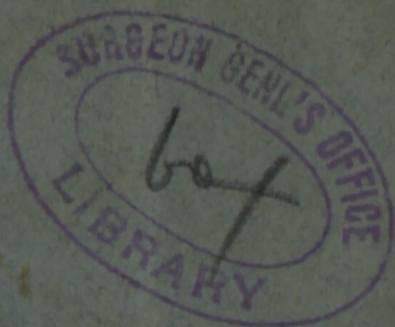


Childs (H. H.)

A synopsis of the  
Course of lectures + +





J. Sloan

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# A SYNOPSIS

OF THE COURSE OF

LECTURES,

TOGETHER WITH A BRIEF OUTLINE OF THEIR

GENERAL PRINCIPLES,

DELIVERED BY

H. H. CHILDS, M. D.

Lecturer on Theory and Practice at the  
Maine Medical School.

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1837.

A SYNOPSIS

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DELIVERED BY

H. M. WILLIAMS, M.A.

Lecturer on Theory and Practice at the

Army Medical School.

LONDON: J. CLAYTON

1887

Prof. H. H. CHILDS—

DEAR SIR,—The interest which your course of Lectures has elicited in your “Principles of Medicine” has induced the Medical Class through their Committee to express their high opinion of the same—and to request a copy of them for publication.

With sentiments of high esteem we are  
your most obedient servants,

SAM'L. B. MORISON, Chairman, } Of the Com.  
GEO. W. SWAZEY, Secretary, }

Brunswick, April 8, 1837.

BRUNSWICK, April 11, 1837.

MESSRS GEORGE W. SWAZEY

and SAM'L. B. MORISON,

Committee of the Medical Class.

GENTLEMEN,—I feel gratified in learning through you, that my Course of Lectures has awakened some interest in the Medical Class—and, in compliance with their request, submit to your disposal a very brief outline of the Course, with some *general propositions*. Those only, who have attended my Lectures, can be interested in the subject; and it is for the benefit of the Medical Class exclusively, that I am induced to consent to their request.—Please accept for the Medical Class my most grateful acknowledgements for all their kindness and civility, and for yourselves individually my best respects—

H. H. CHILDS.

## INTRODUCTION.

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Prerequisite qualifications for the study of Medicine.

The true method of advancing and acquiring medical science.

Facts the only basis.

The application of the inductive philosophy and the establishment of general principles.

The science of medicine divided into its history and philosophy.

The history embracing its origin, progress, and present state. The different theories and systems of practice.

The philosophy embracing Physiology, Pathology, Materia Medica, and Therapeutics.

### Physiology,—

Division of bodies into organic and inorganic,—their differences.

Organic divided into vegetable and animal,—their differences

## Animals,—

Their functions—animal and organic. Division into solids and fluids. Functions of assimilation and disassimilation.

Of functional connection and sympathetic influence.

## The Fluids,—

Of three classes, viz. fluids of absorption,—the blood,—fluids of secretion.

The BLOOD and the circulation. Animal temperature.

## Pathology,—

A knowledge of pathology derived from morbid anatomy, causes, symptoms, observation, and the effects of remedial agents.—Lesions of the blood in reference to quantity and quality.—Lesions of the circulation,—Lesions of the solids.—Innervation.

## Ætiology,—

Causes, divided into Predisposing, Exciting and Proximate.—Considerations of the modifying influences.—Temperament, Climate, Age, Occupation, Sex, Habits of life &c.—Proximate cause.—Different theories of Medicine.

## Symptomatology.

## Diagnosis.

## Prognosis.

**Inflammation,—**

Its pathology, phenomena, and treatment,

**Fever,—**

Its definition and principles of treatment.

**Therapeutics,—**

Its principles—medicinal agents—modus operandi, &c.

**Nosology,—**

Different systems.—Arrangement of diseases.—1st, Diseases of the head—cerebro-spinal and ganglionic systems.—2nd, Diseases of the thorax.—3d, Diseases of the abdomen.—4th, Constitutional diseases, whether the primary noxious impression be made on the solids or fluids.—5th, Diseases of the sexual organs.—6th, Infantile diseases.

## GENERAL PRINCIPLES.

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1. Health is that state of the organism, which results from the harmonious performance of all the functions of the various organs, which compose the human system.

2. Since health is the perfect performance of all the functions of the system, all derangement of function and all abnormal action is disease. In a state of perfect health, when all the organs are performing their functions with the greatest vigor, the system, as a whole, is the strongest and the farthest removed from a state of debility.

