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THE

PRACTICAL MONITOR,

FOR THE

PRESERVATION OF HEALTH,

AND THE PREVENTION OF DISEASES.

BY THOMAS A. ANDERSON, A. M. M. D.

MEMBER OF THE MEDICAL SOCIETY OF BALTIMORE, MEMBER OF THE MEDICAL SOCIETY OF MARYLAND, &c. &c. &c.

"An argument to the judgment."

FIRST EDITION.

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1831.

TO THE

REV. ABEL PEARSON,

AS A TESTIMONY OF RESPECT FOR HIS LITERARY AND SCIENTIFIC ATTAINMENTS, AND EXALTED PERSONAL WORTH THIS WORK IS INSCRIBED BY HIS MOST AFFECTIONATE AND MUCH OBLIGED FRIEND,

THE AUTHOR.

THE AUTHOR'S APOLOGY.

When it is recollected that in our country, the great majority of our Medical Practitioners are nothing more than *empirics* and *mere smatterers*, and that they wield with *dreadful* effect the ignorance and prejudices of our people against *scientific* attainments and true *professional medical* learning, it is a *wonder* that no vindication of the cause of science and humanity, *brought home to the common sense* of our people, has been heretofore made. The present work has been written with a three-fold view. 1st—To hold up to the indignant reprobation of the community, the murderous atrocities of knavish imposture. 2d—To exhibit the just pretensions of the Regular Faculty, and 3d, To place in the hands of the people, a book that will honestly instruct them when, and how far they may safely interfere in the treatment of Disease, and under what circumstances they should resort to professional advice. How far the Author has succeeded, the public can decide. He feels confident at least that the *plan* of the work will meet the approbation of an enlightened community. And he thinks it but just to himself to remark, that these pages have been composed amidst the continued pressure and hurry of professional and other engagements, which could not by any means be postponed.

Wherever *it was consistent* with the nature of the work, the Author has not failed to avail himself of the assistance of the most celebrated medical writings; and in all cases where the language of any writer has been used, or any particular fact quoted, the name of the writer is given at the time. This special and general acknowledgment is made in the spirit of "rendering to Cæsar the things which are Cæsar's."—From a wish to be very plain and in endeavoring to adapt the style of this work to every capacity, much

repetition of the same idea, in different words, has been very frequently made. For this *unavoidable tautology*, the Author most willingly throws himself upon the indulgence of his readers.

From the distance of the Author's residence from Knoxville, the place at which this book was printed, he had not the opportunity of revising the *proof sheets;* and, upon looking into the pages *as they stand printed*, he finds some typographical errors, but thinks that they are so unimportant, that it is unnecessary to add any *Errata; he has therefore concluded to let the book go as it is.*

INTRODUCTION

TO THE

PRACTICAL MONITOR,

OR,

THINGS AS THEY ARE, AND THINGS AS THEY OUGHT TO BE.

To reflect frequently on the nature, extent, and importance of that branch of science to the cultivation of which he peculiarly attaches himself, may serve a valuable purpose to every Professional man. And while it is his duty to elevate the character of his profession, it is no less incumbent to diffuse its advantages and render it practically effective of the objects of its institution.

The science of Medicine, is one whose importance is now generally acknowledged; yet, even in this age of comparatively general light and information, there are not wanting those who sport the opinion of the trivial advantage, and total inutility of a formal initiation into the science of Medicine by the studious routine of long-continued application. And it is extremely probable, that even among well-informed men, but a very inferior conception exists of its comprehensive nature, and high value; and, without depreciating their *capacity of knowing*, or in the least questioning the *liberality* of their views, a very obvious reason may be adduced to account for the little value and importance, which they attach to this branch of science; the limited opportunity for knowledge, which marks every order and profession of society, the man of science himself, not excepted. A science must be exhibited, in order to become generally appreciated.—The extent, and magnitude of a science must be displayed, in order that its station may be known, and its rank admitted and respected. These exhibitions are a kind of credentials to its claims, and who more proper to make them in relation to his own particular science, than he who has applied himself to its cultivation, with an ardent desire for its welfare, and lively hopes and exertions for its advancement. And though imperfection marks his essays, his zeal and exertions should be unabated, for charity will extend a generous allowance and indulgence, and *carping* criticism will hear her *snarl* recoil upon herself, or pass away innoxious, amid the general approbation of more generous spirits, "well done thou good and faithful servant." This remark however, must not be understood as a foreclosure on the part of the author, against that criticism whose liberal hand smites only to correct, and chastens alone for the benefit of science.

It is not the author's intention, on the present occasion, to enter into an investigation, into the origin, rise, and progress of the Healing Art, but merely to take a passing view of the present

condition of the science of Medicine in our own state, and to insist on the high value and importance to his countrymen, of placing it on such a footing, that youth without prudence or experience, and age without learning, may no longer have it in their power to trifle with human life and feeling. And to present a work of such a nature, as will tend to diffuse correct views, with regard to the science of Medicine, exhibit its real character, and the character of the true Professional man; and, also to point out, in a plain manner to all those who are unlearned in the profession or science of Medicine, all the means for the preservation of health, and the treatment of disease, which are necessary, proper, and safe, for them to use, and under what circumstances they should early resort to the advice of the approved and skilful practitioner. This work is also intended to meet those emergencies, which are daily occurring, and in which temporary aid is immediately required, as for instance, in cases where poisons have been taken. In this book will also be found appropriate remedies, which if timely introduced on the occurrence of certain symptoms, may prevent a dangerous and lingering disease.

It is the desire of every generous-minded Professional man, that families should possess within themselves, the means of treating all those diseases, which are not of a serious and important character, and which they may safely manage. And professional men are particularly desirous, that families should have within their immediate reach, directions for the use and application of those antidotes, to poisons which are sometimes taken into the stomach, or introduced into the system by the bite of venomous animals. And again:—the liberal, high-minded Medical man has not the slightest wish to conceal, or withhold from families, those remedies which it may be proper and safe, for them to use. Real science seeks no concealment, and suffering and afflicted humanity has a right to claim her benefits, in every shape and form, in which she is capable of receiving them. Therefore, so far from Physicians, properly so called, being opposed to *judicious* family medicines, they recommend them.

But they believe when serious and important cases arise, it is an awful daring for unskilful, and unpractised hands to attempt their treatment. And to speak in the most moderate language, it is no light thing to trifle with the lives and feelings of our fellow-men. Hence it is a great desideratum to place in the hands of the people, a work calculated to impress them with just views with regard to the science of Medicine, and the true professional man, and which shall at the same time, honestly instruct them *when* and *how far* they may safely interfere in the treatment of disease, and in what cases, and under what circumstances they should early resort to skilful professional advice. To obtain an object so desirable, is the intention of this publication. After this exposition no one certainly will charge the author with the *supreme folly* of attempting, by a single book, to make every man *his own Physician*. Such an attempt indeed, in the present state of knowledge, would be utterly impracticable, extremely to be deprecated, and so far from lessening, would, *beyond all doubt, multiply* the sum of human misery. Then let it be *distinctly* understood, this work is designed to be *exactly* what its title denotes, in truth and in fact the *Practical Monitor*.

The preservation of the health of every community, depends in a great degree, upon the scientific character and elevation of her Medical Faculty. If this is in a low and degraded condition, and bold empiricism assumes her place, every disease of a serious character, will be rendered more fierce and cruel, by the awkward and unscientific treatment of the heartless quack, who not satisfied with inflicting keener suffering, and severer pangs, and rendering disease more deadly, unmoved, looks on this pain and misery, increased and accumulated by his unskilful and inhuman hand, continues his ill-directed, and improper measures, until the *death-struggle* relieves the unhappy victim, and blasts e flattered hopes of too confiding friends; then boldly demands a reward for his cruel inflictions, and carries off his fee with the hardy villainy of the pick-locke.

But it may be asked in the present state of the profession in our country, and with the limited knowledge the people have of the science of Medicine, how are they to discriminate between the ignorant pretender, and the really qualified physician? It may be answered, they can only be enabled to do this by spreading before them the real claims and character of the science of Medicine, and the particular kind of knowledge required, to make the accomplished, safe, and capable physician. Thus instructed, they will in a great degree, understand the comprehensive nature, and appreciate the high value of the Healing Art. They will then be anxious to throw around themselves, their families, and the community, those salutary safe-guards, which will forever exclude rash inexperience, unfeeling-ignorance, and quackery, and secure and foster skill and scientific attainments.

But there are many great, and crying causes, which have a tendency to prejudice the character of regular-bred physicians existing among themselves, which deserve the severest animadversion of every high-minded professional man, and the unqualified disapprobation of the community at large.

Many physicians, (otherwise respectable for their character,) in order to obtain an importance in society, throw around themselves an air of consequence and mystery, which has a direct tendency to lessen them in the estimation of enlightened and reflecting men, who will ever give its appropriate esteem to real science, but who will by no means tolerate arrogant assumption, or insolent professional parade. In this way many young men, who have been regularly bred, and with whom much pains have been taken, to imbue their minds with the correct first principles of the science, start out into life, forget they are mere tyros in their profession, and instead of cultivating with diligence and attention, those principles which *merely* form the foundation upon which they are to build, think the superstructure *already* raised, idle away their time in *contemptible fudgeries*, and by assuming and playing off this ridiculous importance and consequence, bring themselves into contempt, and their profession into disrepute. And thus, in a few years, they gravitate to the condition of mere quacks. Let them take warning.

Another class, whose scientific attainments are respectable, have the contemptible weakness to figure in the sick room, and before the surrounding multitude, with Johnsonian jaw-breakers, technical terms, and splendid epithets, until they so alarm

the patient, and astonish the by-standers, that they conclude the medicine prescribed, has the power of witchcraft, and contains some dreadful buggaboo, which perchance may hop out, in the shape of a raw-head and bloody-bones, or some other deformed and frightful apparition. And the ignorant patient will consider himself quite fortunate indeed, if he ever safely escape the double *calamity* of the doctor and disease. While the superstitious by-standers, will not fail to express due commiseration for his forlorn and unhappy condition, and thank their stars that they have never yet been brought into such awful tribulation. And on the one hand, while the physician acts out this *more than contemptible* foolery, and thinks he is *increasing his own importance and dignity,* on the other hand, he is impressing the minds of his hearers with great dread of the regular faculty, and confirming their silly, unjust, and deep-rooted prejudices.

There are others again, who have deservedly reached some degree of professional eminence, yet dishonorably seek to advance it by detracting from the merits of their competitors, and thus spit forth a venom that poisons the social intercourse which should ever exist between professional brethren. And how often do we see the sapient shrug and hear the contemptuous snarl, upon the death of a patient attended by a professional rival. Others again set truth at defiance, and suppose cases, and tell lies for fame.

Another very painful cause, calculated in a high degree, to injure the respectability of the professonal character is that dreadful habit of intemperance, in which many medical men unfortunately indulge, and thus, in *some degree*, verify the saying of older times, 'make your son a physician and you make him a drunkard.' This cruel habit of self-immolation; this inveterate monster intemperance, is alike the bane and the curse of every profession, and of all classes of society. Who can measure the ruin and guilt it has accumulated? Who can estimate the sorrows and wretchedness it has inflicted? And who can calculate the dreadfulness of the influence it has exerted upon the destinies of man, for time and for eternity? It ministers to every vice and excites every lust. It demoralizes society, and poisons the peace of the domestic circle. It breaks the ties of friendship, and renders man a demon. It fills the prison, erects the gallows, and crowds the grave. It desolates the dome of wealth, and leaves the cottage solitary. Thousands perish beneath the fell stroke of the fierce disease it kindles. It wrings the parent's heart with the keenest agonies; brutalizes the son, and reduces him to degradation. It triumphs over the broken hearted wife, and mocks the keen hunger of starving children. It drives reason from her seat, and levels man with the brute. It marches forth to prey with insatiate appetite, upon the body social, physical and political, attired in the habiliments of disease, infamy, death, and eternal woe. It anticipates the misery of the dire abode of lost and ruined spirits, and prepares the immortal soul for "the worm that dieth not, and the fire that is never quenched!" If this be a true picture (and who will deny it?) of the horrid effects of intemperance, *no wonder*, then, *that* science must droop, whose votaries sacrifice at the shrine of this dreadful Moloch. Then no matter what his talents—no matter what his science, that physician

who is an habitual, or even an occasional drunkard, is better suited to the society of the sow that wallows in the mire, than qualified to take charge of the public health. It is spoken without exception, such a professional man is more dangerous than disease, and unworthy public confidence. And it were always better to trust to the unaided powers of nature alone, than to commit the treatment of disease to the physician whose mental faculties are drowned in liquor. Such a man indeed is an opprobrium to his profession, a disgrace to his species, and of all public nuisances, is perhaps the greatest!

And last, though not least for the injury and disgrace brought upon this noble science, is that mongrel class of practitioners who stand as it were, at the very tale of the profession; but who serve as the link which connects the science of medicine with quackery, as the Ape or the Ourang-Outang is the connecting link between man and the lower order of animals. This class of practitioners may be readily known by their self-important airs, unblushing effrontery, *learned* looks, and *scientific* cant, all of which when combined, seems to speak to the surrounding multitude, in language like this: "stand aside, and pay honor and respect, for behold the most scientific and skilful of the medical profession is here!" These inflated smatterers have *scarcely* science enough to be admitted as physicians, yet from family connexions, and sometimes from casual partnerships with men of real science, become thereby to be improperly tolerated, with a place among the true Medical Faculty, and thus are fixed as dead weights, and lasting stigmas upon the noble science, among whose sons they become, not of right, *but by ill-timed and mistaken courtesy* to be numbered. And to make up for *lack* of science, in the presence of the ignorant and simple, they are loud in their vocifierations in its favor, profuse in self commendation; talk of their own wonderful cures; hint, *with becoming modesty*, at their own extraordinary skill; their extensive practice; the length of time they have been devoted to the profession; their *diffidence in their own abilities when compared with the boldness of others of not half their acquirements or experience*; and generally conclude their animated performances, by the most base and illiberal detraction from the merits of others, who have perhaps excited their animosity, only by having acquired an honorable professional reputation, by patient industry, observation and research; and justly obtained the confidence and esteem of the community by lives of exemplary professional deportment, and by the practice of all the duties of the citizen and of the man. A standing like this, and thus acquired, the mongrel practitioner feels a secret consciousness he never can reach or deserve. And to make up for his own failures, and to hide his own impudent imposture he is lavish in self applause, presumptuous and vain, and becomes the detestable calumniator.

But it were endless to pursue the various causes existing among professional men themselves, calculated to give society unjust views of the science of medicine, in whose improvement and advancement, they have so serious and important an interest. There is, however, another cause existing, *even* among the most distinguished of the profession, calculated to bring reproach upon the science, which must not be passed over in silence. It

not only deserves rebuke, but the severest animadversion. *It is that spirit of jealousy which ungenerously considers any praise bestowed upon others, as so much detracted from ourselves.* The true professional medical man should cultivate no feeling so narrow; no sentiment so little, so mean, so utterly contemptible. And let it be remembered, however unfair the rule, mankind uniformly judge of the nature, value, and importance of a science, by the character and conduct of its cultivators. It is in this way that they judge of the religion of the "meek and lowly Jesus," the God-man-mediator; and it is not to be expected, in this country at least that they will treat the science of medicine, or any other science with more tenderness and forbearance.

In this state of things, the ignorant pretender readily steps upon the stage, and with stern front and brazen brow, assumes the title of *physician.* There is no test for his qualifications; competent judges have no legal authority to sift his claims and debar him from practice. He sallies forth with a bottle of calomel in one pocket and a lancet in the other, *armed cap-a-pie, the complete professional man,* "a knowing one!" He preys upon the vitals of society; he feeds like a canker worm, upon the breast of the body physical and social. And thus, that science, that art so dear to suffering and afflicted humanity, is boldly assumed, and unfeelingly debased and degraded. This glaring evil, this hydra with its numerous heads, has continued to scourge our land for more than thirty years, and yet its spirit is unabated, and its remorseless appetite unsatisfied! And how long will you, my countrymen, permit this dreadful state of things to continue? How long before you will interpose, those legal restraints, which can alone secure a learned, skilful and highminded Medical Faculty, in whose hands you may safely confide the care of your families? It is not desirable that any class of men should possess exclusive privileges; but it is the privilege of society to scure itself from the pangs of those cruel vampires, who as it were suck its very life's blood, and feed and fatten on human victims; our country is literally crowded with these relentless spirits, who attempt the practice of an art, the most mixed and complicated; the most intricate and profound. An art too extensive and various to be drawn in miniature—an art affording space for the employment of the most elevated intellect—opening the widest field for the exercise of human genius, and giving an almost illimitable range, for the operations of the most profound mental sagacity. It is connected in some degree with every science, which pours the streams of light and of knowledge into its lap, to be appropriated to the advancement of the common weal, in the preservation of human life, and the mitigation of human pain. But it is not the object of the author to write its eulogy, but to present to the public a sufficient sketch of its general features, in order that they may understand, what are the requisites, to constitute the real scientific physician.

