless, or nearly colourless fluid; terminating in scurf or laminated scabs.” The two first species, *E. Miliaria*, *E. Aphtha*, and the fifth, *E. Pemphigus*, will not be noticed. Species 3. *E. Vaccinia*. “Vesicles few, or a single one; confined to the part affected; circular, semi-transparent, pearl-coloured; depressed in the middle, surrounded with a red areola.” Of this species Dr. Good gives four varieties, two of the casual and two of the inoculated disease, one of each kind being spurious. This is a contagious disease, never propagated except by inoculation. It is, so far as is ascertained, derived either from the cow or the human subject. It does not occur twice, in a perfect form, in the same subject. The small pox does not occur in those who have undergone this disease. There are some exceptions; but they are not frequent; and when the small pox does occur after the vaccine disease, it is usually in a mild and safe form.

CCXXX. *Vaccinia* exhibits, in the part inoculated, the following characters, with some little variations in the rapidity of its course. There is first a pimple, then a vesicle and then a scab, each of which is precisely circular, with a depression more or less distinct in the centre. The pimple

begins to form in about forty-eight hours from the time of inoculation. This is red, projecting and hard, or firm. It gradually enlarges, and an effusion of serous fluid taking place on its surface, under the cuticle, a vesicle is formed on the fifth day. The vesicle increases and entirely takes the place of the pimple in the two following days; so that on the seventh day there is seen a vesicle, more thick, or more prominent on the skin than the pimple had been, as well as spread over a larger surface. On the eighth or ninth day a red *areola*, or an inflamed ring is formed around the vesicle, and this continues to enlarge, at least, one day more. About the ninth day the disease may be considered at its height. At this time the vesicle is much distended, with a deep indentation at the centre, where the cuticle seems to be attached; the margin overlaps its base; and there is a peculiar appearance, as if cords radiating from the centre, passed to its circumference, and partially prevented the distention of the cuticle. Its contents are transparent and appear to be confined in distinct cells, so that several punctures are required to discharge them. The fluid, if discharged, very soon concretes; and the orifice, by which it is discharged, is thus closed. The vesicle then fills again in a short time with a fluid of the same character as before. On the tenth, or eleventh day at farthest, the scab begins to form, by the drying or concretion of the vesicle. This com-

mences at the centre, and gradually extends to the circumference, not being perfectly formed before the twelfth, nor often before the fourteenth day. It falls off spontaneously from the eighteenth to the twenty-second day. When first formed it is of the full size of the vesicle, but it shrinks a little before its separation. It leaves a slight cicatrix, quite superficial, in which are seen several minute depressions. In many persons these disappear after a few years. The scab is a little various in colour; about as various, in this respect, as mahogany.

CCXXXI. This disease is often, though not always, attended by a constitutional affection. Generally at the end of seven or eight days there is some soreness and swelling in the absorbent glands nearest the vesicle, commonly in the axilla; and on the following some pain in the head or stiffness of the neck with other slight febrile symptoms, supervene. This affection is very slight in infants, and generally is more severe as the subject approaches the adult age. It does not require any medical treatment. The only care requisite is to guard the inoculated part from accidents, and to see that it goes through the several processes, so as to secure the patient from small pox.

CCXXXII. Vaccinia Degener, or spurious cow-pock, is only an imperfect cow-pock, arising either from the bad quality of the virus employed, from some bad state of the constitution in the patient,

or from some accidental interruption of it. It is not one uniform disease, admitting a precise description. Generally it is marked by one or more of the following characteristics. The disease is too rapid in its progress; the cuticle forming the vesicle is thin and readily breaks or bursts; the fluid is turbid, often yellow or straw-coloured, sometimes approaching pus; the vesicle does not preserve its perfect circular form; the depression at the centre and the tumid edges of the vesicle are wanting; and the scab is flaky and soft, and often separates prematurely.

CCXXXIII. To produce the true disease the virus should be taken from a perfect vesicle, before the areola is formed, and should be used within twenty-four hours. If not inserted immediately, it should be conveyed on the point of an instrument, on which it will not have any chemical action. It should be inserted in a healthy subject, and particularly in one not affected with any cutaneous disease. To test the influence of the disease on the system, a new inoculation may be made at the end of four days from the first. If the first inoculation have its proper influence, the two will have advanced to the same stage of the disease at the end of seven or eight days, the vesicles differing only in size. The influence of vaccination may also be tested by a second inoculation with the vaccine virus at the end of several months, or years. If the first has been successful,

the second will at most produce an imperfect disease, and this will arise and terminate more rapidly than the first.

CCXXXIV. Species 4. *E. Varicella*. “Vesicles scattered over the body; glabrous; transparent; pea-sized; in successive crops, with red margins; pellicle thin; about the third day from their appearance bursting at the tip and concreted into small puckered scabs, rarely leaving a cicatrix.” This mild disease is produced by its specific contagion, without personal contact; and occurs only once in the same subject, with very few exceptions. It is too mild a disease to call for remedies in most cases, and never requires powerful ones. It is most important to mark the differences between it and small pox.

CCXXXV. Species 6. *E. Erysipelas*. “Vesication diffuse; irregularly circumscribed; appearing on a particular part of the body, chiefly the face, about the third day; with tumefaction and erythematic blush; fever usually accompanied with sleepiness, often with delirium.” Dr. Good insists, very properly, on the distinction between erysipelas and erythema, though they are often confounded. Erythema is a local disease, produced by various causes, often connected with the state of the constitution at the time, and has a tendency to vesication. Erysipelas, like rubeola, variola and varicella, commences with fever. It is an erythematous affection, producing vesication

as an essential part of the disease; sometimes contagious, though not commonly so. It is also true that erysipelas sometimes prevails more than usual, without our being able to trace it to contagion. The same person may be affected with this disease more than once. Sometimes the inflammation is not limited to one region, but occurs successively in various parts of the body. On this ground Dr. Good makes two varieties, the local and erratic erysipelas.

CCXXXVI. In the *treatment* the principal reliance is to be placed on some evaporating lotion to the part affected and cinchona internally. But the system must be prepared for the cinchona by evacuating the alimentary canal. Likewise, blood-letting is sometimes useful as a part of the preparatory treatment. Rest and a free state of the bowels must be enjoined through the whole treatment. When there is great sinking, wine and cordials must be administered.

CCXXXVII. Genus III. *Empyesis*. "Eruption of phlegmonous pimples; gradually filling with a purulent fluid; and terminating in thick scabs, frequently leaving pits or scales." Of this genus there is only one species, *E. Variola*. "Pustules appearing from the third to the fifth day; suppurating from the eighth to the tenth; fever a *cauma*; contagious." The small pox seldom occurs in the same subject more than once, and especially not with severity. This disease is communi-

cated by matter in an insensible form, without personal contact, or by inoculation with the virus in a sensible form. In the last case a distinct local disease is produced in the first instance, and this is followed by a constitutional affection, as in the vaccine disease; but, different from that, the constitutional affection is followed by many pustules. In the first case without any known local affection, the constitutional disease and pustules follow the exposure to the contagious matter. The disease does not follow the exposure so soon as it does the inoculation; but is more severe, and much more frequently fatal. The local affections, whether primary or secondary, exhibit the following characters; first that of pimples, then vesicles attended each by a small areola, then pustules and then scabs. In bad cases when the scabs fall off, some of them leave permanent cicatrices with depressions, constituting pits, particularly on the face. This happens from the formation of sloughs at the bottom of the pustules and a rapid cicatrization under them. Besides the constitutional affection at the commencement of the disease, there is one, occasioned by sympathy, at the height of the local disease; which has been called the secondary fever. This is often fatal.

CCXXXVIII. There are some varieties noticed in this disease, each capable, though not equally capable, of producing the others. Among these some persons have been disposed to place vaccinia,

This, however, always reproduces itself alone and is never produced by variolous virus of any kind. The disease called varioloid is a variety of the variola; the eruption being more or less imperfect in its characters, and more rapid, than the perfect disease, in its course.

CCXXXIX. In the *treatment* of small pox it is most important to remember that the disease consists in a cutaneous inflammation of a severe character. This is an inflammation, which cannot be removed by resolution; but it is one which may be increased, or diminished by the mode of managing its subject. To diminish this inflammation the patient should be at rest, should be kept cool and on a light diet, and should be evacuated according to the violence of the disease. When the inflammation assumes the erythematic character, as it sometimes does, cinchona should be employed freely, proper evacuations from the alimentary canal having been premised. When the powers of the system flag and appear insufficient to carry on the successive processes of the diseases, a discreet use of cordials is found beneficial.

CCXL. Passing by the plague and yaws, with which happily we have little to do, we proceed now to Order IV. DYSTHETICA. “Morbid state of the blood, or blood-vessels; alone, or connected with a morbid state of the fluids, producing a diseased habit.” There is certainly a convenience in the term *cachexy*, or depraved habit, as de-

scriptive of a state of the system, which is often exhibited under disease; and of which the cause is not always at once obvious. But the ideas conveyed by the term are not sufficiently definite for scientific purposes; and the morbid affections producing the state, usually or always local, are so various, that they do not easily admit of being ranked in any one class, or order. They consist, in many instances, of organic changes; and these are often the consequences of inflammation. The subsequent disorder in the functions, however, are not always the direct effects of inflammation. Accordingly, the same effects are produced by organic changes in the same parts, without inflammation. The consequences of organic changes are disordered functions, propagated from the part affected, to other parts, according to its relations to them. But sometimes the disordered functions are occasioned by other causes; no organic change existing. The distinction of diseases so similar in their phenomena, yet so dissimilar in their causes, is attended with great difficulty. This difficulty it should be the business of the Nosologist to overcome. Instead of doing so, he has been apt to make a convenience of a class or order of cachexies, in which to include diseases not easily arranged elsewhere. Dr. Good has narrowed the limits of this order by his definition. Yet he has, perhaps, been somewhat arbitrary in determining what diseases to admit into it.