3. It is therefore evident, that all abnormal action or disease must be characterized by debility—and that in a simple normal excitement there is not disease. Too high health is an absurdity. And the terms sthenic disease, and disease of excessive excitement, are inapplicable, so far as they imply the necessity of resorting to remedial agents for reducing

the powers of the system as a whole.—All the organs are dependent on some stimulus to enable them to perform their functions. Life itself is in this state of dependence. When one or more organs are excited beyond the usual degree, so that the excitement exceeds that of health, which is the true standard, a condition of the system denominated predisposition to disease exists, which is, however, an abnormal state, or slight disease.

4. Hence all diseases are diseases of debility, which is either direct or indirect—the first arising from a deficiency of stimulus—the latter from the excessive application of it.—But the result is the same as regards the remedial agents, which must all possess the character of mediate or immediate stimulants. All stimulants act generally or locally, and may be divided into permanent and diffusible. This division is of great importance in the adaptation of remedial agents to the different conditions of the system.

5. *Ætiological* inquiries are of the highest importance, especially in their relation to the study of Pathology. The causes of disease may be divided into proximate and remote, acting either externally or internally.

6. Of those which act externally, Heat, Cold, and Mechanical injuries, act primarily upon the solids, either by increasing their

functions to such a degree as to induce a state of indirect debility, or by the abstraction of their natural stimulus, thereby inducing a state of direct debility.

7. Effluvia, Malaria, and all Gaseous poisons act primarily on the fluids, either by changing their constituent properties, or by their serving as the media through which the poison operates upon the system.

8. All causes which act primarily on the solids, of which cold and heat are the most frequent, produce inflammatory diseases, as Pneumonia, Cephalitis, Peritonitis, &c.

9. All the causes, which act primarily upon the fluids, produce irritative or typhoid diseases, as Influenza, Pneumonia typhoides, Cholera maligna, &c.

10. The modifying influences of disease, such as temperament, predisposition, age, occupation, habits, sex, &c. will always require the most careful discrimination.

11. All diseases are either of the Inflammatory, Irritative, or Mixed type—this last being the result of a combination of the two former.

12. The first morbid effects of a noxious cause acting primarily on the solids is a diminution or suspension of function, in proportion to the violence of the cause, its continuance, and power of resistance in the constitution of

the individual, and consequently there will be an accumulation of fluids in the vascular system, occasioning over-distension and debility.

13. The over-distension of the vessels, and their consequent impaired action are the effects of the exciting cause, and are themselves the cause of the various phenomena by which disease is characterized, and are therefore called the proximate cause. And as the disease is inflammatory, the proximate cause of inflammation is an over-distension of the capillary vessels, for it is in the capillary vessels that the phenomena are first exhibited.

14. The pathology of local and general inflammation, and also of acute and chronic, is the same. The principles of treatment which are applicable to one form, will also be to the other. The modification has reference to the agents used, and not to the principle.

15. The cure of inflammation is effected by those means, which either directly or indirectly excite the vessels to contract, and restore the functions of the organs which have been interrupted.

16. To fulfil the indications of treatment in inflammatory diseases, depletion both direct and indirect should be resorted to, with a view of taking off the over-distension of the vessels, and allowing them to act more effi-

ciently. And for this purpose blood should be abstracted,—cathartics, emetics, diaphoretics administered, and the anti-phlogistic plan of treatment generally should be adopted, modified by all the circumstances of the case.

17. Those causes, which act primarily on the fluids, affect their quality and not the quantity. And as they change their normal character to what is denominated a state of deterioration, the disease will be irritative or typhoid.

18. The indications of treatment, which result from the pathology of irritative fever or disease, are to depurate the blood and restore the functions of the assimilative organs, excite and sustain all the depurative organs in their functions, by those stimulants, which are adapted to the modifications under which the disease appears ; such as emetics, cathartics, alteratives and permanent stimulants.

19. In irritative diseases blood-letting in *some* cases is doubtless beneficial, and it is on account of the deterioration of blood and the change in its qualities, that when there is an increase of quantity, blood-letting should be resorted to with great caution. For the vessels are susceptible of what is called the stimulus of distension, and in a vitiated state of the blood a larger quantity is necessary to

preserve a due balance between the vessels and their contents.

20. Inflammatory diseases change to irritative in consequence of disturbance of functional connection. An abnormal state of the fluids will follow more or less suddenly, according to the importance of the organ implicated in interrupting the functional harmony of the system.

21. In the progress of irritative disease, local inflammations often supervene, and thus give to the disease more or less of the inflammatory character.

22. Fevers of the mixed type are far more frequent than either the inflammatory or typhoid, for neither of these can exist for a great length of time and maintain its distinctive characteristics.

23. The proper treatment of mixed fevers is indicated by its compound character, and should be adapted to the character of the phenomena as they appear of the inflammatory or typhoid type.