The science of Anatomy, which teaches the wonderful structure and organization of the human frame, and Physiology which exhibits the laws which regulate it, is the very foundation of the healing art. Immediately connected with these, is Morbid Anatomy, exhibiting the various *alterations* of structure produced

by disease, and Pathology explaining their causes and character.

The Theory and Practice of Medicine, investigates the causes and symptoms of all morbid affections, and teaches their treatment and cure.

Then Materia Medica, which teaches the virtues of all medicines, whether animal, vegetable, or mineral, opens wide her bounteous hand and gives the remedy.

Surgery, which has its foundation in Anatomy, and is intimately connected with the Theory and practice of Medicine, and Materia Medica, explains the art of performing every operation which is possible, and safe to be practised upon the human system, and the means and method, of treating all external and internal mechanical injuries.

Midwifery, which also has its foundation in anatomy, instructs us in the management of diseases peculiar to females alone, and particularly, in the art of rendering assistance, in that delicate, and interesting situation, the hour of Travail. The institutes of Physic, explain the true method of Medical instruction, and particularly teach the established truths of the science, and the manner of comparing the natural healthy state of the system, with the various changes produced by disease. Chemistry furnishes the means of investigating the properties and character of all Medical substances, and Pharmaceutic Chemistry directs the method of preparing them for use.

The Philosophy of the Human Mind, enables us to treat cases of Mental affection, upon principles consistent with its nature, and to draw correct deductions of the influence of mind and body upon each other.

To all these add Natural Philosophy, Botany, Mineralogy, and Medical Jurisprudence, and you have what is properly called the science of Medicine.

Now, let any man of common sense view the extensive and various knowledge, necessary to constitute a Physician, necessary to make the real scientific Medical man, and then let him say, if that man whose whole stock of *knowledge* consists in a few roots, and a few mineral medicines, together with some little smattering of the symptoms of disease, acquired either by observation, or from a few books thrown incidentally in his way, or by a few months' residence in the office of some physician, is a fit and proper person to take charge of the public health? And the man, who under circumstances like these, would attempt the practice of this noble, but complicated and difficult profession, must be devoid of feeling, and *must* possess uncommon daring and villainy. Let him pause upon the retrospect, and also contemplate the prospect before him. Let him remember the dying agonies of the unhappy victims of his presumptuous ignorance, and stupidity, the *miserable living*, *mutilated monuments* of his absurd practice, and the hundreds of diseases rendered *forever incurable* by his wild and inconsiderate applications, and injudicious management. Let him weigh well the high responsibilities of the profession, and if he is desirous of taking charge of the public health, the just claims of humanity require that he should qualify himself for that high and important duty. The way is open. In this land of equal laws and equal privileges,

proper qualifications are the only necessary passports to so eminent a charge. Science will be found of all who seek her; then let the ignorant pretender awake from his ignorance, and stay his murderous hand. Humanity entreats him, she invites him to a thorough knowledge of that science, so peculiarly dear and interesting to her, in the hour of pain, disease, and affliction.—But she would have him ever bear in mind,

"A little learning is a dangerous thing,
Drink deep or taste not the Pierian spring,
Here shallow draughts intoxicate the brain,
But drinking largely sobers us again."

But to illustrate the practical effects of a complete knowledge of the various branches of the science of medicine, take an example:

A section of country is visited by an epidemic disease of an exceedingly violent and alarming character. The persons attacked complain of head ache, and pain in the back, the skin is dry, the heat not much above the natural standard, the bowels inclined to be costive, the throat *feels full*, the thirst a little increased, the eyes watery, and disturbed by the light, the urine scanty, the whole system irritable, and the pulse quick and laboring. Suddenly all these symptoms are increased to a most alarming extent, the pain in the head and back becomes most excruciating, and the breathing difficult. This state continues for half an hour, or an hour, and at length, in a moment abates. The patient is free from pain, thinks himself better, his friends are gratified, and all expect his speedy recovery. The patient is now quiet for half an hour, or an hour. Presently the stomach becomes sick, the extremities grow cold, the eyes are glazed, the countenance becomes ghastly, the tendons twitch, a general convulsion ensues, and amidst astonished and weeping friends, the soul takes its eternal flight.

But we suppose, amidst all the desolation of heart that follows a family calamity like this, the bereaved friends, giving up all prejudices, and superstition, and actuated by enlarged and liberal views, and desirous for the good of their fellow-men, permit a scientific physician to examine the dead body. He commences, and performs the examination, with perfect propriety and decorum. He finds the brain engorged with blood, the lungs pale and collapsed, the stomach and bowels unaltered in their natural structure, but filled with vitiated bile, the liver engorged with blood, and falling to pieces in his hand. He finds no unnatural appearance in any other part of the body. Having finished the examination, he decently and dexterously restores every part to its appropriate place. From the appearances after death, ascertained by the dissection, the physician is directed with unerring accuracy, in the correct treatment of the disease, by which he can successfully stay its rage, and disarm its fatality. Anatomy has instructed him in the structure and natural appearance of every part of the system. Physiology has informed him of their functions, and morbid Anatomy clearly exhibits all the *alterations* of structure, and the manner in which the disease destroyed life. Thus far he is safely conducted by these three branches of the science. The theory and prac-

tice of medicine enables him to discriminate the symptoms, observe accurately all their phenomena, and pursue a plan of treatment exactly adapted to the nature of the case, and by his knowledge of the Materia Medica, he has present to his mind suitable remedies, the curative powers of which have been thoroughly and accurately investigated, and ascertained, together with the quantity, or dose, proper to be administered.

Now let us observe what passes in the mind of the medical man, in possession of the competent knowledge, just before stated. He approaches the bedside of a patient labouring under a disease, exhibiting the symptoms already above described. He sees congestions are forming in the brain, and liver, he knows the blood is engorgeing, is distending beyond degree the vessels, and *particularly* the *minute* vessels of the parts, that they will continue to stretch, as more blood is forced into them, and as their debility increases, until at length if not relieved, they will burst, effusion ensue, and the patient die. Further, he observes the pressure of the accumulated and accumulating blood in the brain upon the nerves, disarranges their functions, and an unequal excitement must follow. He sees the portal circle, or in other words, all the vessels of the liver laboring with an increased, and constantly increasing load of blood, and the consequence increased and vitiated secretion of bile, presently to become a potent auxiliary to the disease. He perceives all the blood vessels of the liver becoming more and more distended, until they will at length reach their utmost point of elasticity, and then give way. He observes the irritability of the system, produced by the costiveness, and the costiveness thus assisting the disease in its march, and contributing to oppress the whole portal circle. He sees in the scanty urine, the almost suspended secretion of the kidnies, deeply participating in the general disarrangement of the system. The fullness of the throat evincing an oppressed circulation in the lungs, and he minutely considers all the other symptoms in their several relations. He now looks at the system, as a whole, he sees an already unequalized excitement becoming more unequal, blood unequally distributed, becoming more unequal in its distribution. And in a word, his scientific mind perceives the true character of the disease, and the true situation of the patient. The whole extent of the danger, and the prospect of recovery. He sees the powers of the system receding before the march of an overwhelming disease, until at length unless relieved by art, they retreat to life's last citadel, and perish there. And he well knows that if the disease ever reaches that point, when the symptoms all become suddenly aggravated, and after a longer or shorter time the patient becomes *as suddenly* relieved, and is consequently *apparently* better, the contest is over, the powers of life have yielded, and the patient must die.

But we suppose the medical man to approach the sick bed previous to this last stage, and in ample time to arrest the disease, and relieve the patient. Having viewed the system in the manner already described, he will at once observe that the disease is one of oppressed powers, and that there are *two* prominent indications of treatment.

1st.—To relieve the congestion or oppressed powers.

2nd.—Restore an equalized excitement.

Before he adopts the plan of treatment necessary to obtain these objects, he considers the age and sex of the patient, the constitution, mode of life, and all the concomitant circumstances. He now decides upon the plan of treatment.

1st.—Blood-letting; 2nd—Cathartics; 3d—the kind of cathartics; 4th—Glisters; 5th—Sinapisms; 6th—Diuretics, and 7th—the kind of diuretics.

But as the physician has reasons for ever thing he does, they are here set forth as they govern his conduct, in the case before us.

He takes blood from the system, to relieve the blood vessels of the vital organs implicated by the disease, viz: the brain, lungs, and liver, which are threatened to be broken down by an immense and *inordinate* accumulation of blood in those parts.—Again, by the abstraction of blood, he relieves the oppressed powers of the system, disengorges the great portal circle, and thus takes away the unnatural quantity of blood whose presence was stimulating the liver to increased and vitiated secretion of bile, itself a cause of excitement, and giving impetus to the disease, as fast as it is secreted and poured out. He cords the arm, and opens a vein, as the blood continues to flow the pulse begins to rise, and at length becomes full and bounding; presently the head feels easier, the light is not painful, the fulness of the throat subsides, the pain in the back abates, but the blood letting is continued until the pulse sinks. The physician then places his finger over the orifice opened in the vein, and stops the blood; he patiently waits for some time, if the pulse *again* rises, he lets the blood flow until it *again* sinks, but if it does not rise, he uncords and binds up the arm. The head is now quite relieved, the pain in the back gone, but a sense of fulness is present in the right side, which will be relieved by cathartics. He considers the kind of cathartics to be used. He knows there are some that produce thin watery passages, yet leave the greater part of the contents of the bowels behind; some that are drastic, some that produce great irritation, some that are slow and uncertain in their operation, others that are excessively nauseating, and exhausting, some that are slightly aperient, and some that produce artificial colic. All these he rejects as unsuited to the present case. He chooses a cathartic of another class, one that will procure copious *consistent* passages, speedy in its operation, and producing no irritation. By the administration of a cathartic of this class, the redundant bile and all the irritating ingesta, are removed from the bowels. But to assist the operation of the purgative, glisters are frequently administered, until the catharsis commences, he then directs them to be laid aside.

A Diuretic drink is next directed, of that class that will answer the double purpose of quenching the thirst, and promoting the natural secretion of urine. Sinapisms are then applied to the soles of the feet, until a sufficient nervous excitement is produced. This effected, they are discontinued. Under this mode of treatment, founded upon the principles already explained, the disease is arrested, and the patient obtains a speedy relief. A simple, mild diet amounting almost to abstinence, for a day or two,

and the case terminates in a completely renovated health.

This is not the mere vagary of the imagination, or the deceptive theory of the closet. But thousands of cases, under the management of competent physicians, attest the truth and value of those principles of the science, already insisted upon. And after this exhibition of the extensive and high attainments necessary to make the accomplished and scientific physician; and after this practical illustration of the great principles of the science, which it is hoped every reader will understand; is there any parent whose sensibilities are alive to the welfare of his child, and who watches over its sick bed with anxious feeling, and tender solicitude, who would commit its health to the hands of the ignorant pretender? And who is it, when acquainted with his real character and pretensions, that does not acknowledge the superior claims of the educated physician. It is he alone that can come forward, confident in his qualifications, and in humble dependence upon God, the real messenger of the Healing Art, to relieve pain, succor distress, destroy disease, restore health, and preserve life. Then is it not to be hoped that a science so noble in its object, so elevated in its character, and so inseparably interwoven with the welfare of the community, will receive from its hands that fostering care and protection, which its high claims demand. Look around you my countrymen, and contemplate the real situation of the Profession? Observe but for a moment the thousand tricks and deceptions of that *obdurate* quackery, with which this country is cursed. Ask yourselves the question, who are your physicians? And answer it honestly. Are they not in nine cases out of ten, men who have, as it were, *furiously* rushed into the practice, without scarcely any previous preparation, or any necessary qualification? Are there not many who plume themselves upon their *superior* knowledge of the medicinal vegetable productions; or, to use their own language, of roots and herbs, and with vain and empty boast, assume to themselves *superior* skill in the healing art? And do you not observe that those very men who are loudest in the praise of their "roots and herbs, and blue and black mud," have at least four fifths of their patients, as it were almost swimming in those disastrous salivations, produced by an inordinate, and most injudicious use of calomel and other mercurial preparations? And are you not my country-men, yearly called upon to witness the appalling fact, that where there are the *fewest physicians*, when disease has been most general; there it is, there have been *the fewest* deaths? And does not this fact speak a language like this—either that the science of medicine is itself worthless, or that a very great majority of those who are practising it are wholly unacquainted with its principles? The last is undoubtedly the true language spoken by this fact. But to believe the science of Medicine itself is worthless, would be perfectly contrary to reason, and opposed to the true history of the providence of God. For in this as in all other things, we have abundant room to exult in the wisdom and excellence of our creator, who has dispensed no evil without a good—no care without enjoyment—no pain without relief—*no disease without a cure.*— And let it not be said that because there remain a *few diseases* for which remedies have not yet been discovered, that our All

Bountiful Benefactor has not provided them. This would be wholly unphilosophick—nay, perfectly absurd. Let the medical man continue his scientific researches; he has no occasion to despond; for many diseases which have been formerly considered equally incurable, are now completely manageable, and no longer reproach the profession. Then go on in your noble work —the consciousness of contributing to ameliorate the condition of your fellow-men, will in itself, be a delightful recompence for all your labors. But in addition to this, you have before you the prospect of present emolument, future reward and future fame. And for our additional encouragement, we are assured from the highest authority, that by the time the millennial glory shall burst upon the world. every profession and every art which can contribute to display the wisdom and goodness of God, shall be brought to their *utmost* perfection. There are doubtless some who will be merry at sentiments like these; but the Author allows them the right of opinion, and the privilege of being "wise above what is written." It is sufficient however that no *true* philosopher has ever for a moment doubted the correctness of those views. In addition to which, they have received the sanction of the common-sense of every intelligent community. Since, then, infinite goodness has provided such ample means for the preservation and restoration of health, it is the duty of the physician, and he has the amplest ground to encourage his exertions, and to continue his observations and researches with increased zeal and diligence. And it is no less the duty of the community to cherish, by wise and salutary laws, the cultivation of a science calculated to contribute in such an eminent degree to their comforts and happiness. *Every community has a right to demand of their medical men, the highest possible attainments.* And these can only be secured by those wholesome legal restraints that will exclude from the practice, the hardened quack and the reckless empiric. To consummate an object of such prime utility, let the legislature organize a board of *competent* medical men, whose duty it shall be to examine the claims, and pass upon the qualifications of every man who comes forward to practice this important and interesting profession. Let the board be required to give to each successful candidate, a certificcte of medical qualification, and permission to practice. And let every one who shall be found engaged in the practice, without the sanction of the board, be subject to *heavy legal penalties.* In this way, and in this way alone, can we expect to purify the medical atmosphere of Tennessee.

In the establishment of such a public safe-guard, we would be following the wise and laudable example of other states, who have considered it a subject of too vital importance to be neglected.

That opposition will be made to such measures by bad and designing men, there is no doubt. And that that mongrel class of practitioners, who have more science than to be considered mere quacks, and not enough to be ranked as physicians, will also raise the *hue* and *cry*, there is just as little doubt. And that some candid and honest individuals may, from want of information and correct views, be adverse to such legislative interference, it is reasonable to suppose. But that the good sense

of a great majority of the people will warmly approbate such a course, cannot be doubted for a moment.

There are men to be found in all countries, that decry classical learning and scientific attainments, and are even busy in enlisting the most violent prejudices against them. But thanks be unto God, the spirit of those days, which would have brought Gallileo to the stake, is past and gone. It is in vain; the opposers of science may league all their forces; they may combine all their energies; they may enlist every prejudice, but the march of mind will continue. It will move on from triumph to triumph, until prejudice shall dwindle into its own native nothingness, and ignorance and superstition retire before its splendid march and magnificent progression. The sun of science has already risen in our state, and is hastening to its meridian. We have a College in the east, at Knoxville, and in the west a University, at Nashville: both with ample endowments, and of which the community *has a right* to expect much. How far they have *already* fulfilled public expectation, the author will not undertake to decide. It is hoped those who guide these institutions, will *prove* themselves *impartial*, active, energetic and *competent* men, and that the torch of science will blaze brightly from their walls. And thus may they become sources of *just* pride and improvement to our country.

We have also in the east, at Maryville, a seminary of learning, organised upon the plan of a College. It is the child of many prayers, its almost only endowment—may Heaven protect it! It has encountered difficulties without number, and trials not a few. And although its light had once almost gone out, yet the Hand that first lit, did kindle it again! And under the guidance of a learned, an eminent, a long tried and faithful man, and one whom this country will long delight to honor, it has struggled into life, risen into importance and dignity, and sheds forth the mild radiance and lustre of a successful literature, and displays with an enlightened and appropriate zeal, the pure splendor and life-giving power of that beacon light of the world which came down from Heaven.

These institutions, with a few others of respectable character, combined in presenting the cheering prospect of one day filling the ranks of every learned profession in our state with accomplished and able men, nurtured and prepared within these Almæ Matres of the sons of science—while our academies and common schools will follow in their track, and go hand in hand in diffusing light and information amongst all classes of society.