CCXLI. The principal characters of cachexy may be traced to a failure, or change, in the functions of formation. First, there is a failure in nutrition, whence the form and colour are altered, the texture of parts exposed to the eye seems changed, and the general vigour is impaired. Second, there is a like failure in secretion, so that the secreted fluids are lessened in quantity, or altered in quality. Third, there is some new formation, or operation performed by the extreme vessels, such as tumours, effusion of serous or other fluids. Now, these changes and failures in the functions of formation may be traced to a failure in the functions of assimilation, or to a direct sympathetic affection from organic or other changes in various organs. Where the source of difficulty is known, the disease will be characterized by the nosologist, and will be placed in his system, with reference to that. But where this source is not known, he will be glad to have a class of obscure diseases, among which to place the case he has to provide for. If all this were explicitly acknowledged it might be less important; but the evil is that such a class is introduced with all the form of scientific definition; and diseases are brought together, which have, at least, as close an affinity to those of other parts of the nosological system, as to each other. Why, for instance, are organic diseases of the liver, and other organs, arising from the presence of tubercles, placed in other classes

or orders, while similar organic diseases of the lungs are arranged in the order under consideration? Similar questions may be multiplied very much.

CCXLII. Genus I. *Plethora*. “Complexion florid; veins distended; undue sense of heat and fulness; oppression of the head, chest, or other internal organ.” Of this genus there are two species. Species 1. *P. Entonica*. “Pulse full, strong, rebounding; muscular fibres firm and vigorous.” Species 2. *P. Atonica*. “Pulse full, frequent, feeble; vital actions languid; skin smooth and soft; figure plump, but inexpressive.” The states of the system here described, those of the two species being more or less mixed in some cases, are very generally recognized by medical practitioners. There may be some hesitation in admitting them on the list of diseases. But this will be found perhaps, to be a question about words rather than things. A more important question may be made, whether these states arise without some local disease. Probably they do; but they seldom continue long, without producing local disease. Likewise, the appearance of plethora frequently accompanies inflammatory diseases in persons, who had not previously exhibited the marks of that disease.

CCXLIII. In the *treatment*, some evacuation may be requisite in both species, but most in the first, for immediate relief. Likewise any local

affection, whether a cause or consequence of the plethora, must be removed. Then the permanent relief must be obtained by attention to diet and regimen.

CCXLIV. Genus II. *Hæmorrhagia*. “Flux of blood, without external violence.” A flow of blood following a division of an artery or vein is readily understood. Such a flow is arrested by natural causes, except when it takes place from a very large vessel. But, without violence, blood may be discharged from the vessels of any organ. In that case the blood may be retained within or about the organ, becoming diffused throughout a circumscribed cavity, or rupturing the organ and forming a bed for itself: or, if it be near any outlet, it may there find a passage from the body. In the former case the blood effused must press upon the organ and perhaps the surrounding parts, and may there be productive of various evils. If these be not such as to destroy life, the blood will be absorbed after a time, and health will be restored. In the latter case, which is by much the most common, the only necessary consequences will be those of loss of blood from any cause; and this will be a benefit or an injury according to the state of the part, or of the constitution.

CCXLV. The first inquiry in regard to this subject is, by what orifices the blood escapes from the vessels. These orifices may be preternatural, or natural. It seems generally to be taken for

granted, that they are preternatural. There are two ways, in which these may be formed; by internal violence and by ulceration. There is no doubt that they are formed in both ways. They are formed by internal violence, viz. by the impulse of the circulating blood upon the coats of feeble vessels. This may sometimes happen, but it may well be doubted whether it is a frequent occurrence, and whether it occurs in vessels of any great size, so as to be the cause of the hemorrhagies, which call for medical care. It is also true that the orifices are formed by ulceration. But this also is comparatively a rare occurrence, and only in cancerous, or other very morbid ulcers; or in cases of aneurisms.

CCXLVI. The orifices may also be natural. There are not any natural orifices in the vessels, which can be demonstrated, yet the existence of such can hardly be doubted. It has been thought that there are, in the coats of the arteries and veins, especially of the latter, inorganic pores, which may be so enlarged as to allow the passage of blood. In the dead body, after a certain time, we sometimes see blood infiltrated through the vascular tunics and colouring the surrounding parts. Some evidence has been adduced to show that a hemorrhage may occur through these *inorganic pores*; but this evidence is shown only in cases of vessels morbidly and preternaturally enlarged. There is not any reason to suppose that this is the case ordinarily in cases of hemorrhage, and some

positive testimony can be adduced against this supposition.

CCXLVII. There are other orifices from the vessels, which have been regarded as *organic pores*. These are the orifices of the exhalants, which are found in every part, and among the rest on the mucous membrane lining all natural outlets. These exhalants are in direct continuation from the large vessels. They are not in their common state large enough to permit the red globules to pass through them. But this is owing to a contraction of their tunics, and these will certainly admit so much dilatation as to allow a free passage for the blood. It is generally acknowledged that blood sometimes flows in this way; and this kind of hemorrhage is denominated anastomosis, because the blood flows through the mouths of the vessels. It has been doubted whether large hemorrhages take place in this way. That they do, however, may be shown by the most strongly marked cases. These cases will indeed warrant the belief that, in most instances of spontaneous hemorrhage, the blood is discharged from its vessels in the manner last described.

CCXLVIII. We next inquire under what circumstances the exhalants pour out blood. This seems to happen when the extreme vessels are in a state very analogous to that, in which they are in inflammation. It happens in different stages of inflammation, or under circumstances similar to

those, under which inflammation arises; it sometimes relieves inflammation; it is sometimes followed by inflammation; it is accompanied and sometimes preceded by constitutional excitement, as inflammation is; it may happen without any affection of the system, as inflammation does; and it is influenced by some of the same remedies, which have an influence on inflammation.

CCXLIX. Dr. Good has two species in this genus. Species 1. *H. Entonica*. "Accompanied with increased vascular action: the blood florid and tenacious." Species 2. "*H. Atonica*. "Accompanied with general laxity or debility; and weak vascular action; blood attenuate and of a diluted red." The distinction here made is very generally insisted on, and there is certainly some foundation for it. But that all cases will find a place in one or the other of these species, relying on the characteristics here mentioned, is not true. The extreme cases are well marked, but there are intermediate ones of every conceivable grade, having the peculiarities of these two affections variously intermixed. In the cure of hemorrhage so much regard to this distinction is necessary as this, viz. to consider the general evidences of strength, or weakness of the constitution, and the degree of force in the circulation at the time.

CCL. In the *treatment* of hemorrhage very different intentions are to be adopted in different cases. So much blood may be lost as to cause

great weakness, or to destroy life. When these evils are to be justly feared the intention should be to arrest the hemorrhage. There may be reason to fear that inflammation will ensue upon hemorrhage, and that of such a kind, or in such an organ, as to endanger life; and then the intention should be to guard against such inflammation. The hemorrhage may be often repeated and become habitual, though never great at any one time. Then the recurrence is to be prevented. This habitual hemorrhage is sometimes connected with chronic inflammation or other organic disease of some organ, and then the removal of this original affection must be made the object. Habitual hemorrhage also continues, and perhaps is produced, in consequence of weakness or relaxation in the vessels, from which the blood is discharged. Then tonics and astringents are useful. Hemorrhage is sometimes referrible to a peculiar constitutional disposition; but this is brought into action by various exciting causes. The constitution cannot be altered, but the exciting causes may be obviated, or counteracted. Lastly, hemorrhage may be slight and unimportant, or even beneficial, and then should not be interrupted and may even be promoted. It has heretofore been shown to you that in fever hemorrhage is most frequently salutary; at least, in this climate.

CCLI. The hemorrhages from particular parts

are introduced by Dr. Good as varieties under each of the two species. These are Hæmorrhagia narium, Hæmoptysis, Hæmatemesis, Hæmaturia, H. Uterina, H. Proctica. The most important of these varieties is Hæmoptysis; and this only will be particularly noticed. *Hæmoptysis.* The name implies simply spitting of blood, but it is employed in nosology to distinguish that spitting of blood, in which the fluid is derived from the lungs. Blood may reach the mouth from the posterior nares, from the fauces, and from its own vessels; probably, also, from the glands, whose ducts open into it. It is not always easy to determine whether the blood is from one of these sources, or from the lungs. There is not any single criterion, on which we can rely; but an attention to all the circumstances will commonly decide the question. In hæmoptysis the danger is sometimes great; but it is very rarely urgent, or immediate. In cases of aneurism of the aorta, or other large vessel in the chest, and in an advanced stage of pulmonary consumption this hemorrhage is sometimes followed by instant death. The immediate danger from hæmoptysis is not commonly great; but the remote danger is so. This does not arise from the hemorrhage; it arises from the inflammation, or organic disease of the lungs, which often ensues.

CCLII. In hæmoptysis, therefore, a prognosis must be formed from all the attendant circumstances of the case taken together, and the *treatment*

must be decided on accordingly. If there be present pain, or a sense of heat in the chest, dyspnœa, and either active or passive sympathy of the whole system, inflammation in the lungs and congestion of blood there must be inferred. There is then danger of fixed disease, and this is to be warded off by the same remedies which are useful in inflammation. Evacuations, counter-irritation, alteratives, sedatives, rest and abstemious diet, duly adapted to the circumstances of the case, must be employed for present relief. If the hemorrhage continue long, and the system suffer from exhaustion, astringents of the most powerful character are requisite. But to remove the present difficulty is more easy than to prevent its recurrence and the slow progress of organic disease. This, however, may often be effected, even in cases of bad aspect, if from the beginning and for a long period the patient will keep up some small drain from the breast externally, will pass much of the time in regular exercise in the open air, and will adhere undeviatingly to the least stimulating diet; avoiding at all times great excitement, both physical and moral.

CCLIII. On the other *varieties of hemorrhage* remarks may be made of the same general character, *mutatis mutandis*, as on that already discussed. The state of the organs, whence the blood is derived, as evinced by local symptoms and by the presence or absence of constitutional

sympathy; and the state of the general health must determine the importance of the disease, and the treatment to be adopted.

CCLIV. Genus III. *Marasmus*. “General extenuation of the body with debility.” A loss of flesh and strength occur in most, though not in all diseases. They occur in all the acute, febrile diseases. Dr. Good means, of course, to exclude these from the present genus. They occur also very frequently in chronic diseases; whether these be from chronic inflammation, organic changes, or other causes. These symptoms occur peculiarly in all the tuberculous diseases, whatever be their seat. Of these the tuberculous pulmonary consumption is the most familiar, but not the only instance. They occur in some diseases, not of local origin, so far as we know; and they occur in consequence of the influence of mineral poisons; of both which Dr. Good has given us instances in this genus. When these symptoms show themselves, we should always look for a local origin, examining the state of the mind as well as that of the body, keeping in view the species enumerated in this genus by our learned nosologist, but not limiting ourselves to these. These species are the following, 1. *Marasmus Atrophia*, 2. *M. Anhæmia*, 3. *M. Climacterus*, 4. *M. Tabes*, 5. *M. Phthisis*. Only the last of these will be especially noticed in this course.

CCLV. Species 5. *Marasmus Phthisis*. “Cough:

pain or uneasiness in the chest, chiefly on decumbiture : hectic fever : delusive hope of recovery." The definition of the genus is to be kept in mind, while attending to this of the species. The symptoms here described will sometimes occur when there is only an induration, or chronic inflammation of the lungs, or tubercles in them, without suppuration in either case. But for the most part these symptoms may be regarded as evidence that suppuration exists in the lungs. This may be in the mucous membrane, in the cellular membrane, or parenchymatous substance, or in tubercles. Hence we have three varieties denominated by Dr. Good, Catarrhalis, Apostematosa, and Tuberculosa. The aspects, under which this disease may present itself, are various. For not only under each of its forms may the disease be developed more or less rapidly ; but also the varieties are more or less intermixed in many instances. Especially, the tuberculous variety is developed oftentimes by the occurrence of inflammation in any of the textures of the lungs. The *dyspeptic phthisis* of W. Philip, and the *fistulous phthisis* must also be noticed.

CCLVI. The *catarrhal consumption* commences in a common catarrh. It happens when the affection of the mucous membrane is much protracted by accidental causes, and then mostly where the constitution is originally bad, or has been rendered so by intemperance. It is also after a frequent

repetition of the catarrhal affection in successive years, that this disease is induced, in most instances. Oftentimes the inflammation extends from its original seat to the cellular membrane, whence induration of the lungs ensues; and hence great dyspnœa. The cough is often harassing and the expectoration profuse; but the pulse is less accelerated, and the hectic fever less distinct, than in the tuberculous variety.

CCLVII. The second variety, *Phthisis apostematosa*, is a consequence of pneumonitis, as has been noticed before. The quantity of pus formed is sometimes exceedingly large, yet the patient may even then recover. If he does not recover shortly after the discharge of the apostem, the pulse becomes quick and small, and marasmus and hectic paroxysms ensue. The cough is tedious, but expectoration of pus takes place only once or twice in twenty-four hours; or, the apostem closing, the pus gathers anew until it is again opened, and then follows a new and copious expectoration. In bad cases of this variety there is often much blood expectorated, and the breath is exceedingly offensive.

CCLVIII. The third variety, *Phthisis tuberculosa*, is the most frequent and the most fatal. It depends on the existence of tubercles in the lungs. These are bodies of a peculiar character. They are originally small transparent cysts. They undergo various changes; frequently becoming solid

from the deposition of a caseous matter; and after this change, or without passing through it, pus, or a fluid like it, is formed in them. Then they open into the bronchia and their contents are discharged; but they do not then close up. On the contrary they usually continue to discharge pus. Their coats also change in thickness, and often become opaque. These tubercles vary in size, but most commonly they are about as large as a small pea. It often happens, particularly in the upper part of the lungs, that many of these tubercles become conglomerated, either from being crowded together, or by the adhesive process in the intervening cellular membrane. In this case the suppuration extends through the indurated mass, but not in a single cavity; and the individual tubercles cannot be recognized. Over the part so indurated, and sometimes over the whole lung, adhesion occurs and obliterates the cavity of the pleura.

CCLIX. There is reason to believe that tubercles in the lungs commonly exist a long time, without giving rise to any peculiar symptoms; and perhaps in some instances they do not prevent long life. They probably do not cause any morbid irritation until the process of suppuration commences, accompanied, perhaps, by some inflammatory action in the surrounding parts. The early symptoms in tuberculous consumption are not such as to excite much attention. There is a slight, heck,

ing-cough, and a dyspnœa. After a time there is occasionally a small expectoration of simple mucus, particularly in the morning. There is a very gradual emaciation, and some alteration in the countenance. This loses its colour and clearness, being sometimes flushed, and readily changing from pale to red, and the contrary. The appetite falls off in some cases, and still more frequently the digestion is attended with difficulty. The pulse becomes more frequent than in health.

CCLX. The progress of the disease is generally, though not always, slow. After a time it becomes strongly marked, so as to be recognized very easily. The cough is attended with an expectoration of pus in the morning; the dyspnœa is more obvious, especially after muscular exertion; the pulse get small and frequent; hectic paroxysms occur irregularly; and the marasmus becomes strongly marked. At the same time there is pain in the thorax, oftentimes not severe, nor fixed in one spot; and there is a difficulty in lying down on one, or the other side, or in assuming the horizontal position. Ultimately, all the symptoms increasing, death is commonly preceded by colliquative sweats and diarrhœa with edema of the lower extremities. Through the whole, the patient appears to have a singular blindness to the character of his disease, and looks forward with great hope and often with confidence to his recovery.

CCLXI. This variety of pulmonary consumption is often modified by accidents. In some cases it commences with hæmoptysis; or this occurs during its course. If at an advanced period, life is in some rare cases terminated by this affection. Sometimes the tuberculous phthisis is developed prematurely by a severe catarrh, or even by other acute disorders, in which the lungs are not particularly involved. Or, by similar causes, its progress is hastened, after it has commenced. On the other hand, it is sometimes suspended by pregnancy; though its progress afterwards is not less fatal, and is commonly rapid. In its course amenorrhœa is produced in females; and, likewise, amenorrhœa, arising from other causes, is among the accidents which hasten its progress.

CCLXII. This disease may occur in subjects of any age. In connexion with an enlargement of the mesenteric glands, and perhaps tubercles in the abdomen, it is found in young children; and it is also found in persons, who have arrived at old age. But its most common victims are from eighteen to forty years of age.

CCLXIII. In the *treatment* of the two first varieties much may be done at an early period; but then the evil result is not anticipated, especially in the catarrhal consumption. In this variety alteratives, sedatives and counter-irritation with a regulated diet and regimen will commonly effect a cure, even at an advanced period; unless the

subject have a very bad constitution, or established habits of intemperance, or has arrived at old age. Balsam of Copaiba is likewise often useful in the catarrhal phthisis. In the second variety, a spontaneous cure often takes place, if the constitution be unimpaired, although the apostem be very large. The treatment in this form of the disease should be more dietetic than medicinal, as in other cases of large suppurations.

CCLXIV. In the *treatment* of the tuberculous consumption remedies do little more than to palliate the sufferings, unless employed at a very early period. Then a counter-irritation of some kind on the chest, long continued, with a carefully regulated diet, and constant, hardy exercise in the open air will sometimes arrest the disease for a season, and even permanently. Where the patient cannot endure exposure in a cold climate, there is an advantage in passing his winters in a warm one. So far as catarrhal, or any common inflammation exists with the tuberculous affection, the influence of the former may be taken off by the common alterative medicines and other appropriate remedies. But in the use of these, and especially of mercurials, caution is requisite; as they do not relieve and sometimes aggravate the tuberculous disease. Iodine is among the remedies to be tried for this disease; but will probably share the fate of other powerful articles, which have been proposed from age to age. The

treatment for hemoptysis has been stated. In a confirmed state of phthisis opiates and sometimes tonics will palliate the disease. It is not probable that the tubercles are ever removed, though their development may be prevented. It very rarely happens that a tubercle, which has suppurated, is healed afterwards.

CCLXV. In regard to those cases of pulmonary consumption, which are truly secondary, following and being combined with well marked diseases of the stomach, liver or other organs, there is no doubt that the curative efforts should relate to those primary affections. For this there are two reasons, one that the removal of them may, though not with certainty, relieve the secondary affection;—the other, that they are more subject to medicinal influence than the pulmonary disease.