And thus while a proper spirit of a very general character, is beginning to display itself in our state, among parents, with regard to the education of their sons, it is a source of high and peculiar gratification, that institutions for female education are springing up in our country, and are becoming firmly rivetted in the affections of our people. And may we not justly hail these institutions as most gratifying and striking evidences of the increase of the religion of the Bible among us, and of our consequent increase in moral feeling and civilization. And may we not indulge the hope that, that religion which tends so much to improve the condition, and elevate the character of the female sex, will be loved and cherished by them. And thus acting upon

these views, the loveliest half of the world of man, would be arrayed against sin and vice—and *by the influence of example alone, persuade* the guilty sons of the fallen house of Adam, to paths of virtue and allure them to travel the road to Heaven. But the author would apologise for this digression. The amazing influence of the female sex, upon the character and conduct of men, came for the moment, with such overwhelming and startling conviction upon his mind, that he could not resist the temptation to indite the sentiment.

All the female schools of our country are affectionately regarded, and will no doubt with the present feeling in favor of female education, be fondly cherished and amply patronized.

Without meaning in the least to draw any illiberal comparisons, it is thought it will be no more than justice to say, that the Female Academy at Knoxville has *particularly* and *deservedly*, excited a large share of the attention and admiration of the public. And indeed, ever since its organization, its career has been so brilliant as to throw our Colleges, University and Academies quite into the shade. This fact is recorded with no invidious spirit towards the Colleges, University or Academies—neither is it recorded in a spirit of *lamentation*. It is intended to offend no one, and *will not* offend any *gentleman*. We lords of the creation generally, through courtesy, *allow* precedence to the ladies; but in this instance, they may rightly *claim* it. Look to it, young gentlemen.

The success and reputation of literary institutions, depends not upon their endowments, but *mainly* upon the talents and industry of the instructors. Where these are impartial, dignified, devoted, kind, patient, sincere, zealous and talented, they will not fail to see the institutions over which they preside, prospering in their hands; extending in influence and usefulness, and beloved, honored and cherished. And let it be remembered, without these *necessary* qualifications no Institution can survive, *much less be successful*, no matter how splendid its library, how gorgeous its building, how perfect its philosophical apparatus, or how ample its pecuniary endowments. To perpetuate our free institutions, we must *cultivate* and *improve* upon that spirit for education which is abroad in our land; and we must *especially* cherish the spirit for female education. And in concluding this passing sketch, may we not venture to hope that the public funds may be so distributed by our legislature, that we may have a female academy at every county seat, and a female school in every neighborhood. Such disposition of the public funds would not only be an act of justice, but tend more than any thing else to the improvement of the condition of society, and to hasten our civilization.

Then with these bright prospects before us, it will not be considered as premature, to urge the claims of the Healing Art, and to use with zeal and earnestness, all honorable means to elevate its standard, and place it upon a firm, a dignified and permanent basis.

And surely every intelligent man will admit that the first step to obtain this desirable object is to diffuse correct views with regard to its character. The increase of knowledge tends to its greater increase. To be informed of the real nature and value

of any thing, leads to its just appreciation. Then there is certainly the greatest encouragement to exhibit the science of medicine before the community. This done, it will on their part, lead to a just estimate of its value and importance, and secure their protection and patronage. Hitherto every medical work designed specially for the use of the people, has held out the unjust and delusive prospect of making "every man his own physician." This knavish imposture, fraught with many evils, has with unfeeling villainy, been again and again practised upon a credulous community. And when the people have found from bitter experience, that they are none the better from such publications, it has been calculated to increase their prejudices against a regular faculty. But were popular medical works of a proper character placed in the hands of the community, we would see them entertaining the most enlightened and liberal feelings towards a profession so well calculated to contribute to the highest comforts of life. It must be a fact well known to every physician, that men who are most enlightened with regard to the science of medicine, have the most confidence in its value and utility. And on the other hand, that physician must have been a very inattentive observer that does not know the fact, that the ignorant class of mankind, while they have great dread and suspicion of the prescriptions of the real scientific man, will swallow with avidity, the certain remedies, and present cures of their equally ignorant, stupid, and credulous acquaintance. For every neighbor, who visits the sick, is sure to recommend his favorite remedy. The silly and credulous sick man gladly avails himself of a remedy, that is so confidently recommended as capable of procuring him such immediate relief. And thus it is, the best and most able efforts of the learned and accomplished physician, are often rendered abortive, and thousands of human beings are literally *drenched* into eternity by the darling teas and favorite stews of their *kind* and officious neighbors. And such awful consequences are not to be wondered at when "the blind lead the blind."

Ignorance is often its own dupe, and is always material for the impostor. And it is ever credulous, superstitious, violent and jealous, and taking advantage *of this condition of our community*, much pains have been taken, (and always with sinister views,) to impress the people with the belief that regular bred physicians most anxiously and zealously conceal from them important secrets, of which, if the people were in possession, they would be entirely independent of medical men. Such sentiments, altho' promulgated only by professional smatterers and vagabonds, are calculated to confirm the prejudices and absurd notions of the ignorant class of the community, already unfortunately for their health and welfare, too unyielding and obstinate. There is no physician, really such, who wishes his profession to occupy mysterious ground. Medicine as a science, has nothing to fear from being exhibited to the public view, but every thing to hope. And until its true character and pretensions are fully and fairly understood, the great mass of society will never be able to appreciate its importance and utility, or draw the distinction between it and quackery. And what is it that gives consequence to quackery, and procures for it so much popular favor? Nothnig

but the mysterious garb which it assumes; strip it of this, and it not only loses its importance, but stands forth in all its hideous deformity. But exhibit the real character of the science of medicine, and it will be seen a Corinthian pillar, standing upon the broad foundation of the purest philosophy, and well calculated to support and preserve the physical health and happiness of society. And it is hoped in this age of improvement, and proverbial philanthropy, that our country *will not* be the last to be guided by a *rational* policy in matters of science, as well as in matters of state; but that she will arouse from her lethargy, and throw the mantle of her protection over the healing art, whose improvement is the public interest, and whose only end and aim is the public good.

In concluding this introduction, the author begs leave to recapitulate the character of this work. And he wishes it to be particularly understood, that *it is not* intended as a "family physician," or as a "domestic medicine," as those titles are generally received and understood, but it is strictly designed to be a Practical Monitor, a work intended to occupy the place between the physician and the people; to hold up to their view the characters of disease as it were, in living colors, that they may early learn the extent of their danger, the impropriety of delay, and the necessity of speedy application for skilful professional advice. It will also exhibit to the people those plain and simple remedies, which they may safely employ in many diseases, a correct knowledge of the use of which plainly described and easily understood, is calculated to contribute so largely to the welfare and comfort of families. This work is also intended to instruct the people how to avoid those causes which may subject them to disease, and to remove those which may produce it. In this book will also be found directions for the use of remedies which, if timely introduced on the recurrence of certain symptoms, may prevent a dangerous and lingering disease. The subject of poisons with their appropriate antidotes is also considered. To all of which is added a concise treatise upon the subject of the modification of diseases in our own climate, with their treatment and cure. Such then are the intentions and objects of this publication. And if the author has failed in the accomplishment of his purposes, it has been neither from lack of zeal for the honor and dignity of his profession, or want of desire for the welfare and happiness of his fellow-men. How far he has succeeded the public can decide. Of one thing he is conscious, of having *honestly, frankly, and fearlessly, and without malice, called things by their appropriate names*, and exhibited *facts* as he believes them to exist.

God is the judge, and He will defend the right.

THE

PRACTICAL MONITOR.

Definition of the term FEVER, *and definition of the term* DISEASE.

The term fever, is sometimes used to denote *heat;* but when we speak of the disease called fever, we mean, a *disturbance* of the natural functions of the system—with loss of nervous energy and muscular power—accompanied with a convulsive action of the heart and arteries, with a coldness at one period, and at another a peculiar heat and dryness of the skin. But in fevers of a Typhoid type the heat and dryness are often absent.

The loss of nervous energy and muscular power, and the convulsive action of the heart and arteries, is not the fever or disease—nor is the heat and dryness of the skin; but the *disturbance* which produces those symptoms is the fever or disease. Therefore symptoms are merely the effects produced by the disease—or in other words, characteristics or signs of the *disturbing cause.* Thus a set of *peculiar* symptoms are *signs* of *one* peculiar kind of *disturbing cause,* and another set of peculiar symptoms, the signs of *another* peculiar kind of *disturbing cause.* If for instance, there were only *one kind of disturbing cause,* of the natural functions, there would be but *one* set of symptoms developed; the same cause uniformly producing the same effects, applied under an equal state of things. Thus the *disturbing cause,* which produces the symptoms called the small pox, *is different* from *that,* which produces the symptoms called the yellow fever. But were the *disturbing* causes *identical,* so would be the symptoms. Then every different set of symp-

toms, indicate *different* disturbing causes, or in other words *different* diseases. Disease then may be defined, a disturbance of the natural functions of the system—either in whole or in part—its character and extent being determined by the symptoms.

Primary and simple diseases, or diseases unconnected with, and not dependant on any other.

DISEASES OF THE MOUTH.

TEETHING.

The jaw of the babe contains a number of cells, separated from each other by a very thin bony plate. In each of these cells is deposited a membranous bag, in which, is contained the pulp, on which the future tooth is to take its growth. As the tooth is formed, its hard and increasing substance irritates the surrounding parts, and produces much disturbance in the general system—often followed by fatal consequences. As the teeth progress towards the surface, and push downwards forming their fangs, many painful and distressing symptoms ensue. The little sufferer will often seize the nipple and squeezing it between its gums, now in a high state of irritation, immediately release it—at the same time, the general irritability of the system is exhibited, by its fretfulness and crying; the salivary glands, pouring out an increased quantity of the salivary fluid. During *this stage* of *teething*, the child is gratified and momentarily relieved, by having its gums rubbed, with the finger or any hard substance. As the teething progresses the system at length becomes more irritable and feverish—the bowels are affected, and the child fretful. It often starts in its sleep, and often awakes crying; and most generally at this stage, there appears an efflorescence or breaking out on the skin—and in ten or twenty days

all the painful symptoms subside. But as hinted above, other symptoms often occur of a very serious and alarming character, which sometimes terminate in death; and which always demand the immediate attention of a judicious physician. Those symptoms often occur suddenly. Though where the child has been loose in its bowels, notice is often given of the approach of most alarming symptoms, by a sudden stoppage of the looseness, followed in a longer or shorter time, *by a hard passage*. Costiveness and fever ensue—drowsiness and occasional retching—the belly becomes tense—the mouth dry—scaly eruptions, sometimes appear on the lips or head, or behind the ears, and sometimes in the ears. Occasional convulsive movements of the mouth and jaws. During this state of the case the gums are often very sensible, and so far from being relieved by rubbing with the finger or any hard substance, great suffering is produced. The convulsive movements of the mouth and jaws at length become general, and often end in a complete epileptic fit. A few violent fits or convulsions, and the little patient is released from his sufferings.

TREATMENT.

While a physician is sent for, the swelled gum or gums may be pricked with the point of a needle, so as to obtain a few drops of blood, which often suspends all the symptoms; and if the parent has the courage, it will be proper to cut down with the point of a penknife or the shoulder of a lancet directly upon the tooth; which often procures instantaneous and entire relief. The bowels may be opened with a little Senna tea, sweetened with manna. But in no case should the parents neglect procuring the advice of their family physician.

Teething is sometimes connected with, and aggravates a variety of complaints, all of which will be considered in their appropriate place.

TOOTH ACHE.

The maddening pain of the tooth ache may arise from a variety of causes. 1st. From a rotten tooth, or one partially decayed. 2d. From inflammation of the covering of the tooth. 3d. From a deposit of a bony substance. 4th. From irritation of the nerves of the teeth, and of the adjacent nerves. 5th. From a foul and deranged stomach.

TREATMENT.

Temporary relief may be obtained by pouring a tea-spoonful of laudanum into the ear of the affected side; and stopping the ear afterwards with a small piece of wool or cotton. Permanent relief may be obtained by extracting the affected tooth. Tooth ache produced by the 2d, 3d, 4th and 5th causes enumerated, will not be relieved by extracting the tooth *apparently* affected. These species are proper subjects of consultation with a physician.

JAW ACHE.

The whole jaw is sometimes the subject of a disease which very much resembles the tooth ache. In this disease all the teeth of the side affected, appear to ache. But the pain generally arises from inflammation of the membranes of the jaw, produced by cold. Sometimes it is strictly a rheumatic affection. The pain is often exceedingly acute; extending into the eye of the side affected. In its severest forms the face swells—and sometimes the gums, glands and throat, to such an extent as to make swallowing very difficult.

TREATMENT.

A prompt and copious blood-letting when this disease is coming on, will often cut it short. When it is completely formed it is a disease of very great danger—and particularly if it be of a rheumatic type.

As sometimes in this case it wanders to the brain, and has been known to cut off the unhappy patient in a few hours. Sometimes it settles on the throat, and produces swelling to such an extent as to choke the patient, and he dies by strangulation. If therefore the blood-letting should not prevent the complete formation of the disease, and the swelling should appear to be increasing, it will be proper to have the best advice. And it is exceedingly desirable that this advice should be procured before the disease has wandered to the brain or settled on the throat.

TARTAR OF THE TEETH.

This is a kind of earthy substance deposited on the teeth by the salina or spittle. It is generally denominated *tartar*. The teeth often become almost entirely encrusted with it. It is the source of almost all the diseases of the teeth—causing the enamel to canker, and the whole tooth finally to rot.

TREATMENT.

To preserve the teeth and remove the tartar, a tooth brush should be daily used—with the powder of charcoal, soot, or barks.

Diseases affecting the mouth, throat, stomach and intestinal canal.

THRUSH—3 SPECIES.

The white thrush, the black thrush and chronic thrush. The white thrush is a disease peculiar to infants. It most generally appears soon after birth.—In its mildest form it only invades the mucous membrane of the mouth and fauces. The white thrush usually commences on the lips. The vesicles are at first small, roundish and pearl colored—they at length extend into, and occupy the fauces,—sometimes inter-

spersed through its whole extent forming patches of vesicles. When mature they contain a milky fluid—at length they slough off a matter resembling curd. But in this, the mildest form, the matter is very acrid and frequently affects the nipples of the mother; it is therefore properly considered *contagious*.

TREATMENT IN THIS STAGE OF WHITE THRUSH.

The mouth of the babe should be frequently washed with a rag or sponge dipped in a mouth water composed of a very small portion of borax, honey and sage tea. If the same sponge or rag is used every time the mouth is washed, it should itself be carefully washed and dried, and kept perfectly clean. The stomach and bowels may be next cleansed with repeated doses of senna tea, sweetened with manna. Magnesia and rhubarb combined given in a little water, may also be occasionally used. Alum water is also good as a wash, and alum may be substituted for the borax in making the mouth water. If this treatment is timely introduced and judiciously practised, it will generally be successful in confining the disease to the mouth and fauces. The condition of the mother's health and the mother's milk, should in this case be a subject of particular inquiry. If, however, the thrush should extend into the throat, stomach and bowels, it then becomes a very serious and dangerous disease. This predisposition of the disease to extend may be known by a second, and sometimes *even* a third crop of vesicles taking the place of those that first disappeared. The child becomes irritable and restless—the passages are loaded with curd; sometimes accompanied by a thin watery ichor, so acrid as to excoriate the fundament. If the child be of a weakly habit the disease will be more dangerous; but if it be a thrifty, athletic child the prospect of recovery is greater. But in either case no time should be lost in procuring professional advice.

THE BLACK THRUSH.

This disease most generally attacks persons in advanced life—when the vigor of the constitution is on the wane—but it is sometimes found in younger persons, and even children are by no means exempt.—Though this disease is said by old and experienced physicians, most frequently to accompany typhus and malignant remittent fevers, the author has never seen a case of this kind in Tennessee, notwithstanding he is very far from doubting the correctness of the observations alluded to, as they have reference to cold northern, and more partlcularly cold marshy climates. Nevertheless, there may be *particular localities* even in our own country, where this disease may appear during a damp, rigorous winter as a concomitant of typhus and the severe winter remittents. Yet so far as the author's observations have extended hitherto, he is compelled to class the black thrush, as it appears in our climate, with those simple primary diseases, which are neither concomitant or dependant on any other disease.

The black thrush, as it appears in our climate, is always a disease of great danger. It first invades the mucous membrane of the stomach. Its ravages next extend upwards along the gullet into the mouth—and downwards through the whole track of the intestinal canal. In its forming stage in the stomach, it produces severe pain and heart-burn—the patient occasionally belches a thin, green, nauseous and excessively stinking fluid. This is often, though not always, accompanied with a palpitation of the heart. At length black specks make their appearance in the mouth and fauces—most frequently covered with a thin dark glazy and corroding fluid. As soon as they slough off, the part is again immediately occupied by similar black specks, though deeper seated. As the disease advances these specks sometimes coalesce, slough off and exhibit a frightful gangrenous ulcer. A black sordes settles on the teeth—the gums become

spongy and bleed—the passages are loaded with black sloughs, and are exceedingly offensive—the pulse is feeble. If the disease is not checked it finally terminates in mortification of the parts affected—and the patient dies.