CCLXVI. The fistulous phthisis is a rare variety, not cognizable, probably, at its commencement; but is of long duration and gradually assumes a distinct character. It is distinguished by a severe cough, lasting for many years, often aggravated by accidental causes; attended by an expectoration of a small quantity of pus in the morning after long and severe coughing. This expectoration is prevented by the occasional increase of inflammation in the lungs, and is most perfect and regular when the patient is in the best health. The local disease is accompanied by so much debility and emaciation, as marks its subject as an invalid;

but, under its aggravations, hectic paroxysms are induced, and with these life is ultimately terminated. An examination of the lungs shows an abscess, or ulcerated cavity, with a fistula leading from it and opening upon one of the bronchial tubes at some distance. The disease does not admit of an artificial cure; but much may be done to prolong life by guarding against the causes, which would aggravate the disease.

CCLXVII. The tuberculous diseases do not appear to be sufficiently noticed in Dr. Good's work, except when occurring in the lungs. Tubercles are not limited to any organ, nor to any one texture. Passing over other parts, it is important to notice them, as occurring in the abdomen. In this cavity they are found in the peritoneum and in the several organs. As in the lungs, their rise and development is slow; though not equally so in all cases. They ultimately cause extensive adhesions. Their existence is marked by different degrees of uneasiness and general ill feeling. Presently vomiting and perhaps diarrhœa may follow, with various symptoms of dyspepsy. At length an enlargement of the abdomen takes place, with a feeling of fleshy hardness to the touch. Ultimately great pain and difficulty in the peristaltic motion of the intestines; with constipation or the discharge of fluids only. The system yields under a defect of nourishment and the constant irritation in the diseased parts. The

emaciation and debility are as great as in phthisis, but the pulse are not so much accelerated, nor are the hectic paroxysms so exquisitely marked. Dropsy is often among the consequences at a late stage. Relief can be obtained only when the disease is detected at an early period. Then the remedies are analogous to those recommended at an early period of tuberculous phthisis. This disease may well claim a place in the genus *Marasmus*; but I will not at present assign to it a specific name.

CCLXVIII. Genus IV. *Melanosis*. "Secretion of a black material, more or less inspissated; staining or studding the visceral and other organs." This singular disease has been brought into notice by the pathologists of the present day in Paris. Although very interesting to the philosophical inquirer, the consideration of it in this course must yield to subjects of more practical importance. It is regarded by Dr. Baron as a variety of tuberculous disease.

CCLXIX. Genus V. *Struma*. "Indolent, glandular tumours, chiefly in the neck, suppurating slowly, and imperfectly, and healing with difficulty; upper lip thickened; skin smooth; countenance usually florid." Only one species is admitted by Dr. Good in the latest edition of the "Study of Medicine." Species 1. *Struma Vulgaris*. "Tumours confined to the external conglobate glands; pea-sized, or chesnut-sized; appearing in infancy or

youth; subsiding in mature age; hereditary." The learned nosologist here confines the term struma to one only of the affections, which are usually called scrophulous; but to that, which no doubt was the first distinguished, and first designated by this name. Struma is not certainly limited to the ages of infancy and youth. It has occurred under my observation in adults, though not commonly. It shows itself in persons of the same character, as to constitution, as those in which tubercular phthisis appears. It resembles certainly the disease in the mesenteric glands of young children; and these also have, very often at least, tubercles in the lungs. The processes of softening, or suppuration are slow alike in struma and in the pulmonary tubercles; and so in both are the processes of healing. In the case of struma, the system can usually endure the disease long enough to permit the healing; in that of tubercles it cannot. Struma having commenced in the absorbent glands, a disease apparently of the same character in the joints often ensues; and a similar disease in the joints sometimes occurs, where the disease of the glands has not preceded.

CCLXX. From the facts stated it would seem that the nature of the disease called struma, and that of various other affections above enumerated, are the same. The nosological characters differ, chiefly because one is an external disease, and the others mostly internal. Those others, which might

not be called internal, occur in parts different in texture from the absorbent glands, and therefore present different characters. In all the cases the constitution suffers in a greater or less degree; but most where the most noble organs are affected. In all, the local disease is marked by the slowness and weakness of the morbid actions; and probably there is also something specific in those actions.

CCLXXI. In the treatment of struma and the analogous diseases, the indication at an early period is to produce resolution; or to arrest the disease, although the tumour may not be removed; for the tumour will sometimes remain without change for many years. At a later period, when suppuration has occurred, the indication is to promote the restorative process. To fulfil those indications various remedies have been employed, sometimes with success, but perhaps oftener without. Tonics and gentle stimulants are recommended for both purposes; but with them various mineral articles of doubtful character, some recognized as alteratives, and some as stimulants, have been united to fulfil the first indication. For the last indication some of the narcotics have been thought useful. For all purposes, perhaps, the principal reliance may be placed on nutritious, but simple diet, habitual exercise in the open air, bathing, regular hours, and cheerful occupation.

CCLXXII. Genus VII. *Lues*. “Ulcers on the genitals, inguinal buboes, or both, after impure

coition; succeeded by ulcers in the throat, copper coloured spots on the skin, bone-pains and nodes." The sixth genus, *carcinus*, is omitted, as falling entirely within the limits of surgery. The seventh genus may be regarded partly in the same light; yet may also be claimed in part, if not principally, as within the province of medicine. Dr. Good means to include in this genus the various diseases, which may be propagated by sexual intercourse from a diseased subject to a healthy one. How many such there are, has not been well settled; but he makes one species of that, which has been more exactly described; and includes under a second species all the others. These others resemble the first partially. Hence, while he denominates the first *syphilis*, he calls the second *syphilodes*. To the definition of the genus some objections may be made; since all the symptoms enumerated do not perhaps belong to all the diseases meant to be included in the second species; and particularly the copper coloured spots on the skin are thought not to be common to them. It is a minor objection that these diseases may commence, and have been thought sometimes to commence actually, on other parts besides the genital organs.

CCLXXIII. Species 1. *L. Syphilis*. "Ulcers on the genitals circular, ungranulating, thickened at the edge; those of the throat deep and ragged; symptoms uniform in their progress; speedily and uniformly yielding to a course of mer-

cury, where it agrees with the constitution; less certainly, and with more difficulty yielding without it." This definition is copied from the second edition of the "Study of Medicine," and differs from that first given in the Nosology, as to the necessity of mercury. The affections which occur in this disease, are distinguished as primary and secondary. The primary are chancre and bubo, to which some add gonorrhœa; the secondary are ulcers in the fauces, sometimes extending to the nose and other adjacent parts; copper-coloured, scaly and other eruptions on the skin; and nodes. To these, may perhaps be added some other affections, which occasionally follow the primary affections, and are equally obstinate with those generally regarded as syphilitic; and, among these others, may be mentioned diseases of the joints, marked by pain and swelling; and which have a character intermediate between those of rheumatism and scrophula.

CCLXXIV. It has been supposed, not without some reason, that there are different diseases which are contagious, and which usually originate in the genital organs; and that of these, one or more may be overcome by the powers of the constitution, while one or more cannot. But if this be true, the attempts to discriminate these different diseases, though made by men of skill and talents, have not yet been successful. And so far as we know, there is no form under which the disease

appears, in which spontaneous cures have not taken place.

CCLXXV. While many remedies have been found useful in the treatment of syphilis, mercury in some form was for a long time thought to be essential for its cure, except only for gonorrhœa. This remedy was supposed to act as a specific by many, and the mode in which it operated was a subject of doubt and dispute among the rational practitioners. John Hunter seemed to establish the doctrine that it operated as an alterative; or induced new actions in the diseased part, and thus superseded the morbid actions; and that the constitution, being able to overcome the mercurial actions of the parts, was allowed to exercise its usual curative powers. It was observed however, that as soon as the mercury occasioned salivation, and sometimes sooner, the diseased part manifested an amendment, and that under a salivation the part would heal entirely. Hence the doctrine of a mercurial *disease* as a substitute for syphilis, could not be supported. It was further shown by Mr. Hunter, that although a present syphilitic affection could be removed by the influence of mercury, the recurrence of the disease in a new order of parts could not thereby be prevented. Hence he inferred that the disposition could not be cured with the same certainty as the morbid action.

CCLXXVI. In the treatment of the disease without mercury, the cure is commonly more pro-

tracted than when that remedy is employed. 'The plan of treatment is to place the patient at rest, to regulate the general health, to employ evacuations when the vascular actions are not very moderate, to withhold all stimulating articles of diet, to employ tonics when debility and morbid irritability are manifested, and to attend carefully to keep the parts affected in a very clean state.

CCLXXVII. Species 2. *L. Syphilodes*. "The generic ulcers indeterminate in their characters; symptoms irregular in their appearance; usually yielding spontaneously; variously affected by a course of mercury." The importance, in a practical view, of distinguishing these two species relates to two points; first, from want of the proper discrimination, the moral character of the parties concerned may be made to suffer unjustly; and second, that we may know when the use of mercury is requisite. With Mr. Hunter and his disciples, although they sought to discriminate the phenomena carefully in all cases, the ultimate criterion in a doubtful case was the ability of the constitution to overcome the disease without mercury. As the observations of the present day have shown that this criterion can not be trusted, increased attention has been given to other marks of distinction. As yet, however, this has not been done with all the success which could be desired. In proportion as ulcers or eruptions differ from those which have been described, we should be more ready to delay at least the use of mercury

If the disease be intractable, we should inquire into the general character and the present state of the constitution, to see how far that will explain the phenomena. Generally speaking, when ulcers heal in one part, while they spread in another, we should not be ready to call them syphilitic; and especially if primary affections and on the genital organs. Sloughing ulcers should not be treated as syphilitic. Although in some cases, the state of the constitution may cause sloughing about those which are syphilitic; yet we should wait for the sloughing to terminate, and be decided by the aspect the ulcer may assume. In all doubtful cases the use of mercury should be avoided, at least until other remedies have been tried.