TREATMENT.

Upon the first appearance of the black specks in the mouth and fauces, the patient should procure the most skilful advice; as his life will greatly depend upon his physician having a fair start with the disease. And even then, a successful termination of the case will much depend upon the constitution, age and habits of the patient. In the mean time while the physician is sent for, the patient may drink freely of port wine, in which he may mix a portion of allum and the powder of rhubarb. If these cannot be had, he may drink freely of red-pepper tea. The debility which accompanies this disease is always great, and it uniformly produces very rapid emaciation.

CHRONIC THRUSH.

Like the black thrush this disease first assails the stomach, spreading downwards along the whole course of the bowels, and upwards along the gullet and into the mouth. The edges of the tongue are beset with pimples and here and there in the mouth and fauces, superficial blisters make their appearance, filled with a thin, scalding fluid. There is soreness of the stomach accompanied with burning, lacerating pains. An almost perpetual purging ensues. The matter discharged is sometimes thick and curdly, at others thin and scalding, and accompanying the last, is frequently seen quantities of a thin skinny looking substance; they are very small, and of irregular formation. The passages are sometimes bloody and mixed with a glazy substance, resembling the white of a raw egg. An occasional hectic flush of the countenance exhibits the exhausting nature of this disease.

The prostration is immense—and every returning hectic exacerbation increases it. During the whole progress of the disease, the countenance of the unfortunate patient exhibits a settled gloom and melancholy—and they are the true characteristics of the deep despondency within. And if the disease is permitted to run its course, the patient at length dies from exhaustion.

DIRECTIONS WHAT TO DO.

Upon the first appearance of the pimples on the edges of the tongue, and the blisters in the mouth and fauces, the patient should obtain professional advice. As this disease is of a chronic character and is somewhat slow in its progress *at first*, the patient has ample time to visit and consult a physician; and this he should do without any unnecessary delay—particularly if he be an old person, or one of a weakly habit. If, however, the patient should neglect to follow this salutary advice, he will presently find himself laboring under the severest sufferings—constantly increasing, and of an almost unutterable character. And here let it be particularly remembered, that this disease *will not* bear the least unskilful management—it is certain, that what will not do it good, will do it positive injury; and the author here once for all, enters his protest against that unfortunately too common, vulgar and absurd idea, that a patient can, under *any circumstances*, take any medicine, which, "if it does him no good, will do him no harm." Every medicine will either do good or harm. Every medicine exercises more or less influence upon the system; it either destroys disease, hastens or retards it; its action is either favorable or unfavorable—and it is perfectly inconsistent with reason, either to talk or think otherwise.

COMMON SORE EYES.

The eyes frequently become sore from exposure to the wind, or from cold settling in them. This disease is sometimes dependant upon a peculiar state of the atmosphere, and exists epidemically. A fulness about the head and itching of the eyes, give notice of its approach. At length the lids become inflamed and sometimes the whole globe of the eye.

TREATMENT.

This species of sore eyes, common to our country, often gets well without any medical assistance. To assist the cure a wash composed of a weak solution of the sugar of lead may be used. But sometimes when soreness of the eyes has been of long standing, the solution of the sugar of lead will be of no service; a more stimulating application being required. In this case a very weak ointment composed of lard and a small portion of red precipitate, will be found to answer a good purpose. If this ointment, upon the first application, should increase the soreness of the eyes, it must be weakened by the addition of a little more lard. A weak decoction of the red-pepper, is sometimes used most successfully. When it is first applied it apparently increases the soreness—but this effect is generally but momentary—it soon subsides and leaves the eyes entirely well.

ACUTE INFLAMMATION OF THE EYES.

Acute inflammation of the eyes is generally attended with more or less *general* inflammatory fever. The eye feels full, stiff and dry—generally accompanied at first with a swelling of the upper eyelid. The pain at first, apparently confined to the front of the eye, at length becomes deep seated and affects all the sur-

rounding parts. The swelling often becomes so great as to entirely close up the eyelids,—the quantity of tears is greatly increased, and the eyes cannot bear the least exposure to the light. This disease seldom attacks both eyes at once. Its ravages are mostly confined to one at a time; but it seldom leaves the system without having visited both. Sometimes one is scarcely recovered before the other is attacked.

Acute inflammation of the eyes is often epidemic—and it has been considered in some forms as contagious. It is, at all times, a violent and often a very fatal disease. It frequently ends in suppuration of the ball of the eye, which of course produces its entire destruction; and under improper management it is sometimes followed by fatal and incurable blindness. Not unfrequently the inflammation of the ball of the eye and its appendages, is translated to the brain and followed by delirium and subsequent death.

TREATMENT.

Upon the accession of this disease, the patient may be bled *to the relief of the* pain. Blister plasters may then be applied behind the ears—the bowels may be opened with a large dose of salts. This disease is one of so serious a character and affects organs of such importance and utility, that it will not be prudent to attempt any further treatment without the advice of a capable physician. The treatment recommended will be found sufficient to procure speedy, and even sometimes permanent relief. Yet, as this disease is often of a very deceitful character, and involves, as already suggested, organs of the greatest beauty and utility, it is highly improper to risk their safety in unskilful and inexperienced hands. Soreness of the eyes sometimes exists as a symptom of other diseases.

Remarks.—There are various other affections of the eyes, which cannot be considered in a work so

limited as this. It is therefore recommended, that an early resort be had to skilful professional men, whenever the eyes become seriously affected by disease. Had this course been always pursued, many persons who have lost their sight, might still have been enjoying all the blessings of vision.

DISEASES AFFECTING THE FAUCES AND GULLET.

DIFFICULTY OF SWALLOWING.

Swallowing is a complicated operation—it is divided into three distinct stages, from the time food enters the mouth until it reaches the superior opening of the stomach. The first stage, is the passage of the food from the mouth to the funnel shaped muscular bag at the back of the mouth. In the second stage it is carried by this muscular bag into the gullet. In the third it passes from the gullet into the stomach.—It will be observed that the act of swallowing requires the combined efforts of many agents; consequently a disease affecting any one of these agents, will render swallowing difficult and imperfect. All these organs are liable to various diseases of a very serious and dangerous character and difficult management. In the most skilful hands and taken in the very earliest stages, those diseases often continue to progress until they finally terminate in the miserable, lingering death of the patient. All those diseases are sometimes so obscure in their origin, that their *particular* locality is difficult to be ascertained by the most discerning physician. Although the prospect of the patient, laboring under any of these affections, is gloomy indeed—yet he is not without hope. It would not be just, however, to impress him with the belief that he may speedily recover. Recovery, in some of these affections to be presently enumerated, is *always possible*—in many of them radical cures are *often effected.*

Some of them, however, can only be palliated and retarded in their course—and *even this much* can only be gained by the most skilful management. Therefore, under this view of these cases, the author cannot lay down any mode of treatment which a patient can safely pursue himself.

DIFFICULTY OF SWALLOWING,

ARISING FROM THE DESTRUCTION OF THE NASAL PORTION OF THE ROOF OF THE MOUTH.

This portion of the mouth is sometimes destroyed by the venereal disease. Its loss is sometimes the effect of the ravages of cancer—and it is occasionally wanting from original malconformation at birth. It is often the consequence of the rotting of the bones of the part. It is sometimes destroyed by common ulceration; but by far the most common cause of its destruction *is the injudicious use of calomel and other mercurial preparations.*

When this portion of the mouth is destroyed, every attempt to swallow forces the food out at the nostrils. The patient can only be fed upon spoon meats, and these he does not swallow, but rather suffers to run down the throat.

The skill and ingenuity of the profession, has provided many and various palliatives for this disease, and some substitutes for this portion of the mouth, by which life can be rendered tolerable, and in some cases even comfortable.

When the nasal portion of the mouth has been destroyed by ulceration, or by rotting of the bones of this part, nature herself has sometimes provided a substitute by producing a fleshy and gristly substance in its place. This only occurs in constitutions otherwise good and under the most favorable management. But the author does not recollect any instance upon record, where nature has provided any substitute when the parts have been destroyed by *the injudicious*

use of calomel and other mercurial preparations, or from any of the other causes enumerated.

The author was once called to visit a case of miserable suffering, the consequence of the improper use of mercury. In this case the nasal portion of the mouth and other important parts were totally destroyed. An account of it with some passing reflections may be appropriately introduced here. The sufferer was a young man of about nineteen. He was attacked with one of those common fevers incident to our country. His friends early employed one of those scourges of this community, a self styled "root doctor," who to give *additional consequence* to himself proclaimed that a great portion of his skill had been *derived from the Indians!* In addition to this, he was very loud in his declamation against mercury and mercurial preparations; and regular bred physicians, with "apothecary medicines," always come in for a share of his commentaries. He was desirous "*to enlighten* the community," particularly upon the subject *of those dreadful medicines* which were used by the regular faculty—and he never failed to conclude his animated strictures, with appropriate commendations of his own skill; before which, from his own account, no disease could stand, *if* he was called in time. Possessed of great facility of speech and aided by a very considerable knowledge of human nature, he had contrived to gain the confidence of a considerable portion of the community; and even some intelligent men (otherwise respectable for their opinions) thought highly of his skill! He professed never to have read any medical book whatever, and to practice altogether with "roots and herbs," *entirely unknown* to regular bred physicians!!! With this character and these pretensions he was called to visit the young man already mentioned. He commenced his operations by administering a piece of "black mud,', (as he called it) about the size of a large bean. Another piece of the same "mud" was left to be taken at bed time. He also

left a black quart bottle filled, as he said, with a decoction of "roots and herbs of many sorts." Of this the patient was directed to take a table spoonful every half hour; and *as in duty bound* he obediently pursued the directions. On the second and third days he was visited by his doctor, and at each visit a dose of black "mud" was administered, and another left to be taken at an hour prescribed. On the night of the third day from the time the patient had commenced taking the black "mud" and the decoction of "roots and herbs of many sorts," he complained of great distress and *"burning heat"* at the pit of the stomach—his gums swelled and his throat became sore. In the morning he was visited by the practitioner, who assured the patient that all things were *exactly* to his liking; nothing could be *finer* or *more delightful*; he was *driving the disease out at the mouth*, &c. &c. In the evening the doctor visited him again—the gums had greatly enlarged—the tongue and throat swelled to a very alarming extent, and the saliva flowing freely. The assurance that had comforted the patient and his friends in the morning, gave no satisfaction in the evening. No more "black mud" was administered, and what was left of the decoction was set aside. At twelve o'clock the next day the author was called to visit this unfortunate young man; at this time he was reduced to a state of extreme suffering—his whole aspect was really frightful—and he was sinking under a most disastrous salivation. The throat and face were dreadfully swelled—the tongue hanging out, ulcerated and shockingly enlarged, and the saliva literally streaming from his mouth. A constant strangling cough completed his calamities. It appeared the patient had had but one small hard passage, from the moment he was attacked. The author attempted to administer a carthartic in a small portion of mucilage; and although the patient exerted himself with all the energy of dispair, to swallow the medicine, yet it could not be effected; every effort would force a portion of

the mixture into the nose, endangered suffocation, and was accompanied with such inconceivable distress, that it was considered prudent to desist. Purgative glisters were resorted to, and continuedly repeated until copious evacuations were procured. The mouth was washed, as well as circumstances would permit, with an astringent gargle. An anodyne plaster was applied to the throat, and gave much relief; but this being but temporary, and the irritability of the system becoming excessive; a tea-spoonful of laudanum was poured into each ear, and two small dossils of cotton used to retain it. The laudanum thus applied procured about three hours sleep. Upon awakeing, the patient was more calm, and *it was thought* the swelling was *somewhat* abated—the discharge of saliva was *decidedly* lessened. It was now *again* attempted to wash his mouth with an astringent gargle; but the tongue continued so much enlarged, and the lips and face so much swelled that it was but imperfectly effected. The patient was then sponged all over with equal parts of vinegar and water. This process gave him much satisfaction and proved refreshing and invigorating. The patient was directed to hold his mouth over the vapor of vinegar and *alum* for a couple of hours; after this, a tea-spoonful of laudanum was directed to be poured again into each ear as before.

Thursday morning, 9 o,clock.—Patient has passed a tolerable night—slept about four hours—has had a very copious passage during the night, of a chocolate color and very offensive. Flow of saliva greatly diminished—all the swelled parts considerably lessened—troubled with an occasional cough and had several times nearly suffocated; desires to lay on his breast, with his head hanging over the edge of the bed. A sensation the patient calls "a burning heat" distresses his stomach—is very thirsty, but cannot swallow without strangling—tried it twice last night. *A blue* spot appears on the outside of his throat, about an inch below the angle of the lower jaw bone, on

the left side—the spot about the size of a ninepence. The patient upon the whole, is no better. The blue spot a bad symptom. The swelling had now so much subsided, that the author was enabled to examine the inside of the mouth and fauces; they were literally lined with gangrenous ulcers. The tongue had rotted from near its root forwards to the middle. The slough was removed, and also all the dead surrounding parts that were loose. The mouth, fauces and as far as could be seen, the throat exhibited one continued, shocking, offensive and dreadful ulcer. The patient had scarcely any command over the tongue, it being connected to the root and about two inches of the fore part, by only a very thin portion of its base, that had as yet escaped the ravages of the mercurial ulceration. The fleshy nasal portions of the mouth were entirely destroyed; and the whole system exhibited the most extreme emaciation—and the countenance unutterable distress. The patient was very urgent for some cold drink. A gum elastic tube was carefully passed into the gullet, and about half a pint of cold water introduced into the stomach. This gave him great temporary satisfaction. By means of the tube the patient now took some nourishment. A free use of tonics was next prescribed; the two first doses appeared to produce a salutary effect; but at length the countenance assumed an ashy cast, and the features shrunk—the blue spot on the throat began to spread, and continued extending until it occupied a place about three quarters of an inch wide above, two inches below, and three inches and a half long. Volatile Alkali were administered, but their effects were fugitive. Nothing was gained. The cough became nearly incessant, and the mercurial fetor was almost intolerable. A small dose of paregoric was administered with a view to appease the cough. The patient rested for about twenty minutes. Suddenly his countenance assumed the appearance of the deepest agony. He seemed to be suffocating and strug-

gling with a kind of half cough. He was raised up —a violent effort to cough, brought up about a tablespoonful of black putrid matter. Another and another effort, *poured* out nearly a half pint of the same kind of putrid stenching stuff. Before he could be laid back upon his pillow he expired, at about six o'clock in the evening. And thus he perished in the bloom of life—a victim to mercury, administered and mismanaged by a remorseless quack; who, although ever declaiming against calomel and mercurial preparations, had the hardy villany clandestinely, to administer it. But this is but one of those hundreds of cases that have occurred in our country, in which human life has been sacrificed, by unfeeling ignorance and impudent imposture. This case is introduced, not in condemnation of the medicine, but of the knavery and ignorance which administered and mismanaged it. Such an occurrence can never happen from calomel, administered by a judicious, accomplished, regular bred physician. This case should come with staring conviction upon the mind of every one, and demonstrate the necessity and importance of employing scientific and skilful men, to administer medicine.

Were all the cases of a similar character to this one, which have come within the observation of the author, collected and arranged with all their immediate concomitants, they would fill a volume of more than a thousand pages. The injury to the public health arising from the injudicious use of calomel and other mercurial preparations, is of almost daily occurrence. In the hands of the scientific physician, mercury is a noble medicine; and the author would ever discriminate between its proper use and *abuse*. For further observations on this head, SEE CALOMEL.

DIFFICULTY OF SWALLOWING,

Arising from the loss of the Epiglottis.

The epiglottis is a cartilagenous substance, situated at the root of the tongue. Its use is to close the entrance of the wind-pipe in the act of swallowing. It is sometimes, the subject of disease—and it is not unfrequently destroyed by *ulceration*. But by far the most frequent cause of its destruction is, the improper use of mercury. But from whatever cause it may suffer, it is followed by a train of symptoms, of a truly distressing character. The patient is constantly troubled with cough—the consequence of the escape of saliva and other irritants into the wind-pipe. Every attempt to swallow, produces temporary strangulation—violent coughing, and sometimes vomiting. The unhappy patient is generally compelled to sleep sitting up, with his head leaning forwards, and his chin nearly on his breast. Or if he lays down at all, it is upon his breast, and with his head hanging over the edge of the bed; and unless aided by art, it may be said, he scarcely enjoys a moments comfort, sleeping or awake. The whole substance of the epiglotis, is seldom if ever destroyed. Ulceration generally attacks and destroys its attachments to the tongue and bone of the tongue, and its articulation with the other cartilages. And thus, by the destruction of its articulations, the epiglotis becomes loose, and is sometimes swallowed or spit out. This occurred in three cases, that come under the notice of the author, during the time of the prevalence of an epidemic malignant sore throat in this country, in 1826. In one of these cases, the powers of speech were entirely lost for a time, and in all of them, much impaired. They were all however, successfully managed, though *perfect* deglutition has never been restored. The author could here relate a variety of interesting cases, of a similar character, managed with similar success, communica-

ted to him by some of his professional friends. But in a work so limited as this, it would perhaps, not be justifiable, as they would be principally interesting to physicians only. The Baron Larrey, an eminent French surgeon, relates a case, in which the epiglotis of a French soldier was shot off at the battle of Alexandria. This case was successfully treated by Mr. Larrey; the swallowing in the course of time becoming partially restored. He supposes the arytenoid cartilages become enlarged, and that part of the base of the tongue, adjoining the entrance of the wind-pipe, becoming expanded, answered as a tolerable substitute for the epiglotis. A case was related to the author by Dr. Magillis, of the destruction of the epiglotis by *wet-fire*. The patient was first affected by a small tumour under the angle of the lower jaw-bone. He unfortunately, resorted to a "root doctor" for advice, who immediately pronounced it cancer, but promised a speedy cure; and forthwith made an application of wet-fire, or in other words, strong pot-ash. The use of this abominable application was diabolically continued, until the wind-pipe was laid bare, and the epiglotis destroyed, and the patient like Job, was glad to escape with "the skin of his teeth." He applied to Dr. Magillis, who at length succeeded in healing the external wound, and in the course of about two years, deglutition was partially restored.

The persevering ingenuity of physicians, has provided means by which persons, laboring under this horrid misfortune, can be safely and comfortably fed, and by which life may be rendered somewhat agreeable. Under judicous management, most cases of this sort will generally terminate in a partially restored capacity to swallow.

DIFFICULTY OF SWALLOWING,

Arising from a contraction of the Gullet.

The gullet is the tube through which the food passes from the muscular bag, at the back part of the mouth, into the stomach. It is composed of three coats, a common, muscular and mucous coat. The natural size of the canal of the gullet may be lessened by a variety of causes—1st. By a thickening of its mucous coat—2nd. By induration of the same coat—3rd. By induration of all of its coats—4th. By induration of the cellular membrane connecting the coats—5th. By tumours formed between its coats—6th. By tumours formed between the bones of the neck and the gullet—7th. By tumours formed between the wind-pipe and the gullet—8th. By tumours in the canal of the gullet—9th. By a portion of the gullet being converted into bone or cartilage—and 10th. By a great variety of other causes, which do not properly belong to this head, but which affect the swallowing, and render it painful and difficult. They are enumerated in their proper places.

The foregoing causes of the lessening of the size of the gullet, have generally produced pretty extensive effects before the difficulty of swallowing is much noticed.

A constriction of the size of the gullet is often brought on by a cold a long time neglected. This is the most frequent cause of the thickening of the mucous membrane, if we except the use of ardent spirits. This disease is however, most apt to occur in old persons, and persons of a scrofulous habit. It is also, the consequence of inflamation, however induced. This disease, in the various forms in which it has been presented above, has been thoroughly investigated by physicians; and their various researches and observations upon this single disease alone, would occupy many large volumes. It is agreed by every professional man of skill, that it is a very difficult matter

for any one, however well acquainted with anatomy —however well versed in the symptoms of the disease—or however accurately instructed in the appearances of the parts after death, *even where all these advantages combine*, to detect the seat and ascertain the nature of the variety of affections which produce constriction of the canal of the gullet, or which cause a lessening of the size of its caliber. But on the other hand, it will be in vain for any one not possessed of this knowledge, to attempt the treatment of this disease.

DIFFICULTY OF SWALLOWING,

Arising from a weakness of the organs of Deglutition.

Under the first head of difficulty of swallowing, it was shown that the operation of swallowing, was dependent upon the concurrence of a variety of agents. It will be manifest therefore, to the most common understanding, that the loss of the natural *power and action* of any one of these agents, would render swallowing difficult. All the parts concerned in this operation are liable to be affected by debility, and sometimes a total loss of power and action. This is sometimes produced by apoplexy—it is sometimes the consequence of long continued fevers—it may be produced by cold—by ardent spirits, and by excessive heat; and it sometimes occurs without any apparent cause. The gullet is by far the most frequent part affected. Whenever the gullet is affected, it generally arises from derangement of the organs of digestion. All the forms of this disease generally yield to skilful management.

DIFFICULTY OF SWALLOWING,

Arising from enlargements of the Gullet.

In addition to the affections already enumerated, to which this organ is liable, there are others of a no less serious character, which now claim our attention.

The coats of the gullet become sometimes so much debilitated, as to stretch and form pouches, in which the food lodges on its passage to the stomach. The food often remains but a moment in the pouch—a spasmodic action taking place, and ejecting it with great force into the mouth; and this is without any apparent concurring effort of the stomach. These pouches, sometimes enlarge to an enormous extent. Another cause of the formation of pouches, apart from debility strictly such, is ulceration of the mucous coat of the gullet. In this case, whenever the food reaches the pouch, it is followed by a shooting pain—a spasmodic action of the muscular coat of the gullet also takes place in this case, and the food is thrown up with increased pain, without any apparent assistance from the stomach.

Much can be done towards effecting a cure in all cases of this sort, if skilful advice is early obtained. And in any stages much can be done to palliate the sufferings of the patient.

The most frequent cause of these diseases in our country, is *hard drinking and enormous eating*. They are diseases of very common occurrence, but are generally mistaken for dispepsia.

The gullet is sometimes effected by incurable cancer, which in its early stages, is liable to be confounded with the ulceration considered above, though an accurate observer will always be able to discriminate between the two.

DIFFICULTY OF SWALLOWING,

Arising from a lengthening and falling of the Uvula.

The uvula is a conical substance, which projects from the middle of the soft palate of the mouth. It is however, generally itself, called by the people, the palate of the mouth. It is sometimes destroyed by the venereal disease, by ordinary ulceration, and often disappears from the ravages of mercury. It is sometimes affected by debility, and then hangs down

upon the back part of the mouth, in front of the entrance of the gullet. When this is the case, it impedes the process of swallowing. The patient is continually attempting to hawk, and then to swallow. A relaxation and lengthening of the uvula, when arising from debility, is unaccompanied with any ulceration in its natural structure or color.

TREATMENT FOR THIS FORM OF THE DISEASE.

Strong astringent gargles, composed of the decoction of red-oak bark and alum, will generally be found sufficient to relieve this form of this disease. Port wine and alum, used as a gargle, is also an excellent application. Small doses of rhubarb to cleanse the stomach, may also be used.

ANOTHER SPECIES.

This disease also, appears under another form. The uvula enlarges and lengthens, and grows paler than usual. The applications recommended above, may be tried—also, catharties and strengthening bitters. If the disease is not cured by this plan, it will be proper to cut off the uvula. There are a large number of other affections which produce difficulty of swallowing, which cannot be considered here. Many of them, however, are merely symptoms of other diseases.

DIFFICULTY OF SWALLOWING,

Arising from enlargements of the Tonsils.

The tonsils are two oblong glandular bodies, situated on the inside and back part of the mouth, near the angles of the lower jaw-bone. They are often subject to enlargements, so as to render swallowing very difficult, and sometimes they become so much increased in size, as to entirely close up the passage to the stomach. This is sometimes the consequence

of active inflammatory diseases of the throat and adjacent parts, which spend as it were, all their violence, upon the tonsils. They sometimes, however, enlarge *without any obvious* cause, so as to obstruct in a great degree, the passage of food to the stomach, and the size of the substances swallowed, are consequently compelled to be lessened, or the patient is under the necessity of living on very soft, and even fluid food—such as mush, rice, soup, or thickened milk. In cases of this sort, the act of swallowing is not painful. The glands affected, appear *livid*, as if blood had settled in them, and are often covered with a sticky, glairy fluid; the throat is usually dry, and not unfrequently, an occasional cough makes its appearance. After continuing in this state for a longer or shorter time, the enlargements either subside or gradually become indurated. Notice is given of their passing into this state, by the formation of small hard lumps, which remain sometimes for weeks, and at length disappear. In a short time they return, and are generally larger, or in greater numbers. At length the whole gland becomes, as it were, one hard indolent tumour.

Enlargements of the tonsils, are sometimes followed by ulceration, which is slow in its progress at first, but at length acting upon, and irritating the surrounding parts, by means of an acrid matter, that is secreted or formed in the ulcers; its advancement becomes rapid, and its ravages dreadful. When it has reached this stage, it not unfrequently terminates in the miserable death of the unfortunate patient.

Enlargements of the tonsils often remain stationary for a long time, until some cause inducing active inflammation produces abscess. In this case, if the abscess should be seasonably opened; or if it should early burst itself, a favorable solution of the affection is most common. But when the matter is a long time confined, it occasionally becomes acrid, and at

length escaping, brings on a very rapid and dangerous ulceration.

Enlargements of the tonsils, followed by induration, have been known to take place, and remain stationary for years; but *at length*, to degenerate into incurable cancer.

There are other conditions of the tonsils, which impede the process of swallowing, which do not properly come within our present survey.

In relation to affections of the tonsils generally, and in all diseases producing difficulty of swallowing, it will always be wise for the patient to procure the best advice without any delay. The most ignorant individual is sensible how essential it is to comfort, and important to life, to preserve the process of swallowing, unimpaired. In order to arrive at the correct treatment of these affections, it is necessary to ascertain as nearly as possible, the causes which have produced them—And to understand the constitution, habits and susceptibilities of the patient; and it is scarcely necessary to observe, that none but skilful medical men, can be competent judges in cases of this sort.

DISEASES OF THE EAR.

Ear Ache.

The ear is subject to a most painful affection, very appropriately styled the Ear Ache. It is generally produced by cold. The part immediately attacked, is the lining membrane of the ear. It may be caused by the presence of some extaneous body—as a piece of hard dirt—a piece of wood, or an insect, &c. &c. There are many curious histories upon record, relative to the different kinds of insects that have invaded the ear, and the various ways in which it has been affected by their presence, &c. &c.

This disease may be seated either in what is called the external ear, or in the internal ear. In the first, although *very* distressing, it is not *very* dangerous. But when seated on the internal ear, it is a disease of a most alarming character, and not unfrequently is translated to the brain and cuts off the patient immediately.

When the external ear is the seat of this disease, its lining membrane is red and swelled. When it is seated on the internal ear, there is a sense of heaviness in the head—the ears sing—the tonsil glands swell—and there is a sensation of roughness about the inside of the throat—The pulse is not much excited, though the inflammation may be of a violent character.

TREATMENT.

The ear in the first place, should be filled with sweet oil and laudanum—two parts sweet oil, and one part laudanum—or sweet oil by itself, or melted hogs lard—or spirits. This should always be done in the first place, under the supposition that the ear ache may be caused by the presence of some insect, or the larva of an insect.

If the ear ache be produced by this cause, the above treatment will procure speedy relief. It will also cure that form of ear ache, termed by medical men, spasmodic. The laudanum and sweet oil combined, is preferred. Next to this, spirits and sweet oil, or spirits by itself.

Should not these measures procure relief in a reasonable time, and upon being repeated, it may be concluded, the affection is not caused by the presence of an insect—and that also, the disease is not of that form called spasmodic. It will now be proper to procure skilful professional advice, as speedily as practicable.

Chronic disease of the Ear.

This affection is generally the result of repeated attacks of the preceding disease. The membranes of the ear become thickened and the hearing difficult, and sometimes, when the disease has become very extensive, the hearing is altogether lost. As the disease progresses, the small bones of the ear become affected, and sometimes even the temporal bone itself, and particularly, the mastoid process. The ear discharges generally at first, a thick mucous—and as the disease advances, it becomes purulent, and *when the bone is at length invaded, the matter discharged, is thin and offensive.* It is often mixed with a thick, well digested matter, and often is discharged alone. In the first stages of this disease, the discharge sometimes ceases for a while, and then from some fresh exciting cause, returns with greater violence. If the disease is not now arrested, it continues to advance, until it terminates in rottenness of portions of the bones, when of course, it becomes of more difficult treatment. This disease in all its stages, is a proper subject for professional management.

TREATMENT.

The author submits for the consideration of his professional brethren, the plan of treatment, pursued by him in seven cases of this disease, *all* of which, terminated successfully. In five of these cases, the bones were unaffected—In two of them they were diseased, and one of them extensively.

Treatment in the cases where the bones were unaffected.

The ear having been previously syringed with warm water and castile soap-suds, a probe-pointed bistoury was passed into the ear, *as far* as the membranes *appeared* to be thickened; and as it was withdrawn, the membranes were divided to the bone out to the entrance of the ear. In three of the cases, the

hæmorrhage was considerable—in the other two, there was not much blood lost. The incision was now filled with cotton, previously saturated in equal portions of spirits of turpentine and laudanum. At the next dressing, the parts were touched with a solution of lunar caustic, and then dressed as at first. An epispastic about the size of a dollar, was applied behind the ear. This was kept running until the patients were dismissed. The divided membrane, in three of the cases, suppurated on the morning of the second day after its division. Of the other two, one suppurated on the evening of the third day, and the other on the fifth day. They were all regularly dressed with the spirits of turpentine and laudanum, until the parts healed; two of which, healed in two weeks—two others in three weeks, and one in three weeks and three days. The patients were not restricted in their diet, except to abstain from ardent spirits. An occasional cathartic was found necessary. In all of these cases, *radical* cures were effected, and as far as the author has learned, there has been no return of the disease. The patients were advised, constantly to wear a dossil of cotton or wool in each ear, previously dipping the dossils in sweet oil. It should be mentioned, that in the case of the patient, in which the division was three weeks and three days in healing, that she was much incommoded by a rotten tooth in the upper jaw, on the same side with the affected ear. The tooth was extracted, after which, she very rapidly recovered.

Treatment of the cases in which the bones were affected.

In these cases, an extensive incision was made, as in those already related—and also dressed in a similar manner. Then an incision about an inch and a half in length, was made behind the ear, just at the junction of the cartilage of the ear with the bone. This portion of the ear was dissected forwards, and

its membrane separated from the bone as far into the ear as could be conveniently done. The parts were now kept separate by a small piece of lead, and the part of the bone which appeared affected, was touched with vegetable caustic. The smell of the rotten portions of the bone, was very offensive. On the fifth day after the above mentioned operations, all the diseased portions of the bone that could be come at, were removed by means of a carpenter's gouge, it being the most suitable instrument the author could procure. The caustic was again applied as far in as it could be gently pushed. In eight days afterwards, several portions of the bone came away. This patient was then put upon the use of the third of a grain of iodine a day, and the parts were dressed twice a day with the iodine ointment. Under this treatment the amendment of the parts was very rapid—the discharge gradually ceased, and in about three months from the commencement of the treatment, the patient was considered sufficiently recovered, so as not to require additional attention.

The other case was not so extensive; but in consequence of the patient having previously been of very intemperate habits, the healing process and final cure was not complete, until a little over five months.

The author thinks proper to remark before he finishes this subject, that in similar cases, he would pursue a somewhat different course, as it regards the operation. He would commence by dividing the membrane of the ear to the bone, as at first. The external incision should be commenced about the middle of the mastoid process, and carried entirely around to the *commencement* of the zygomatic process. This would lay all the bony parts bare, which are *most* immediately concerned. The membrane could then be more conveniently dissected from the internal bony portion; and that part of the mastoid process which participates *most* largely in this affection, would also be perfectly at command. The cells of this process

will be found more extensively affected, than any other portion of the bone; and as they communicate with the cavity of the tympanum, it is an important matter to have free access to them. The author however, is aware that *particular* rules cannot be laid down, to govern operations of this sort, as they must be subject to such modification as the *extent* of the disease may require, in the judgment of the operator.

It is probable that a caustic issue that would *dip deep* into the mastoid process, would cure affections of this sort, *when they are not very far advanced.* But it is thought, *no reliance* should be placed on blisters. And in cases where the cure should be attempted by a caustic issue on the mastoid process, it will always be proper to *divide the membrane*, as already suggested, as this is a thorough method to destroy the tendency of the part to inflammation, a return of which otherwise, might be produced by the slightest exciting cause.

The iodine is confidently recommended in all diseases of this sort, *whenever occurring*; and it will be found particularly valuable in cases of this kind, when connected with a strumous habit. The case however, in which this medicine was exhibited, the author had no reason to believe, connected with a scrofulous diathesis.

For further remarks upon the subject of Iodine, SEE CONSUMPTION AND SCROFULA.

DISEASES OF THE NOSE.

Running at the Nose.

The lining membrane of the nose is subject to an affection, most generally produced by frequent colds. In all colds, there is more or less discharge from the nostrils. Colds frequently returning, sometimes produce a chronic affection of the lining membrane of

the nose, accompanied with a constant running, which sometimes degenerates into foul and disagreeable ulceration, and finally affecting the bones. The most frequent termination however, of this disease, is in polypus.