CCLXXVIII. Passing by the intermediate genera, I shall under the eleventh consider organic diseases of the heart. Genus XI. *Exangia*. "Enlargement, breach, or other morbid perforation of a large blood-vessel, without external opening." Species 1. *E. Aneurisma*. "Pulsating tumour of an artery." Under this species, as a *variety*, we find *E. Aneurisma Cardiognmus*. The propriety of the arrangement will not be considered. This variety according to Dr. Good, "is characterized by an obtuse intumescence and constant disquiet of the præcordia; with a sense of internal weight, and pulsation increased on the smallest motion." The heart is liable to various organic diseases, which can be in some measure distinguished from each

other during life, but which have for the most part certain symptoms in common. Hence they might be made to constitute a separate genus. An aneurism of the aorta at or near its arch, on either side, has some if not all of the same common symptoms; so that this might be included in the same genus.

CCLXXIX. The symptoms attending an organic disease of the heart vary, as the disease progresses. At first they may be slight, occasional, and not easily distinguished from those disturbances in the functions of the heart which arise from debility and other causes. But after an indefinite period they become declared with sufficient distinctness. The most certain and notable of these symptoms are, a sense of weight, anxiety, or distress in the region of the heart; palpitation; dyspnœa, slight when at rest, usually affecting the voice, often aggravated in a recumbent position, and always by quick motion on rising ground; and lividity in the lips, and often in the cheeks. The most remarkable of the organic changes in the heart is an enlargement; in which the parietes may be thickened, the cavities being unaltered, or these being enlarged at the same time; or in which the cavities may be enlarged, while the parietes are rather extenuated than thickened. These changes are sometimes primary, but often secondary; and then they are the consequence of some mechanical obstacle to the free and easy play of the heart. Such obstacles may exist in the valves of the heart,

in the pulmonary artery, in the aorta, in the parietes of the heart itself, in the coronary arteries, in an adhesion of the pericardium, and perhaps in less obvious causes, even at a distance from the heart.

CCLXXX. With the symptoms before stated are commonly joined many others, viz: in the pulse, as observed in the wrist, and other parts of the body, various irregularities; in the digestive functions embarrassments more or less severe, which often aggravate the difficulty in the functions of the heart; in the excretions, particularly in the urine, a diminution and change of quality; in the countenance edema, as well as lividity, with an expression of anxiety; in the lower limbs and elsewhere, hydropic effusions; and lastly various symptoms arising from similar effusions in the great cavities. The head also suffers variously from an occasional retardation of venous blood in it; and sometimes effusion there occasions apoplexy; occasional numbness and temporary suspension of the pulse in the limbs, may perhaps be referred to the same cause. In the lungs also, effusion of blood takes place, as shown by hemoptysis during life, and ecchymosis after death. Although some difficulty in the functions of the heart and lungs is manifest at all times, yet the degree of difficulty is very various. There is often a sudden aggravation of it, which continues for many hours, and even for several days. This may arise from an inflam-

matory affection any where, but especially from such an occurrence within the thorax. Even in an incipient stage of organic disease of the heart, or aorta, death is often occasioned by the addition of an inflammation in the pleura, or lungs. If nothing like this occur, and the patient escape those accidents which may cause sudden death, he is at length worn out by the irritation and disordered functions produced by the organic disease.

CCLXXXI. The remote causes of these diseases are to be found in an original constitutional tendency to them; in sedentary and studious habits, and in the anxieties of public life, especially when occurring in persons of athletic frame; in intemperance; and in strong moral affections long continued. Sometimes also violent bodily efforts, and perhaps sudden and temporary excitement of the mind cause injuries to the heart, which ultimately produce extensive organic changes. The common effect of all organic diseases of the heart, is a failure in the maintenance of the mechanical relations of the heart to the other parts of the body. To this source and to sympathy may be traced the symptoms which are noticed in those diseases.

CCLXXXII. It would certainly be very useful to distinguish during life, the different organic changes. There is a difficulty in doing this, which may be attributed to several causes; first, to the overpowering influence of those symptoms, which are common to all these affections; second, to the great

er, or less extent of the changes when of the same kind; third, to the more or less rapid development of these changes; fourth, to the degree of irritability in the constitution. We can however with some degree of assurance, distinguish the following affections, viz: hypertrophia of the heart, dilatation of its cavities, and these two combined. In making these distinctions, much aid may be derived from the use of the stethoscope. We may also sometimes distinguish diseases of the valves and aneurism of the aorta. Dropsy of the pericardium is not easily distinguished.

CCLXXXIII. In the *treatment* of organic diseases of the heart, we can hardly look for permanent relief. It is probably only when the common symptoms of these diseases arise from chronic inflammation of the pericardium, with perhaps dropsy of that bag, that a permanent relief is obtained from medicine. But, while medicine fails in giving permanent relief in these diseases, there are none in which it palliates more remarkably the distressing symptoms; and none, in which it seems more certainly to save the patient for the moment, from the opening jaws of death. This it does by removing the effects of the original disease on other parts of the body.

CCLXXXIV. In the treatment, the following are the indications to be fulfilled, the remedies being adapted to the varying circumstances of different cases, and care being taken not to sacrifice the

permanent vigour and strength of the patient, any further than the immediate hazard of life renders indispensable. First, to diminish the strength and violence of the actions of the heart, when these are too great. Second, by counter-irritation to overcome or to diminish inflammation in the heart, or in other parts. Third, by alteratives and diuretics to remove hydropic effusions. Fourth, by diet, regimen, and sometimes by sub-tonics to preserve or restore the tone of the digestive organs, so as to prevent the aggravations from indigestion, as well as to preserve or restore the general vigour. Fifth, by cordials to support the actions of life when failing under exhaustion.—The remaining genera of the fourth order, third class, are passed over, not as uninteresting; but as belonging rather to surgery than medicine. We proceed therefore to the next class.

CLASS FOURTH.

NEUROTICA.

DISEASES OF THE NERVOUS FUNCTION.

CCLXXXV. To this function Dr. Good refers all the functions of the intellect, of sensation and of motion, at least of voluntary motion. The *orders* of this class have reference to this sub-division of the functions. We have formerly (Part I. sections XLVII—LX) stated that in many cases disorders of the animal, or nervous functions are secondary; but that in some cases they are primary, so far as we can ascertain.

CCLXXXVI. Order I. *Phrenica*. “Error, perversion, or debility of one or more of the mental faculties.” That the mind is affected by morbid changes in the body, is past dispute. That the corporeal changes may be either in the encephalon, or in other parts of the body, is also certain. Further, that these changes often arise from some altered action of the vascular system is certain. But whether disorder ever arises in the mind primarily, the body being sound and its functions quite healthy, it is very difficult to say. Yet this can not be disputed, that causes operating on the mind alone, in the first instance, give occasion to diseases

of the mind. The only doubt is, whether in such cases the body be not already diseased or predisposed, and whether these moral affections do not act as occasional causes and indirectly on the body; and thus ultimately affect the mind again through the body.

CCLXXXVII. Genus I. *Ecephronia*. “Diseased perception with little derangement of the judgment, occasionally shifting into diseased judgment, with little derangement of the perception; disturbing the mind generally; diminished sensibility; irregular remissions.” The two species of this genus are melancholia and mania. In the first the mind is deranged only in relation to one object, or a few connected objects; in the second, in relation to all or most objects. In respect to the treatment, the following remarks may be made. First, in all cases the moral influence of causes operating on the patient must be considered, and those causes regulated accordingly. He should be kept under control as far as possible by gentle means; all irritating objects and persons should be removed from him; so far as possible those which are grateful should be substituted; and personal restraint should be carried so far only as may be requisite for the safety of the patient and his attendants. Meanwhile regular employment of body and occupation of mind should be prescribed, whenever practicable. Second, if the disease of the mind has followed any known disease of the body,

medical treatment may be adopted in reference to the physical state thus made known. Third, if any derangement of body be found to co-exist with that of the mind, the physical treatment should be regulated accordingly.

CCLXXXVIII. The further discussion of the genera of this order will be omitted. It will only be remarked here that in his second edition, Dr. Good has introduced the disease known under the name of *delirium tremens*, as belonging to the Genus *Alusia*. He makes it *A. Hypochondriasis Autalgica*, or *Vapours*; not saying however that every case of vapours is *delirium tremens*. I had before that edition was published assigned it a different place, in which it will appear.

CCLXXXIX. Order II. ÆSTHETICA. “Dulness, depravation, or abolition of one or more of the organs of corporeal sense.” A very brief consideration of the diseases of these organs, will show that they may consist in affections very various as to their seat and nature. Yet, so far as their causes can be understood, they must be of the same kind as those producing disease in other parts. The organs of sense may be affected by inflammation, and other vascular diseases; by sympathy, and perhaps by diseases originally nervous. There is however one genus of this order, the sixth and last, which I shall comment upon.