TREATMENT.

In the early stage of this disease, much relief may be obtained by syringeing the nostrils with a strong decoction of the red-pepper, repeated two or three times a day. Alum water and the decoction of the red-oak bark, is also an excellent application. The decoction of red-pepper sometimes produces considerable inflammation when first applied. This however, is by no means a reason for discontinuing its use, for more than a day or two, when it may be resumed, and used until it produces a similar effect. When the inflammation subsides, the patient will generally find the disease removed. As an auxiliary, the patient may drink a small quantity of red-pepper tea, every morning and night for a couple of weeks. If upon trying these remedies for two or three weeks, the patient should not find himself well, or at least greatly improved, it will be prudent to obtain skilful advice without further delay.

There is a running of the nostrils, accompanying extreme old age, which is not curable, and is entirely distinct from the running above described. There is also, a running of the nostrils, produced by the habitual use of snuff, which is cured by discontinuing the snuff.

Ulceration within the Nostrils.

The running just above described, is often the cause of the ulceration under consideration. It commences its ravages in the lining membrane of the nostrils, and is at first slow in its progress, and *even sometimes when nothing is done for it, heals,* and the parts *appear* entirely free from disease. This

most always occurs during a dry spell of weather; but a subsequent damp and chilly atmosphere re-excites it, and then its ravages become very extensive, sometimes destroying the lining membrane altogether. It then attacks the bones, and particularly the inferior spungy bones—sometimes it extends upwards into the frontal sinuse. When the ulceration is transferred to the bones, its progress becomes slow, and the patient is scarcely ever free from pain in the head—generally the fore part. The eyes are also afflicted with pain, and not unfrequently, the inside of the mouth and throat; and the neck, shoulders, arms, and breast, are troubled with *occasional* fugitive pains. The disease continues its slow, but determined march, until it at length involves the eyes, and bones of the eyes, and also the inner plates of the frontal bones, and finally reaches the brain—when death, as a friendly messenger, relieves the patient from a miserable, lingering existence.

When it is considered that the nostrils are formed by the union of *no less* than fourteen bones—and the cartilages and cartilagenous septa, together with the numerous sinuses and dents formed by them, and passing through them—the expansion of the nerves of smell upon its membrane, and its other numerous nervous connexions, all coming immediately from the brain—The complexity and connexions of its soft parts with the numerous arteries and veins, distributed through the whole, and the nearness and intimate connexion of all these parts with the brain, well may we *dread* their invasion by any disease, and much more, by a disease of the serious and dreadful character just described. And there is no one of the least common sense, but will admit the glaring impropriety of committing their treatment to *awkward* and *inexperienced* hands—Therefore, in the earliest stages of those diseases, the patient should obtain the very best advice.

Polypus of the Nose.

It has been already stated that the disease of the nostrils, called "running at the nose," sometimes terminates in polypus; but it is not uncommonly produced by other causes, such as blows, or any thing being jobbed up the nose, and injuring the membrane—It is sometimes produced by the inordinate use of snuff—and it occasionally makes its appearance without any *apparent* cause.

There are two kinds of Polypus which appear in the nose—The soft or fleshy, and the hard or cartilagenous. The soft or fleshy polypus, is generally very much under the influence of the weather—In dry weather, it is contracted, and remains within the nostrils—In damp weather, it often elongates and protrudes from the nostrils—The hard or cartilagenous polypus does not appear to be the least affected in this way, by any state of the weather. The fleshy polypus when neglected, often degenerates into cancer, and when this does not ensue, it sometimes runs into fungous ulceration. The cartilagenous polypus is almost always accompanied with an affection of the bones; and this is sometimes the case with the fleshy polypus—And not unfrequently, when the fleshy polypus is removed by an operation, and the membrane has healed, an affection of the bone remains, which continues to progress in the manner described under the head of "ulceration within the nostrils," although its progression is slower and more secret, yet not less fatal.

Several years ago, the author removed five or seven polypi, (the number is not now distinctly recollected,) from the nose of a respectable gentleman of Jefferson county. The polypi were of the fleshy sort, and each one had a distinct basis. They were removed by ligature. The bones *were then* believed to be affected, though the symptoms were not of a decisive character. The last of the polypi removed, was tending towards the throat, and produced a fre-

quent disposition to hawk. The author saw the gentleman above mentioned, a year ago; he was then under the care of Dr. Grigsby of Jefferson county. The bones of the nose and the cavity of the frontal bone, was supposed to be affected—This was about three years after the polypi were removed. The disease of the parts alluded to, no doubt originated from the same cause that produced the polypi, and might have been in its germ at the time the polypi were removed. This, with other cases of a similar character, would seem to establish the fact, of the bones becoming uniformly affected, when those diseases of the soft parts, are not early removed or the polypus speedily extracted.

With regard to the hard or cartilagenous polypus, the author believes the bones are always affected at the time the polypus is formed. To establish this point, many cases might be adduced, which have come under the immediate care of the author; but as we have no room to spare, let one suffice. A young man, who had been much exposed in building a mill-dam, was attacked with a violent pain in one of his cheeks.—It continued stationary for about a week, and finally settled in his nose. Here it continued for many months, sometimes violent, at others, scarcely perceptible—The membrane of the nostril of the affected side, gradually thickened, until it at length shot forth a cartilagenous polypus. This continued gradually increasing for eight months; when, at length, the sufferer applied to the author. At this time the eye-ball of the side affected, was protruded so far beyond the socket, as to fall down on the middle of the cheek—and so great was the pain, that the vision of the other eye was entirely lost. The patient was anxious for an operation, as the only probable means of relief. Upon a careful examination, the substance of the eye was found to be extensively diseased, which, of course, dictated the propriety of its being removed. It would occupy a large space, to

detail the various stages and progress of the two operations, the one for the removal of the polypus, the other on the eye. The bones of the nose were found to be extensively diseased, and portions of them were removed—The cheek bone was also extensively affected; and also, the bones of the socket of the eye, as fully appeared after the removal of the eye-ball. The contents of the eye-ball were exceedingly offensive—so much so, that the attendants could scarcely remain in the room. The unfortunate patient, during the whole course of these extensive painful and dreadful operations, submitted without flinching, and without a murmur. The operations were scarcely ended, when the sight of the other eye returned, to the great gratification of the patient. He did not, however, live long to enjoy it. A few weeks afterwards, he was attacked with a breast affection, and his silly father employing a root doctor, he very speedily *drenched* the unfortunate patient into eternity. In this case, there is no doubt the bone was simultaneously affected, with the membrane of the nose, and participated in pushing out the cartilagenous polypus; and other cases of a similar character, leave no doubt, but that *the bones are always affected at the time the polypus is formed*, as has been already insisted upon.

These facts impress upon us the propriety of always applying without any delay, for the best professional advice, in the very commencement of all affections of this sort.

The author here takes pleasure in acknowledging the prompt and judicious assistance of his friend, Dr. James F. Harrison, in the foregoing operations.

It may be remarked, that in the removal of either kind of polypus, it will always be proper to expose the bone, so as carefully to ascertain its real condition; and whenever the bone is diseased, there is no safety for the patient, but by removing all the diseased portions. A timid course in this respect, will be fraught with the most disastrous consequences.

DISEASES OF THE LIPS.

The lips are, perhaps, more frequently subject to natural deformity than any other parts of the system. It is gratifying, however, to reflect that the skill of the medical profession, presents us with ample means of remedying all the deficiencies of these parts. Persons, therefore, who may labor under any affections of this nature, should not fail to avail themselves of the remedial means afforded by art.

The Hare-Lip,

Is the most frequent form of deficiency which presents itself—It can at all times, and at all ages, be completely relieved by a very simple operation ; it is to be remarked, however, that the operation is always more easy and efficacious on very young children, and the sooner application is made to the profession the better.

Cancer of the Lips.

Both the lips are sometimes subject to cancer, but most frequently, the lower one. When the cancer is permitted to progress until it occupies the whole lip, *the life may be preserved* by extirpation of the lip—but a very great degree of deformity is necessarily produced—When, however, an early resort is had, to professional advice, the diseased portion of the lip can be removed, and the edges of the wound so united as to produce but little deformity, and slight inconvenience.

DISEASES OF THE EXTREMITIES.

There are a great variety of diseases, which assail the extremities, of a very painful character, and often of a very dangerous tendency. We shall, however, treat only of the most common.

Whitlow.

There are four species of this disease—They are all, however, characterized by acute inflammation. The first species is seated about the nails, and is attended with a violent pricking, shooting pain, extending along the hand and wrist, and sometimes to the arm-pits—and sometimes the pain is so great, as to produce sickness of stomach. This affection often becomes chronic, and extends to the sheaths of the tendons, when the pain becomes almost intolerable. If the treatment in this stage is not prompt and energetic, the disease continues to progress, until it destroys the tendons and attachments of the bones—and the loss of two or more *healthy* bones of the finger is the consequence. The parts now heal, but at length, from some exciting cause, the disease again appears, and extends rapidly along the sheaths of the tendons, and under the skin, and at length involves the whole hand—and its loss is often the consequence.

TREATMENT.

The affected part should be freely laid open, and the sheath of the tendon split; but if the tendon appears itself affected, the incision should be carried deep into its substance, and sometimes, even to the bone, so as to *divide* the covering of the bone, called the periostium. The parts may then be dressed with equal portions of spirits of turpentine and laudanum. As soon as the parts have mattered, they may be dressed with any mild stimulating ointment.

When this affection in its earliest stage, appears around the roots of the nail, a free incision the whole length of the affected part, and afterwards touched frequently with caustic, until it matters, will often promptly cut off the disease.

Second species of Whitlow

Is formed immediately under the skin, and is never attended with any very great danger; it is, however, painful and troublesome—The finger swells and throbs, and is very tender to the touch.

TREATMENT.

When this affection is coming on, it may generally be arrested by the following means. Take a cup of hot lye, as hot as the finger can bear it—also a cup of cold water, and set them along side each other—dip the finger first into the lye, and then into the water, and so on alternately, for four or five minutes. In an hour or two, repeat as at first, only continue the process until the finger becomes easy. If, however, the finger continues to swell, &c., a free incision through the skin the whole extent of the swelling, will procure speedy and entire relief. The finger may be dressed with any simple ointment.

Third species of Whitlow

Is always formed between the tendons and the covering of the bone, called the periostium—The pain is very great, and if the disease is not arrested, generally terminates in a stiffness of the joint.

TREATMENT.

A free incision down to the affected part, and afterwards dressing it with a stimulating ointment, will produce a speedy cure. The finger should be carefully protected from cold, as sometimes when neglected, the disease recurs with very great violence, and even before the parts are scarcely healed.

Fourth species of Whitlow.

This species is usually termed by the people, "a bone felon"—The name is appropriate. The disease is seated between the periostium, (the covering of the

bone,) and the bone itself. If the disease is not promptly arrested, the bone often becomes rotten, and sometimes the whole finger, and a portion of the corresponding bones of the back of the hand, are also lost. It sometimes involves *all* the bones of the back of the hand, and is followed with subsequent loss of the hand. During the progress of the disease, the sufferings of the patient are very excrutiating.

TREATMENT.

A free incision should be made down to the bone, completely dividing the periostium the whole length of the affected parts; the wound may then be stuffed with cotton, previously saturated in equal portions of spirits of turpentine and laudanum, or equal portions of spirits of camphor and laudanum. This dressing is very severe for a while, and sometimes it may be proper to discontinue it, after a single application, and dress the parts with warm poultices. This, however, is only to be determined by the severity of pain, long continued. In most cases in a short time, the parts become easy—sometimes after a single application of the cotton saturated in the turpentine and laudanum, it may be proper to discontinue the cotton, and merely pour a small portion of the turpentine and laudanum into the wound.

In all the forms of whitlow, after the incision, if the turpentine and laudanum is not used, warm poultices frequently applied, will be found efficacious. All the preceding species of whitlow, sometimes attack the back of the hand, and are to be treated in all respects, as if they appeared on the fingers. It is also said that the palm of the hand is assailed by the whitlow—It is highly probable; but the author has never seen a case of this kind. Should they occur, they should be managed as the various species attacking the fingers.

DISEASES OF THE FEET.

Thickening of the Instep.

The instep or upper part of the foot, where it joins the leg, is often affected with painful lumps or tumours —The skin at first, begins to thicken, dries and peals off—at length, lumps are formed, and become very painful; and if they are not now attended to, they at length degenerate into obstinate ulcers.

TREATMENT.

When the skin begins to thicken and scale, frequent bathing of the feet in warm water, and afterwards anointing the parts with tallow or hog's lard, will generally effect a cure. When the lumps appear, the feet may be bathed in warm water, and the lumps carefully anointed every night with equal portions of sweet oil and spirits of turpentine, previously warmed. This will in a week or two, generally dissipate the lumps and restore the health of the parts.

Stone-Bruise

Is a painful tumour, most frequently appearing in the heels of persons who wear shoes in winter, and go bare-footed in summer. Sometimes they are very deep seated, and show little or no external tumour— They generally discharge a great deal of a thick, greenish, and sometimes bloody matter at first; at length the matter discharged, is a well digested pus, at which time, the parts begin to heal.

TREATMENT.

Warm poultices frequently applied, will tend to bring them to a head, when they should be lanced, and dressed with simple dressings.

Corns

Usually appear on the little toe, and sometimes on the others—They are very painful, and have been known to produce locked-jaw, and subsequent death. Corns are produced by wearing tight shoes, and are cured by wearing loose ones.

DISEASES COMMON TO ALL THE EXTREMITIES.

Warts

Are horny excrescences, formed by a thickening of the cuticle. They may be cured by cutting them off, and touching the wound with lunar caustic, or nitric acid, commonly called aqua fortis.

Boil.

The appearance of boils may be considered an effort of nature, to relieve the system from a general inflammatory condition. They most frequently occur in full and irritable habits. The boil is a hard inflamed tumour, and very tender to the touch—Its color is generally of a dusky red; and when the tumour is fully formed and matured, in the center of the matter, is contained a mass of hardened cellular substance, called the *core*. When the boil has completely suppurated, or becomes *ripe*, it should be opened, and the matter and core carefully squeezed out. Where there are but two or three boils, and they are of the ordinary size, no other attention is required; but when they are very large or numerous, and of frequent occurrence, it is evidence of an inflammatory condition of the system, which should be corrected by the following means.

TREATMENT.

The patient may be moderately bled, and a dose

of salts taken, and repeated two or three times a week. The diet should be light, avoiding animal food for ten or fifteen days, and all kinds of stimulating drinks. Warm mush poultices may be applied, to bring boils speedily *to a head.*

External Abscess.

This a tumour, which may be considered common to the fleshy parts. It is generally large, containing an immense quantity of matter, and inclines to spread —It is tender to the touch, and not unfrequently degenerates into a dangerous ulceration. When it occurs in full inflammatory habits, it is not so alarming as when it makes its appearance in weak or worn out constitutions, or in children. Sometimes this disease makes its appearance about the joints in grown persons, but most frequently in children. Subsequently, other parts of the system become affected with abscess, and one is scarcely healed before another breaks out. It generally follows the cellular substance along the course of the muscle.—Sometimes, there are several abscesses at the same time, in various parts of the body. In this case, they are accompanied by considerable fever, and produce great exhaustion, and often at length prove fatal.

Any form of abscess is deserving skilful medical attention; but the last form mentioned, is peculiarly dangerous, and requires the greatest possible skill, to bring about a favorable termination; and it is always an important point, that cases of this sort should come under professional management, before the system has become too much debilitated.

Stye.

This troublesome affection usually assails the lower eye-lids; but sometimes it is seen on the upper. The tumour is generally located on the verge of the eye-lid, and most frequently on the inner corner—the eye itches, and at length the lid inflames, and the ad-

jacent parts participate—The tumour is hard, reddish and sore, and very tender—and the constant friction produced by the rolling of the eye-ball, is the cause of great irritation. This tumour sometimes appears on the inside of the eye-lid. When this occurs, it is much more painful, than when it locates on the verge of the eye-lid. In a few days they come to a point, and a small white speck or pimple is seen, containing a small quantity of matter.

TREATMENT.

When the stye is fully formed, a warm poultice may be applied to the eye; after this, the stye should be opened at the point, indicated by the white speck or pimple. The opening should be freely made. As soon as the matter escapes, relief is obtained.

GENERAL REMARKS UPON
CHRONIC DISEASES OF THE SKIN.

In a work like this, circumscribed in its limits, it would be impossible to consider all the various chronic affections of the skin, much less, to discuss the peculiarities of their character, and lay down *in detail*, their connexion with each other, and their intimate relation to the general condition of the constitution. This, however, has been done by various authors, and their researches occupy *many* volumes. And it is a fact, constantly insisted upon, by every judicious writer, that a complete knowledge of the *true character and relations* of the chronic diseases of the skin, can only be ascertained by a minute and *detailed* investigation.

It will be sufficient in this case, to impress upon the public mind, that diseases of this class, are almost *always* the forerunners of other most dangerous and *life-destroying* diseases, and therefore give timely

warning, to be vigilant in the exercise of all proper precautions—and prompt in the introduction of judicious preventive remedies. It must not be understood by these remarks, that the author would inculcate the doctrine, that *all* chronic diseases of the skin, are connected primarily with the constitution. His object, at this time, is simply, to impress the minds of the people, with the important truth, that those affections generally, ought to be considered as salutary warnings, to be upon their guard against the approach of dangerous, lingering and fatal diseases.

It is a fact which comes under daily observation, that nature often endeavors to secure the vital organs from attack, and destruction by throwing diseases lurking in the system, *upon the skin.* A few instances, by way of illustration. In cases where children labor under painful and *protracted teething*—eruptions frequently appear upon the extremities and various parts of the body; and sometimes, a running from one or both ears. The sudden suppression of the eruption or running at the ears, will scarcely ever fail to produce dangerous bowel complaints—disease of the brain—convulsions, and often death. Therefore, when these eruptions occur under those circumstances, no judicious medical man, would attempt to heal them, in a constitution constantly excited by the painful and protracted teething. This, he knows, cannot be safely done, until the teething is completed and the irritation gone. His whole object, therefore, will be, to destroy the irritation and guard the vital organs—A plan of treatment already suggested by nature, in the eruptions she has thrown out.

Again—In grown persons, eruptions and runnings from one or both ears, sometimes occur. They are evidences of a most alarming condition of the system; and let a running at the ear be suddenly stopped, either from unskilful management, or any other cause, and a dangerous train of symptoms will follow; and in nine cases out of ten, the patient will be placed by

this unhappy circumstance, beyond the reach of art, and as a matter of course, he must die.

The sudden healing of ulcers of long standing, unaccompanied with proper constitutional treatment, will always produce dangerous diseases, and will often cut the patient off.

In the fevers of this climate, eruptions appearing on the skin, generally indicate a propitious termination of those cases, and are hailed by the medical man, as favorable omens. It is, however, true, there are *exceptions* to this general rule as applied to *all* febrile diseases.

It is unnecessary to multiply examples. Enough have been adduced, to illustrate, establish, and enforce the principles and practice proposed; and it is believed, the dullest intellect will perceive and appreciate their importance and truth.

CHRONIC DISEASES OF THE SKIN.

The Itch.

This disease, as far back as the year 1683, was demonstrated by Bonoms, as being the consequence of the presence of animalculæ, or very small insects, which burrow and breed in the skin. Many writers divide the itch into several species—such as scabby itch—rank itch—watery itch—pocky itch—complicated itch—running itch, and mangy itch. But these are no doubt, nothing more than various forms of the same species, as modified by variety of constitution, habit and conditions of the skin. Thus, the rank itch will produce all these varieties in different persons; besides, they have all been known to exist at the same time, in the same person.

The itch makes its appearance in the form of watery pimples, pustules and vesicles, and *pimples with inflamed bases*—Sometimes they are intermixed, and

sometimes alternate. The itch is highly contagious —It appears on the fingers, wrists and joints, and frequently about the fundament.

TREATMENT.

If any thing can be entitled a specific, sulphur may certainly be considered so in the itch. As a cure for itch, it deserves the preference of all other remedies. The flowers of sulphur, mixed with hog's lard, forms the best ointment. This should be rubbed on the parts affected, three times a day—Previous to each application, they should be washed with warm water and soap. Half a dozen applications, regularly made, will generally effect a cure. A still more powerful ointment may be made, by stewing the leaves of the Jamestown weed in hog's lard—straining while warm, and when it has cooled, adding the flowers of sulphur. This, however, need only be used in very obstinate cases—it may be applied in the same way as the simple ointment first mentioned.

Tetter.

The most simple species of tetter, is what is generally denominated the Ring-Worm. It is usually of a semicircular form—It does not often spread to any considerable extent—Though sometimes, it occupies alternately, the whole of the side of the face, chin and lips, and even extends within the mouth, and forms imperfect rings on the tonsils and palate. It is usually attended with a sense of heat, tingling, and occasionally itches—The vesicles are inflamed at their base, forming rings, and scale off, and are often replaced with fresh crops. They usually disappear of themselves, in ten or fifteen days; but occasionally, they prove very troublesome.

TREATMENT.

Equal portions of strong vinegar and salt, may be

used to rub the part three or four times a day. Salt and water is also an excellent application—The decoction of the root of the yellow dock, to which may be added a portion of salt and alum, is very efficacious —The parts should be washed with the decoction four or five times a day.

The running Tetter.

This species of tetter is liable to appear on any part of the body. The itching is always very troublesome, and sometimes, *especially* in hot weather, it is excessive. The vesicles are of various sizes, from that of a millet seed, down to the size of the head of a pin. The vesicles contain a *thin* ichorous fluid, which sometimes becomes *thick* and cloudy—the matter escapes, and the vesicles scale off—The parts sometimes heal, but remain of a darkish hue, and then in a longer or shorter time, break out again. If the part, however, continues well, the tetter soon appears in another place, and forms clusters as before. The vesicles then appear to have small *lines* or *tails* running from them—These again get well, and are succeeded by fresh crops. Sometimes the matter discharged from the vesicles, is tough and sticky. This matter is also occasionally of such a scalding nature, as to produce small ulcers—the skin then thickens and corrugates, and the disease becomes exceedingly troublesome. When the skin heals, it is followed by a crop of vesicles in *circles*, and sometimes by small hard, angry pimples in *circles*. The pimples in a few days, have small vesicles on their points, containing a thin fluid, which at length escapes—the parts then scale, and the skin is left in a state of considerable inflammation. In this way, the tetter continues progressively to occupy different parts of the body; it, however, most frequently assails the extremities—particularly the ancles and feet. This disease is dependant upon a peculiar irritability of the skin. The cause which produces this state of irrita-

bility, is not clearly ascertained. The general health of persons affected with tetter, is usually good.

TREATMENT.

Half a table spoonful of spirits of turpentine, may be taken in a gill of thick flax-seed mucilage, every third night at bed-time. This should be continued for three or four weeks—The diet should be light.

The tetter should be daily washed with strong soap suds, and then covered with a plaster of fresh tar.

A strong decoction of the poke root, with the addition of a portion of alum, is also an excellent application.

All excessively stimulating applications are hurtful. Running tetter often degenerates into incurable and eating ulcers, when dressed with very stimulating applications—and at best, they serve no other purpose, but to retard their cure.

Another form of running Tetter.

This does not differ from the other form just described, except as it is modified by the season of the year—by constitution and habit.—Almost every person has observed the fact, that *cold* weather is most favorable to some constitutions, while *hot* weather agrees best with others. In some persons, the skin becomes very tender and irritable in winter, while that of others, is affected in the same way during summer and autumn. In constitutions, where the skin is liable to become tender and irritable in winter, running tetter is, with them, at that season of the year, most troublesome and severe—the skin becomes thickened and drawn up—cracks and forms ulcers, and the itching is sometimes intolerable. In other constitutions, the itching is, on the contrary, most excessive and painful in summer. In the first case, the tetter is usually seen on the hands, particularly, in the palms and under the finger nails. In the second, it

most generally appears on the ancles and feet. But it is to be remembered, that both of these cases are sometimes reversed, as it regards the parts upon which the tetter appears.

TREATMENT.

The Jamestown weed, stewed in hog's lard, forms a most valuable ointment. It may be made, however, more cleansing, by the addition of a small portion of burnt alum. This forms the best oinment for tetter, when most severe in winter. In some cases, the treatment recommended under the first head, will be found most favorable.

Sometimes an ointment made by stewing the root of a vine, called bitter-sweet, in suet, and adding a small quantity of spirits of turpentine, and stiring it in well while warm, is found to be very healing. There are cases, however, where all applications fail. This most frequently occurs in constitutions very irritable.

The Scald Head.

This is a disease of the hairy scalp—It usually commences with a sense of tingling, and as if something was creeping through the hair—it next itches, and upon examination, an innumerable quantity of whitish scales, *and very small*, are seen around the roots of the hair. These, if rubbed off, exhibit very small ulcers, with a whitish matter oozing out *from around* the roots of the hair. It sometimes, however, commences more boldly, and forms patches of ulcers in various parts of the scalp. Dr. Crampton, who, of all others, has perhaps, described this disease most accurately, says, it most frequently commences with "clusters of minute oozing, red prominences dispersed in spots through the hairy scalp—some advanced to suppuration, leaving pits or hollows, filled with pus, giving a honey-combed appearance, covered here

and there, with a whitish or yellow scale. In many, large patches of scale of a definite shape, matted in the hair, occurs ; in some instances, one large crust, covering the entire head like a close cap—again, a glued condition of the hair is seen. In other instances, a scaly appearance, with only a few scattered hairs, here and there, the color of the scales varying from white to brown. The scabs in some, are firmly attached to the skin of the head—in others, they fall off like bran." In scald head, the hair falls off, and if the disease be extensive and violent, the head becomes completely bald. There is not the least doubt of this disease being contagious. Some authors have divided it into several distinct species. This has, undoubtedly, arisen from its assuming different forms in different constitutions, under different circumstances. But there is every reason to believe, there is but one species of scald head, and that its various forms arise from variety of constitution, &c. as already suggested. It is a disease of a very obstinate character, but will generally yield to judicious applications, perseveringly applied. Scald head is sometimes aggravated by constitutional irritability, which should be corrected.

TREATMENT.

Constitutional irritability, if existing, claims the first attention. Upon this subject, it will be proper to consult a physician. It has been recommended by many of the English physicians, to line a cap with pitch, and having previously washed and dried the scalp, then to apply the picth cap warm, to the head. This is subsequently drawn off, bringing with it, the hair of the diseased, and also, that of the healthy parts. This remedy, the author has known to be applied in three cases, (*not however, by his advice,*) and without any salutary effect. In two of the cases, the disease recurred with greater violence, and the

third *was not much, if any*, better of the application. This remedy therefore, is only mentioned, to be condemned as injudicious and cruel.

The following treatment is recommended as efficacious and valuable. All the loose hairs of the part affected, should be removed daily, with a pair of tweesers. The matter should be carefully squeezed out, and the parts diseased then washed with strong soap-suds—then anointed with a mixture of powdered charcoal and cream. In an hour or two, the mixture should be carefully washed off with soap and warm water, and the matter if any, again squeezed out. A wash, composed of a solution of blue vitriol, may then be used. This should be perseveringly pursued, for several months. The scald head should be dressed in this way, at least twice a day. When the parts have healed, there is usually some degree of inflammation, and some slight irritation remaining. A solution of sugar of lead in cold water, will then form a proper wash. This should be applied at least three times a day, and oftener if necessary. The parts may also be washed every day, or every other day, with alum water. When they have become entirely well, they should be regularly cleansed with castile soap and cold water, three times a week. This should be kept up for several months.

Leprosy.

This disease invades the skin at all periods of life. It is found under every variety of circumstances and habit, and in every climate.

Doctor Willan describes it, as existing in three distinct forms or varieties. Other writers have added many more. They are, however, all characterized by scaly patches of various sizes, and mostly of a circular form. In whatever form it may occur, whenever it becomes universal, the unhappy patient has an exceedingly disgusting and disagreeable appearance. The most striking difference of the three va-

rieties described by Dr. Willan, is the size and color of the patches. In one form, the patches are large, elevated, shiny, covered with dry scales, and surrounded by a reddish border. The scales continue to accumulate until they form a thick crust, and if they fall off, are speedily reproduced. In another form, the patches are smaller, depressed and unequal. They are generally covered with white, powdery scales on the depressions—The border around them is red. The third form does not differ from the first, in the size of the patches—They have no central depressions—their color is dark and livid,—In this form, the scales more easily separate, and the part continues raw much longer, discharges a thin ichorous fluid, occasionally tinged with blood; and when new crusts are formed, they are hard, brittle, and irregular. This truly dreadful disease, has but occasionally yielded to medical management. The author has seen but few cases, and has never had but one under his care; which, to his great satisfaction, and he confesses unexpectedly, yielded to the following treatment.

TREATMENT.

Rhasy Sims had been laboring under leprosy nine years and some months, when she applied for advice. Her appearance was truly shocking and disgusting. The *symptom* which induced the author to adopt the plan of treatment pursued, was a *scantiness of urine.* From this symptom, the disease was considered as connected with deranged functions of the kidneys. But, as many very eminent physicians considered leprosy as altogether confined to the skin, much doubt was entertained of the correctness of the kidneys being concerned in this case. And although, the author had read a great variety of works, in which leprosy was described, and treated—yet, it has been his *misfortune,* never to have found any one, in which the

condition of the viscera and their functions are described, in the various stages of a leprous disease. He, however, thought the scantiness of urine in this case, pointed out a very important indication, to be embraced in the treatment. Though, it might be possible that the scantiness of urine, may have been the consequence of some cause, acting on the kidneys, not connected with the leprosy. The author, however, was of a different opinion; and in this he was confirmed, by the result of the treatment. After the administration of a cathartic, the patient was put upon a course of diuretics—and this was steadily pursued. The niter muriatic acid bath was used daily. On the morning of every third day, the patient's body was exposed for an hour, to the vapors of sulphur, in a barrel, the top of which, was covered with a blanket, with a hole in it, for her head. For some length of time, the prospects of cure were unpromising, the patient appearing rather worse than when the treatment was commenced. But as she grew no weaker, the course was continued. At length, she became better, and this from the moment the functions of the kidneys became established. A fact, subsequently noticed, and *particularly* observed, was, that whenever the secretion of urine *decreased*, the affection of the skin *increased*, in a corresponding degree. In *three* months, the patient was greatly improved. It was found necessary to administer an occasional cathartic during the progress of this treatment. In thirteen months, she was entirely recovered. The author states this case, for the consideration of his professional brethren. He need hardly add, the only judicious course for a patient to pursue, is to consult a physician.

Prickly Heat.

This affection of the skin, occurs during hot weather—It is characterized by innumerable little pimples crowded together—On each pimple, a vesicle,

and each vesicle containing a thin fluid. The pimples at length, become dry and scale off, leaving the surface uneven and rough. The eruption is attended with most disagreeable, indescribable sensations, which are compounded of itching, tingling, prickling and heat. This disease has been considered by many eminent physicians, as of little importance, as regards the general health of the system. But from the observations of the author, *in this climate at least*, he thinks this affection should not be thought lightly of. That the sudden disappearance of prickly heat is uniformly followed by bowel complaints, or some train of disagreeable symptoms, is a fact, which every intelligent physician *must* have observed—and that this is most frequently *exemplified* in children, is a matter of equal notoriety. While the eruption continues, the bowels and system generally, are scarcely, if ever affected with any serious disorder. Its appearance ought, therefore, to be hailed, as *a timely and friendly warning*, (not given however, in *the most pleasant* manner,) to secure the bowels and general system, from the attack of a more powerful and serious disease. If this timely notice was heeded, and properly attended to, there is no doubt, that very many of those serious and dangerous feverous diseases, bowel complaints, &c. which afflict our people in this climate, particularly during *the hottest* months, *might be entirely prevented or rendered very mild.*

TREATMENT.

The following directions, comprise all the precautions proper to be taken—and the preventative measures necessary to be pursued, on the appearance of this eruption.

The bowels should be cleansed with senna tea and the extract of the white walnut bark. The state and condition of the evacuation, should be regularly no-

ticed, and if of a bilious character, the purgatives should be repeated every day or two, until the passages become of their natural yellow color.

All stimulating drinks should be carefully avoided, and also, all sorts of high seasoned food. A teaspoonful of mustard seed, and powdered charcoal mixed, may be taken every week—this will obviate costiveness, and strengthen the bowels.

For children, senna tea is an excellent purgative. It should always be sweetened with manna—Also, equal portions of rhubarb and magnesia combined, are very salutary as a mild purgative. The use of the extract of white walnut, is also proper for children. Any one of these purgatives, may be occasionally used—Ripe fruits in moderate quantities, are highly valuable, both for children and adults. The cold bath *twice a day*, is *specially* recommended—*the bowels having been previously cleansed.* For some children of very delicate habits, the *tepid* bath may be used. In some cases, it will be proper to bathe children three, and sometimes *even four times* a day, *especially during the hottest weather.*

Excessive heat should be carefully avoided, and all unnecessary exposure. The cold bath will be found soothing to the feelings, and invigorating to the constitution. Where parents are doubtful of the propriety of commencing with the cold bath, in consequence of any delicacy or peculiarity of the constitution of their children, advice should be had from a judicious physician, whether the bath should be used, and in what form and under what instructions.

Cotton clothing is greatly preferable to linen. The clothes should be loose and airy; and children during hot weather, should never be permitted to run out bare-headed.

The red gum, or Tooth Rash.