CCXC. Genus VI. *Neuralgia*. “Acute sensibility and lancinating pain in the course of one

or more branches of nerves in an organ; mostly with an irregular motion of the adjoining muscles; recurrent in short paroxysms, with indeterminate intervals, or remissions." This disease occurs in different parts of the body, and hence Dr. Good makes three species of this genus, intimating that probably there are many more. These are *N. Faciei*, *N. Pedis*, and *N. Mammæ*. Neuralgia is, so far as can be ascertained, a truly nervous disease. It is possible indeed that there may be an inflammation, or some other vascular affection of the nerve; but there is not any evidence that this is the case. Nor indeed is there any evidence respecting the nature of this disease, which can guide us in the cure of it. The great distress which belongs to it, and its long continuance, have led to many experiments, and we must be confined to an examination of the results of these. The remedies which have been thought useful are found in the classes of narcotics, alteratives, stimulants and tonics; to which may be added the division of the nerve affected. Each of these classes furnishes remedies which have been said to succeed; and all of them have sometimes failed. The explanation may perhaps be found in the supposition that the disease is not always the same; being sometimes idiopathic, sometimes sympathetic.

CCXCI. Order III. CINETICA. "Irregular action of the muscles, or muscular fibres; commonly denominated spasms." In health the ani-

mal muscles contract only from volition; the organic muscles from their appropriate stimuli; and both in accordance with the force, and mode of application of the causes applied respectively. But sometimes, perhaps from original affections of the muscles themselves, but much more frequently from affections of other parts, the muscles act irregularly. The original disease may not be manifest, or it may be slight, and the effect seems disproportioned to its cause. But this seems so, only because we are incapable of measuring with precision the real morbid affection, and the mode in which the parts operate on each other. Generally spasm, or irregular action of the muscles, may be considered as evidence of increased action in the muscles; but it is not so always. For, the action being the same, the contraction will increase by diminishing the weight to be moved. Hence a relaxation of one set of muscles will occasion a contraction of the antagonists. This order contains three genera, distinguished by the three different kinds of spasm.

CCXCII. Genus I. *Entasia*. “Irregular muscular action, producing contraction, rigidity, or both.” This has been commonly called *tonic spasm*. Dr. Good has arranged under this genus nine species, of which a part only will be noticed.

CCXCIII. Species 5. *E. Systemma*. “Sudden and rigid contraction and convulsion of one or more muscles of the body; mostly of the stomach

or extremities; vehemently painful, but of short duration." At least two varieties of this species might be made; one cramp of the limbs, and one cramp of the stomach. The original disposition to these affections is probably much greater in some persons than in others; at least a disposition to it may be produced by habits of various descriptions. The most common exciting causes are unusual muscular exertions; cold; irritation of the stomach or bowels by acrid or acid substances, or by flatus; and affections of the mind. When the stomach is affected, the disease is not only distressing but dangerous. In this case opium and stimulants are to be used until the spasm ceases; afterwards the alimentary canal must be evacuated. The modes of prevention are also to be regarded. These have reference to the exciting causes.

CCXCIV. Species 6. *E. Trismus*. "Permanent and rigid fixation of the muscles of the lower jaw." Species 7. *E. Tetanus*. "Permanent and rigid fixation of many or all the voluntary muscles; with incurvation of the body and dyspnœa." These two diseases might perhaps be regarded as varieties rather than as distinct species. The difference is in the parts affected. The organs affected in the two cases are of the same kind; the nature of the affection, its causes and treatment are the same. The predisposing causes, are not perfectly ascertained;

but they would seem to be such as debilitate, while they increase the irritability. The exciting causes are exposure to cold and moisture, and to the rays of the sun in hot climates; wounds; and in infants acrimonious matters in the alimentary canal. The proximate cause appears to be a sympathetic affection of the muscles; though some pathologists have endeavoured to show that it was an inflammation in the nerves, or in the medulla spinalis. The most successful treatment consists in a liberal use of opium. This is to be given with reference to effects only, in large doses, at short intervals. But if the stomach or bowels contain any offensive matters, these should be dislodged. Also, purging always renders the system more susceptible of the effects of opium, and therefore is beneficial. Perhaps in some rare cases, a similar benefit may be obtained from blood-letting. Wine and alcohol, arsenic, and some other medicines, have been used with success in some instances. But most frequently all remedies fail.

CCCV. The eighth Species of Entasia, *Lyssa*, commonly called hydrophobia, will be passed over without remark. This is not done because the disease is unimportant; for on the contrary it is almost constantly fatal. But, because no remedy has yet been proposed, on which reliance can be placed; and because, very happily, I have never had a case of this distressing complaint under my care. Dr. Good, in his *Study of Medi-*

cine, has given a full and learned summary of what is known of this disease.

CCXCVI. Species 9. *E. Acrotismus*. “Failure or cessation of the pulse, often accompanied with pain in the epigastrium; the perception, and the voluntary muscles remaining undisturbed.” This affection is probably symptomatic in all cases; though in some instances the original disease cannot be discovered. It occurs sometimes in one limb, or in one artery only, in organic diseases of the heart. In a single instance of such a disease, I found after death that the artery affected was obstructed by an adhesion. But this is not usually the case. Why a disease of the heart should cause a failure of the pulse in one artery and not in others, we cannot explain.

CCXCVII. Genus II. *Clonus*. “Forcible agitation of one or more muscles in sudden and irregular snatches.” This affection may arise from various local irritations, and we can often see the connexion between the part irritated, and the part which is thrown into motion. Thus *singultus* or hiccough is produced by irritation of the stomach, or intestines; and is sometimes of long continuance either from the irritation being continued, or from habit. *Sternutatio* or sneezing is analogous to hiccough, and, like it, sometimes continues very obstinately. These constitute the two first species of this genus.

CCXCVIII. Species 3. *C. Palpitatio*. “Sub-

sultory vibration of the heart or arteries." Of this there are three varieties, viz: *Cordis*, *Arteriosa*, and *Complicata*. In the first the palpitation is in the heart, in the second in the arteries, and in the third, in one or more of the viscera. This affection is a symptom in organic diseases of the heart, but occurs also from causes less grave. In persons, who are called irritable, but who might be better described as prone to sympathetic affections disproportionate to their cause, palpitation is often found both in the heart and in the abdomen; and sometimes in the limbs. In many persons the use of some of the most common stimulants, which appear to possess some narcotic power, will produce this affection. The cure must consist in the removal of the exciting causes, when known, and in the restoration of the general tone of the system. The remaining species of this genus will be passed by.

CCXCIX. Genus III. *Synclonus*. "Tremulous, simultaneous, and chronic agitation of various muscles, especially when excited by the will." In this genus there are five species, of which however only one is common with us. In noticing this, most of what is known respecting the other species may be brought into view.

CCC. Species 2. *S. Chorea*. "Alternately tremulous and jerking motion of the face, legs and arms, especially when voluntarily called into action; resembling the grimaces and gestures of buf-

foons; usually appearing before puberty." This disease occurs mostly in children of feeble constitutions, or in those of inactive habits; sometimes in those who are too closely devoted to study, while growing fast. It comes on most frequently at the close of winter, or in the spring. The disease often terminates spontaneously in from two to four months. It is represented as connected with, if not dependant on an imperfect performance of the digestive functions, and particularly on costiveness. With us this has not appeared to be the case. Where it is so, a constant use of cathartics, till the bowels are relieved, is essential to the cure; and is sometimes alone sufficient. In my own experience tonics have proved most successful, including change of air.

CCCI. Order IV. SYSTATICA. "Irritation or inertness of the mind extending to the corporeal senses, or the muscles; or of the corporeal senses, or the muscles, extending to the mind." In the diseases of this class, at least those having an entire claim to a place in it, the immediate cause of the phenomena is seated in the brain or nervous system. Now under the same morbid affection of those parts, both as to kind and extent, so far as we can discover, the effects on the functions are very various. This indeed only shows our limited knowledge of the relation between the structure and functions of the system affected. But it serves to explain why the

same causes must be assigned for diseases of this fourth order, as for those of the other orders of this class. In truth we are obliged to say in every case, that the disease is to be referred to a sympathetic affection of the brain and nerves, or to an organic affection of the same, or to some affection of them *sui generis*, of which the effects only are known. The order contains eight genera, to which I shall venture to add a ninth.

CCCII. Genus I. *Agrypnia*. “Difficulty or inability of obtaining sleep.” The presence of a strong light or loud noise, pain, errors in diet, an unusual and especially an unpleasant lodging, great interest in a subject purely intellectual, and still more in one which is accompanied by strong feeling or moral emotion, may either of them prevent sleeping. The same effect may be produced by various diseases, even though unaccompanied by pain. *Agrypnia* will occur more readily in some persons than in others, which may be referred to peculiarity of temperament; but there are few persons, in whom it does not occur sometimes. Relief may often be obtained by simple remedies. But in more obstinate cases, and where the sleeplessness becomes habitual, the exciting cause must be obviated by the appropriate remedies. In such cases the disease is to be guarded against by avoiding all those articles of common diet, which pro-

mote or produce it; by free muscular exercise in the open air in the day-time, and by passing the evening tranquilly in domestic society. In the last resort only, medicinal remedies should be employed. If there be any symptoms of organic disease connected with the agrypnia, the requisite methods must be employed for that.

CCCIII. Genus II. *Dysphoria*. “Troublesome and restless uneasiness in the muscles; increased sensibility; inability of fixing the attention.” A slight affection of this kind arises from many causes, sufficiently familiar. But in a more grave form it is a symptomatic affection attending various diseases. When it appears to be the predominant affection, and not the consequence of mental embarrassment, it will commonly be found to arise from some labour in the digestive functions. It will accordingly be relieved temporarily by some stimulant taken into the stomach, but more effectually by evacuating the alimentary canal. Its recurrence is to be prevented by attention to diet and regimen.

CCCIV. Genus III. *Antipathia*. “Internal horror at the presence of particular objects or subjects; with great restlessness or deliquium.” From various causes we associate with particular objects, feelings of horror or disgust; and these associations will be continued, when the occasion is forgotten. But there are certain aversions sometimes amount-

ing to horror, in respect to particular substances, which appear to arise from some idiosyncrasy; such as the aversion to cheese in many persons. This bears some analogy to the peculiar effects of the odour of roses and of other flowers on some individuals; in whom they produce catarrh, or asthma. It would seem that by some persons the odour of particular bodies is perceived and is productive of antipathy; though the same odour is not perceived by people in general. A cure may be effected, where association alone is the cause of the antipathy, by making the offensive objects familiar. Where an idiosyncrasy exists, it is not easy, and not always safe, to attempt to overcome it in the same way.

CCCV. Genus IV. *Cephalæa*. "Aching pain in the head; intolerance of light and sound; difficulty of bending the mind to mental operations." There are few symptoms, which occur in a greater variety of diseases than head-ache. It occurs in idiopathic fever, in those constitutional sympathies called symptomatic fever, and in local diseases of various parts of the body, particularly of the alimentary canal. It also attends cephalitis and other inflammations about the head. It arises also from tight ligatures about the head, from fatigue, and from other obvious remote causes. But it also occurs without such obvious causes, without the concurrent symptoms or subsequent evidence of organic disease of the brain, and without any cir-

cumstance to explain its nature. It is probable that the affection is not the same in all the cases of this last description. Dr. Good makes five species of this genus.

CCCVI. Species 1. *C. Gravans*. "Pain obtuse; with a sense of heaviness extending over the whole head; sometimes intermittent." Dr. Good regards this affection as idiopathic. It is difficult to be satisfied in some cases, whether the brain affects the stomach, or the stomach the brain. It has however appeared to me that a torpor of the stomach precedes in this disease; and this happens from errors in diet, or in regimen; but not so readily in some persons as in others. Simple stimulants to the stomach will give temporary relief; but a better relief is obtained by great moderation in the quantity of food, using however the most sapid which the appetite demands; and by exposure in the open air, with gentle exercise. For prevention, care in diet, laborious exercise and regular hours seem necessary.

CCCVII. Species 2. *C. Intensa*. "Pain vehement, with a sense of tension over the whole head: periodic; often chronic." Instances of this species, which are idiopathic diseases so far as we know, are occasionally seen by all extensive practitioners. In every case the various possible causes are to be thought of, and to be made the subject of inquiry. Cautious efforts may be made to over-

come such as are most probable. But no remedy is to be universally relied on for the removal of the disease.

CCCVIII. Species 3. *C. Hemicrania*. "Pain vehement: confined to the forehead, or one side of the head: often periodical." When not periodical, pain in one side of the head seems to be produced by the same causes as pain or aching in the whole head. The periodic, or intermittent hemicrania is a peculiar disease, and is not rare among us. It very commonly follows a catarrhal affection; but some individuals are very liable to it, and in them exposure to cold will produce it directly, without the intervention of catarrh. It is quotidian, resembling intermittent fever in the regularity of its intervals. It yields to the same treatment, as is employed in intermittent fever.

CCCIX. Species 4. *C. Pulsatilis*. "Pain pulsatory, chiefly at the temples; often with sleeplessness, and a sense of drumming in the ears." This pulsatory pain, as well as the limitation of the pain to one side when the head-ache is not periodic, may often be noticed in the common head-ache from a gastric source. The pulsation is merely an additional symptom, not characterizing a disease *specifically* distinct.

CCCX. Species 5. *C. Nauseosa*. "Sick-head-ache." This disease has not any fatal tendency; but in many persons from the frequency

of its recurrence, and the time which it takes from the business of life, as well as from the sufferings belonging to it, it becomes a malady of great importance. The frequency of the paroxysms, and their severity are quite various in different persons; in some being so great as to prevent all useful exercise of the mind for one third, and even a half of the time. The difficulty is first felt in the head, in many or most cases; consisting sometimes in a small pain about one temple, with an indefinite uneasiness or exertion of mind; at other times in a dizziness, often accompanied by transient and partial blindness. The pain is often very severe; but in some cases the sense of confusion and tenderness in the head are alone regarded, the pain being tolerable. Nausea does not always occur, nor is the appetite always lost under the paroxysms.

CCCXI. The great question in regard to this disease is, whether the brain, or the stomach is originally in fault. There is undoubtedly a strong predisposition in some persons to this complaint, while in others, it can hardly be produced by any cause. This predisposition may probably belong to the brain. But the exciting cause appears to be some derangement of the digestive organs. In the treatment of this disease, much is gained by gentle cathartics, taken at the very commencement of the paroxysm. But it is only by the most extreme watchfulness in diet, and by exercise that the disease can be prevented. The exercise must, in

some persons be laborious. Sometimes an unsuspected article of diet, will long defeat the good effects of remedies.

CCCXII. Genus V. *Dinus*. “Illusory gyration of the person while at rest, or of objects around the person, with hebetude of the sensorial powers.” Of this Dr. Good admits only one species in the last edition of his Study of Medicine. Species 1. *D. Vertigo*. “Dizziness, with a fear of falling.” Dizziness cannot be regarded as any other thing more than a symptom. Sometimes indeed, it is the most troublesome one; and though associated with others, it is not always immediately accompanied by them. It arises from diseases very different as to their importance. It occurs in idiopathic diseases of the brain; in diseases of the eyes and ears; in consequence of powerful or confused impressions on the organs of sense, or of sudden and strong affections of the mind; in consequence of sudden shocks of the whole body; in cases of disorder in the digestive organs; of great weakness, and of spasmodic diseases. It is obviously seated in the brain; but what is the precise state of that organ, under which it arises, cannot be ascertained. Dr. Good has offered an ingenious hypothesis on the subject, but it is founded on physiological principles, which have never been demonstrated to be true. The *treatment* must have reference to the disease from which the dizziness arises.

CCCXIII. Genus VI. *Syncope*. “Motion of the heart and lungs, feeble or imperfect: diminished sensibility: inability of utterance.” Two species only are admitted by Dr. Good in his last work. Species 1. *S. Simplex*. “Occurring suddenly and accidentally, and ceasing without any tendency to a recurrence.” The disposition to this affection is very various; so that in some persons it scarcely happens under any circumstances, while in others it is produced by very slight causes. This difference is not dependent on difference in strength alone. Syncope differs in duration, and is often accompanied by spasmodic affections. Its occasional causes are numerous and various. It occurs more readily in the erect, than in the supine posture. In the *treatment*, it is always most important, and is often sufficient to place the patient in the horizontal position. Then some stimulant, external or internal, may be applied. But regard is always to be paid to the immediate cause of the affection. Though this is commonly placed among nervous diseases, it may be doubted whether it belongs there.

CCCXIV. Species 2. *S. Recurrens*. “Recurring at periods more or less regular; occasional palpitation of the heart during the intervals; and unquiet respiration during the paroxysm.” This may occur from some of the same *causes*, which occasion the first species, when they are permanent. But it also occurs from causes of a more grave character,

of which perhaps the worst is an organic disease of the heart. The *treatment* must have reference to the cause. Accordingly depletion is required in some cases, and tonics, with stimulants, in others. The same narcotics, which produce palpitation, may also occasion this species of syncope; and the disuse of those articles will then give relief.

CCCXV. Genus VII. *Syspasia*. “Clonic spasm; diminished sensibility; inability of utterance.” Comatose spasm. This genus contains three species. Species I. *S. Convulsio*. “Muscular agitation violent; teeth gnashing; hands forcibly clenched; transient.” There is much variety in the circumstances and duration of this disease. In itself it is always alarming; but the real danger is to be estimated from its cause. It is a sympathetic affection ordinarily, if not always. It is produced by a great variety of causes; such as the performance of natural functions, when attended with unusual difficulty; substances received into the stomach which are offensive either from their own nature, such as narcotics, or from their quantity, or from the state of the stomach; and affections of the mind. But these causes do not act with equal readiness in all persons; so that there would seem often to be some predisposition to the disease. Hence some persons are frequently affected by it, especially in infancy and childhood. This predisposition appears in some cases to be connected with some peculiarity in the

form of the head. Powerful causes may produce the disease in any person.

CCCXVI. In the treatment, the exciting cause is to be ascertained, if possible, and the indications then become clear. The teeth are to be regarded in infants, the state of the sexual functions in females, the state of the alimentary canal in all subjects. Also it is to be ascertained whether any poison can have been recently employed, and whether the mind has been peculiarly affected. In obstinate or severe cases, if the subject be plethoric, if robust, if his head be large, or there is any appearance of vascular fulness about it, blood-letting is useful. After evacuations, if the disease continue, there is often benefit in warm bathing, in fetid stimulants, in anti-spasmodics, and in opiates. To prevent a recurrence, cold bathing, tonics, or occasional blood-letting, according to the character of the subject, and simple, moderate diet, with free exercise in the open air, are the remedies to be relied on.

CCCXVII. Species 2. *S. Hysteria*. “Convulsive struggling, alternately remitting, and exacerbating; rumbling in the bowels; sense of suffocation; drowsiness; urine copious and limpid; temper fickle.” This disease differs from the last rather as a variety, perhaps, than a species. It has, however, its own peculiar characteristics, and for the most part its own causes. Its greatest peculiarity perhaps, is the appearance of moral emotion

which attends it, though not produced by a moral cause. Cases of double consciousness belong to this disease. Hysteria occurs mostly in females after puberty, and before middle age. It is not dependent on strength nor on debility of constitution, for it occurs under both. Present relief is obtained, according to circumstances, from blood-letting, vomiting, purging, fetid stimulants, warm bathing, or opium. When habitual, full occupation of body and mind, simple diet, and care in respect to the bowels must be enjoined; but especially the state of the menses must be regarded. Local bleeding and vesication near the sexual organs is occasionally beneficial.

CCCXVIII. Species 3. *S. Epilepsia*. “Spasmodic agitation and distortion, chiefly of the muscles of the face, without sensation or consciousness; recurring at periods more or less regular.” This disease may occur at any period of life. When it commences in childhood, it sometimes ceases at the age of puberty. But generally, at whatever period it occurs, its attacks continue through life; yet the frequency of these attacks, as well as their severity, is exceedingly various. There sometimes are, but oftener are not, precursors to the attacks. In the intervals the intellectual functions may be performed in the most perfect manner; but often the powers on which these depend, more or less gradually become impaired, and even madness or idiocy are ultimately produced. This

is not a consequence of the spasmodic disease, but a concomitant effect of its cause.

CCCXIX. The predisposing cause of epilepsy seems to be some peculiar state of the brain; in some cases original, in others induced by foreign causes. What this state is, we cannot expect to know, while we are so ignorant in respect to the mode of action in this organ. The paroxysms occur without obvious exciting causes in many cases; but in some, these causes may be discovered. They are rendered more frequent, and are aggravated, by plethora. The exciting causes are the same which induce many other diseases, where a predisposition exists. In some instances an inflammation in some part of the body acts as an exciting cause, and then the paroxysms become very frequent and severe. The intervals are then passed in a state of stupor, and the inflammation is not manifested. Death ensuing, the real cause is not discovered except by dissection.

CCCXX. In the treatment of epilepsy we cannot derive any indication from the proximate cause, as we are ignorant of it. Experience shows that some narcotics will often prevent the paroxysms, at least for a season. But on the disuse of those articles, the paroxysms return, and sometimes with more violence. In vigorous subjects, by diminishing the vascular fulness, we may sometimes afford great relief. In all cases great temperance, in the broadest sense, is highly benefi-

cial. Various articles, deemed tonics, but not of the stimulant kind, have occasionally been thought useful in this disease.

CCCXXI. Genus VIII. *Carus*. “Muscular immobility; mental or corporeal torpitude, or both.” Dr. Good has included in this genus six species, of which only three will be particularly noticed. Species 4. *Lethargus*. “Mental and corporeal torpitude, with deep quiet sleep.” This disease occurs in very various degrees, and for shorter or longer periods. It is undoubtedly connected in some cases with pressure on the brain; but may arise also from peculiar states of this organ, produced by other causes. The appearance of the patient, the general character of his constitution, and the preceding and accompanying circumstances, will guide us in some measure, in distinguishing the state of this organ. In most cases, local bleeding, and in some, general bleeding may be employed. Afterwards, stimulants may be useful; and in some cases these alone should be employed.

CCCXXII. Species 5. *C. Apoplexia*. “Mental and corporeal torpitude with pulsation and oppressive, mostly stertorous, sleep.” This disease is sudden in its attack, in many cases without any precursory symptoms. Sudden pain or distress in the head, confusion of mind, partial paralysis or convulsive spasms are the most common precursors; and these last sometimes supervene after the

apoplexy has become confirmed. It has certainly appeared to me to belong to particular families. But it has appeared still more certainly that diseases of the brain generally belong to certain families. Apoplexy often occurs in men with large heads, and short necks, and of florid complexions. It affects the sedentary and the intemperate. It is most common in those who are past the middle age. It sometimes subsides spontaneously, but often leaves the patient paralytic, and with the mind impaired. It is produced by pressure on the brain; but a given pressure does not always produce it. We have to take into the account the suddenness, with which the pressure is induced. A permanent cause of pressure is often found after death; but no doubt an additional temporary pressure is also requisite in these cases. It seems probable that in some cases the structure of the brain is partially injured, as in *mollities cerebri*, in the first instance; and then a slight pressure may occasion apoplexy. The temporary pressure may be induced by local plethora. This may arise from different causes, among which a disordered stomach is the most frequent. Some particular articles of food appear especially to produce that disorder of the stomach, which causes apoplexy.

CCCXXIII. In the treatment the leading indication is to diminish the pressure on the head. This cannot be effected very suddenly, if at all, unless when vascular fulness is a cause of the

pressure. Then it may be effected directly by blood-letting, which must sometimes be very copious. But in feeble and relaxed subjects, especially when from the previous state of the stomach, or from food recently taken, that organ is supposed to be in fault, bleeding is not to be employed. In such cases vomiting is necessary; and, in all, purging should follow the first evacuations. Local bleeding is sometimes useful. Likewise blood should be solicited to the lower extremities. When the vascular actions are strong, there is a benefit in making cold applications to the head. When the urgent symptoms have abated, and before this in the feeble, vesication about and on the head is advantageous. The stupor continuing, after other remedies, stimulants which are active, but transient, and especially such as act on the sensibility, may be properly employed. The disease is very apt to recur, however slight the first attack, and however perfect the recovery. Hence by diet and regimen, the patient should endeavour to preserve general tone and vigour, but to avoid all approaches to plethora, and to strong vascular action, and all causes which may delay the return of venous blood from the head.

CCCXXIV. Species 6. *C. Paralysis*. "Corporeal torpitude and muscular immobility, more or less general, but without somnolency." A partial loss of sensibility, and a partial loss of the influence of volition on the organs of locomotion and voice, are

common consequences of apoplexy. Commonly the palsy is limited to one side of the body, and sometimes much more limited. Accompanying it, there is often an injury of the mind, in one or more of its powers; and the control over the passions and emotions is diminished. But all this happens without preceding apoplexy, the attack being equally sudden. For, as the proximate cause of apoplexy abating, palsy may occur; so, a like cause, not operating to a great extent, may induce palsy alone. A more gradual accession of palsy may be referred to other causes. Whatever local disease injures the structure of the brain, or destroys its power in any part, may induce palsy. A limited paralytic affection may be produced by a disease in or pressure on the medulla spinalis, or a nerve, the encephalon being sound. The treatment of palsy may be deduced from principles already discussed, a due regard being had to all the circumstances of each case. First, all causes acting on the brain or nerves, are to be removed; and, second, the torpor is to be overcome by stimulants. In these efforts we often fail; but whether we do so, or not, care is to be taken, as after apoplexy, to guard against fresh attacks of the disease.

CCCXXV. Genus IX. *Cephalitodes*. "Delirium; tremor of the muscles; watchfulness." Species 1. *C. Ebriosus*. "Countenance much altered in colour and expression; exhibiting vague anxiety; great restlessness; often convulsions; or-

ganic system variously diseased; in persons habitually accustomed to use ardent spirits." There is only one species of this disease. It evidently belongs to this order, but cannot be placed under any of the genera formed by Dr. Good. He has included it under *Alusia Hypochondrias*; but it cannot belong to an order containing diseases affecting only the intellectual function; for the functions of perception and motion are likewise affected. As this disease has been mistaken for inflammation of the brain, and no doubt often treated as such, it seems entitled to a name, which signifies its likeness to *Cephalitis*. The same subject is commonly attacked two, three or more times with *Cephalitodes Ebriosus*; but it ultimately terminates in death, and sometimes does so on the first attack.

CCCXXVI. The proximate cause of this disease appears to be seated properly in the nervous system, as such. In some instances there have been found determination of blood to and perhaps some inflammation in the brain, but this seems rather the consequence than the cause of the disease, and at least is not essential to it. The treatment of this disease cannot be founded on our knowledge of the nature of the proximate cause. It has been regulated principally by a regard to the watchfulness, which is so characteristic a symptom. This is to be overcome by the use of opium. But when the state of the circulation, or that of the alimentary canal forbids the use of opium these states are to be altered by the appropriate treatment, as in other diseases.

NOTE.—Dr. Good's fifth class consists of diseases, which for the most part, will be noticed in the lectures on obstetrics. The seventh class is made up of diseases, which may be called Surgical. I therefore have not noticed these two classes in the text-book. But neither have I the sixth class. The principal reasons are, that the time allotted for the course will not allow a full consideration of all the subjects, which might be embraced in it; and that the most important diseases of this class are ordinarily presented during the winter at the Hospital and there made the subjects of clinical lectures. The principles, which apply to diseases of this class, do not differ from those already brought into view.

ERRATA.

In the running title to pages 195. 197. 199. for "Organic Function" read "*Sanguineous Function.*"

" " page 201, for "cl. iv. or. iv." read "*cl. iv. or. i.*"

" " " 202, for "Hæmatica" "cl. iv. or. iv." read "*Neurotica*" "*cl. iv. or. ii.*"

" " " 203, for "cl. iv. or. iv." read "*cl. iv. or. iii.*"

" " " 204, for "Hæmatica" "cl. iv. or. iv." read "*Neurotica*" "*cl. iv. or. iii.*"

" " " 205, for "cl. iv. or. iv." read "*cl. iv. or. iii.*"

" " " 206, for "Hæmatica" "cl. iv. or. iv." read "*Neurotica*" "*cl. iv. or. iii.*"

" " " 207, for "cl. iv. or. iv." read "*cl. iv. or. iii.*"

" " " 208, for "Hæmatica" "cl. iv. or. iv." read "*Neurotica*" "*cl. iv. or. iii.*"

" " pages 210. 212. 214. 216. for "Hæmatica" read "*Neurotica.*"

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