This is a disease peculiar *to very young infants*, and like the prickly heat, seems as a messenger to

notify the approach of more serious affections, and to warn the parents early, to use preventive means. The eruption is of a *florid* red, intermixed with scarlet patches—They sometimes become of a *yellowish cast*, and go off with a scurfy, mealy scale. The vesicles are of various sizes, and are sometimes of a *whitish cast*, and accompanied with livid splotches. The different forms in which it appears, have given rise to the opinion among medical men, that there are three *distinct* species of this affection; but it is most probable, that they are merely *varieties* of the same species, modified by peculiarity of constitution and circumstance. There is often a slight disturbance of the digestive powers, which may be noticed on the first appearance of the eruption.

TREATMENT.

Upon the appearance of the eruption, the bowels should be cleansed with rhubarb and magnesia, combined. The mother should also use a mild purgative, and be particular to keep her own system in a good condition—Neglect in this respect, is often the source of much inconvenience and ill health to the child. Should the eruption be suddenly driven in by any cause, as for instance, exposure to a stream of cool air, a bad bowel complaint will generally be the consequence. The warm bath in this case, is the first step to be taken, to produce a return of the eruption. In cases of this sort, it will be proper to have professional advice.

Sometimes this affection requires no other medical treatment, than a dose or two of magnesia and attention to the mother's diet.

The dry white Itch.

In Tennessee, this affection is very common—It occurs only during hot weather. The eruption consists in small hard lumps, from the size of a flax-seed,

to that of the head of a pin. They are flat on their surface, a little elevated, and of the color of the skin. Their appearance is usually preceded by a sensation, as if insects were crawling over the skin,—This is followed by a most intolerable itching, increased by scratching. This disease is indicative of a deranged state of the secretions of the liver, and is not contagious.

TREATMENT.

All external applications are unavailing. The bowels should be well cleansed, with repeated doses of the extract of the white walnut. The diet should be light, and all stimulating drinks avoided—also, all kinds of animal food, for a week or two.

When the bowels have been attended to, as above directed, cold bathing will be found a most delightful and useful remedy, to prevent the return of the disease, and to invigorate the whole system.

Grog Blossoms.

These consist in large splotches, pimples and lumps, *red as fire*, appearing on the nose and face of hard drinkers.—The whole countenance of the person, is most detestable, as are the habits which produce the affection.

TREATMENT.

Six months residence in the penitentiary, at hard labor, will be found salutary. Grog blossoms are the usual precursors of poverty, crime, shame and infamy. They also indicate a *beastly* disposition and an *abominable* character.

Chilblain.

This very painful affection most usually appears on the feet—yet, it sometimes attacks the hands, and even assails the lips, nose and ears. It is produced

by cold, and is accompanied with an intolerable itching. The parts affected, are red, grow livid—and not unfrequently, run into gangrene and slough off, leaving behind, painful and obstinate ulcers.

TREATMENT.

To relieve the itching, the feet may be put into cold water, for a few minutes, and afterwards, rubbed with salt and vinegar, or salt, vinegar and spirits, equal parts. To prevent a recurrence of this uncomfortable affection, the patient should avoid sudden and excessive changes from heat to cold. The feet and hands should not be kept too warm—they should be frequently rubbed, and occasionally anointed with a liniment, composed of spirits of turpentine and soap —one ounce common soap, and two table-spoonsful spirits turpentine, well mixed, will form a proper liniment. In the worst forms of chilblain, the patient should resort to professional advice.

This disease frequently occurring, and badly managed, sometimes produces an affection of all the bones of the feet, accompanied with shocking ulceration, in some cases, requiring amputation of the leg. A few years ago, the author, assisted by Dr. Hamilton, amputated a leg of a lady, in Jefferson county, the bones of the foot having become diseased, together with the soft parts, to an amazing extent, in consequence of exposure and repeated returns of chilblain. This case is stated, to illustrate the propriety of speedy application in the worst forms of this disease, to proper advice. Many others could be adduced.

OF SORES OR ULCERS IN GENERAL.

Ulcer and Sore, signify the same thing. They are of various characters, and are dependant upon a great variety of causes. They are variously modified, as they occur in various constitutions and habits. Some

occur in a healthy system, and are strictly local, such, for instance, as are produced by external violence. Others are intimately connected with the system, as venereal ulcers. Those strictly local, and those connected with the system, or in other words, dependant upon a depraved condition of the general functions, are again subject to appropriate divisions and subdivisions.

TREATMENT.

Ulcers which are known to be produced by external violence, such as bruises, &c., may be dressed with the following ointment:—Take a handful of the root of bear's foot, chipped up and bruised—stew in a quart hog's lard, for half an hour, then strain through a coarse cloth.—This forms an almost incomparable ointment in such cases. A small portion of burnt alum may be occasionally used, to remove the proud flesh if any. The ulcer should be dressed twice a day at least, and in hot weather, oftener, if it becomes at all offensive.

In all cases of ulcers involving the whole system, and whose appearance cannot be accounted for, as in the case above, it will be proper to consult a physician.

The healing of ulcers, without proper precautions is sometimes followed by fatal consequences, and sometimes produces painful and troublesome diseases of the vital organs.

It may be proper to add, with regard to the bear's foot ointment, if it should appear too strong, it should be weakened by adding more lard—if too weak, by adding more of *the root*, and stewing over again. Its strength can be easily ascertained, by particularly noticing its effects a dressing or two.

OF WOUNDS.

A wound is a division or disunion of the soft parts, occasioned by violence. They are of various kinds, and take their names from the instrument or material with which the injury is effected. Thus, a wound made by a sharp cutting instrument, is termed an *incised* wound—A *punctured* wound, is a hole, made by *a narrow* pointed instrument—A *lacerated* wound is made by an instrument, tearing the parts asunder, and are irregular and jagged—A *contused* wound is produced by a blunt instrument—A poisoned wound is produced by the bite of a venemous animal—*Gunshot* wounds are produced by obtuse metallic bodies, discharged from fire-arms, and form the most dangerous kind of contused wounds.

Wounds are more or less dangerous, in proportion to the parts that are injured—the peculiarity of their structure—their importance to life—and the extent of their injury;—And they will also, be always more or less dangerous, in proportion to the goodnesss or badness of the constitution—the habits and age of the patient—and the opportunities he may possess of receiving proper care and advice.

Incised Wounds.

An incised wound is produced by a sharp cutting instrument, and is attended with less danger than any other kind of a wound, and requires the simplest dressings.

TREATMENT.

It is a very common thing with the people, to sew up all wounds of this kind. It is true, there are cases in which this course is proper; but it is a very bad general rule, and should never be practised, unless with the concurrence of a regular bred physician. In cases where sinews or tendons have been divided, or wounds have been inflicted about any of the large

joints, sewing them up, will not only retard their cure, but render them alarming and dangerous. A case is now under the care of the author, in which the wound was inflicted below the pan of the knee. The parents of the youth, unfortunately, sewed up the wound —This produced great irritation, and brought on symptoms of locked jaw; which have, however, been happily relieved, and the patient is doing well.

In incised wounds, the first thing that claims attention, is, the bleeding; and where the bleeding is extensive, or does not speedily cease, a skilful, professional man, should be immediately procured:—And if the wound is in any of the extremities, a bandage or chord, should be drawn around the limb, sufficiently tight, to compress the arteries, and stop the bleeding, until the physician arrives; and if the wound is over a bone, a compress may be applied, and tightly secured by bandages, until professional aid is procured. When the bleeding spontaneously ceases, the next thing to be attended to, is the cleansing or washing of the wound, and removing all extraneous bodies, such as dirt, grit, gravel, &c. The opposite sides of the wound may now be brought together, and retained in this position by strips of adhesive plaster. Shoe-maker's wax, spread on a piece of cloth, and then cutting the cloth into strips of proper breadth and length, which can be determined by the extent of the wound, will answer in place of the adhesive plaster, used by surgeons. After the application of the first layer of adhesive strips, the wound may be covered with lint, over which, other adhesive strips should be applied, to keep it in place—upon these, a compress of linen may be placed, and a bandage then applied.

☞In cases where the bleeding is extensive, and continued for many minutes, it may be concluded an important blood vessel is wounded; and the measures above recommended, should be immediately resorted to, and a physician speedily procured. But remem-

ber, fellow-citizens, that you procure a *physician*, and not a professional smatterer. For sometimes, when people go in search of physicians, they make sad mistakes. And in cases of this sort, the utmost professional skill is required. And the more especially to impress this *important truth* upon the community, it may not be amiss to relate a case that occurred not a great while ago. An individual in one of the upper counties, receiving a wound, on what the people call the *heel* of the hand, the wound was deep, and divided an artery. The physician of the neighborhood was sent for, who resorted to many foolish and ridiculous expedients, to stop the bleeding. But all of his very knowing applications availed nothing. Sometimes the arm was chorded until all sensation was destroyed, or in other words, until the hand and arm would begin to die—then the chord would be loosened, and the blood flow furiously. This gentleman continued his rash experiments upon his unfortunate patient, until he had nearly expired from loss of blood; when a reluctant consent was given, to send some fifteen miles for Dr. ——. The arm of the patient was chorded to prevent any further loss of blood, until the Doctor's arrival. He found the patient on the verge of eternity. He promptly cut down upon the radial artery, took it up and tied it—the chord was removed, and the bleeding ceased. Now, fellow-citizens, cases of similar aggravation and enormity, are occurring almost daily in our state; and it is for you to put a stop to this miserable, mangling of human victims. Here was an unfortunate young man, brought to the very verge of the grave, by an ignorant pretender, and was only rescued by sending for, and procuring a qualified physician, more than fifteen miles off. And, unless, fellow-citizens, you establish a board of competent medical men, whose duty it shall be, to examine into the qualifications of all who are *now* practising, or who may hereafter wish to practise, our community must con-

tinue to be scourged with the heavy curse of professional smatterers and empirics.

Of Punctured Wounds.

A punctured wound, is a hole made by the sharp point of an instrument, or by a *narrow* pointed instrument. It is more dangerous than an incised wound, and less dangerous than any of the other kinds enumerated. It is to be managed in the same way, with an incised wound.

As one of the principal objects of this book, is, to place the healing art in a proper light, before the people, the author begs leave to relate another case, of *murderous ignorance*, exhibited in the management of a punctured wound, by a professional smatterer of the *better* sort.

A young man, in a playful scuffle, received a punctured wound in the hollow part of the ham, from a very sharp pointed sword-cane. The blood gushed out in large quantities, an artery having been divided —The bleeding was speedily arrested by a circingle drawn tight around the thigh, by an intelligent gentleman present. *A physician three miles off, was sent for. He arrived in a short time, and with much professional parade and foolish ostentation, examined the wound—poured into it, some balsam, and stuffed it with lint—on this, was placed a piece of burnt leather—on the leather, a folded cloth—on the cloth, a large wad of tow, and over the whole, innumerable bandages. The circingle was then removed from the thigh, and the patient pronounced in *a fair way to recover speedily!* The night passed away, and the morning found the patient a corpse—He had bled to death. But this is but one of many cases. that have occurred in our country, in which human life has been

*Who are physicians in Tennessee? This is a very difficult question to answer. But the people can soon have it answered, by directing their Legislature to organize a board of competent medical men, with authority to call before them, all who *are now* engaged in the practice of physic.

sacrificed by men who have assumed to themselves, the title of physician, without any proper qualifications. But, were the community guarded by a board of competent, medical censors, clothed with proper authority, the mongrel practitioner and incompetent empiric would not have it in their power to trifle with the lives and feelings of our people. But, on the contrary, the community would have secured for their service, competent and skilful medical men. Had the practitioner above alluded to, been *compelled* to submit to the examination of a capable and talented board, he would not have been admitted to the practice, and consequently, no one could have fallen a victim to his ignorance and stupidity.

Lacerated Wounds.

A lacerated wound is made by an instrument, tearing the parts asunder, and are irregular and jagged —They are very dangerous and painful. At first, however, the parts appear to lose much of their sensibility, but inflammation supervening, they become very painful—they bleed but little, and sometimes not at all. Doctor Cheselden relates a case of a man, who had his arm suddenly torn from his body, carrying along with it the shoulder blade—under judicious management, he recovered in a couple of months. There was no blood lost.

TREATMENT.

The wound should be immediately washed, and all extraneous bodies removed—The lacerated parts should then he laid together, and the edges of the wound brought as near each other as practicable, and confined by sticking plaster, as directed in incised wounds. If the wound does not bleed, a cold poultice may be applied—If it bleeds, it may be covered with lint, and then appropriate bandages should be

applied. In the mean time, professional advice should be procured without deley.

☞Stitches should never be used, but by the advice of a physician.

Contused Wounds.

A contused wound is produced by a blunt instrument—The parts appear bruised, and like lacerated wounds, do not bleed much, but are very dangerous.

TREATMENT.

Contused wounds should be managed in the same way as lacerated wounds.

Poisoned Wounds.

A poisoned wound is produced by the bite of a venemous animal, such as the viper, the rattle-snake, the mad-dog.

TREATMENT.

The injured part should be immediately cut out, and burnt with caustic, or a hot iron, or a live coal. For further treatment, SEE POISONS.

Wounds of the Chest.

Wounds of the chest should be treated in the same way as wounds of other parts, according to their character. They are generally less dangerous than wounds of the abdomen, but require the most skilful attention. The patient should be laid with the wound downwards, or in other words, in such a position as will permit the escape of any fluid or matter that may be contained in the wound.

Wounds of the Abdomen.

Almost all surgeons divide wounds of the abdomen into two classes—1st. Those which only injure the skin and muscles—2nd. Those which penetrate

into the cavity of the abdomen. The first class is not more dangerous than similar wounds of other parts; the latter is extremely dangerous, but the degree of danger is different in proportion to the importance of the internal parts that may be injured.

TREATMENT.

Wounds of the abdomen, should be treated according to their character or denomination, in the same manner as wounds of other parts, always observing, however, to place the patient in such a position as to admit the escape of any fluid or matter that may be contained in the wound. In all cases of wounds of the abdomen, the best medical advice should be speedily procured.

Gun-Shot Wounds.

Gun-shot wounds form the worst sort of contused wounds—They are produced by metallic bodies, such as bullets, discharged from fire-arms. The part at which the ball enters is blackish, and has the appearance of having been burnt—The contused parts in a longer or shorter time, slough off. The wound is always more or less dangerous, in proportion to the velocity of the ball producing the injury, and the importance of the parts injured. It is a remarkable fact in the history of gun-shot wounds, that the muscles may sometimes be completely *mashed,* and the bones *shattered* to pieces, without the skin being in the least broken, or suffering any apparent injury.

Extraneous bodies are more commonly found in gun-shot wounds, than in any other species of wounds —They may be included in three classes—1st. Parts of clothing or other things driven in by the ball—2d. The ball itself—3d. Splinters or pieces of shattered bone. There is generally little or no bleeding at first, though in a few days where the sloughing is

great, fatal bleedings sometimes occur—This, however, depends upon the nature of the parts injured.

TREATMENT.

All extraneous bodies that are loose, or come away without using much violence, may be immediately removed. A small piece of cloth, folded together, may be placed over the wound, and a bandage applied to keep it in place—In the mean time, professional aid should be speedily procured. It cannot be too earnestly insisted upon, that unadroit hands should meddle as little as possible, with wounds of this class, and indeed, with all other kinds of serious wounds. To say nothing of the irritation that is produced by violently pulling away the extraneous bodies which may be tightly wedged in the wound, there is great danger of a violent and fatal bleeding, occurring from such a course, if the ball has entered parts supplied with large blood vessels. Many cases might be adduced, to illustrate the extreme imprudence of violently removing extraneous bodies from gun-shot wounds. The author will relate a simple case in point, that came under his own observation some time ago. A gentleman of middle age, went out with his rifle to hunt—he came to a fence, placed his gun on the opposite side of the fence, and while he was in the act of climbing over, his gun went off, and lodged a ball inside of his thigh, about six inches below the groin—A small piece of his clothing hung out from the wound, in which, with other extraneous bodies, it was tightly wedged. In the meantime, the wound did not bleed—the unhappy man a few hours after the accident, was visited by an *officious* neighbor, who professed to have a share of surgical skill, and who sometimes, tinkered with the sick of his own neighborhood, in the capacity of *physician*, and being very moderate in his charges, he obtained no small sh .e of the practice! This "knowing man" imme-

diately took charge of the case, and as a first step, violently pulled away the extraneous bodies, having *no idea* of the existence of such a thing as the great Femoral artery or its branches, which, by possibility might have been wounded. As soon as the extraneous bodies were torn away, a violent bleeding ensued, and before proper professional aid could be procured, the unfortunate patient bled to death.

STUNS AND CONCUSSIONS.

A stun is temporary confusion, produced by suddenly arresting the sensorial energy, or in other words, the energy or *action of the brain*, by blows, falls, and such like accidents; in most cases no serious injury occurs, but sometimes the consequences or effects are permanent, serious, alarming and even fatal. When a stun is about to prove serious, the patient a few hours after receiving the injury, and sometimes not until a few days afterwards, complains of pain attended with dizziness of the head, occasional sickness of the stomach, and more or less fever, which admonish him to be upon his guard, and to have immediate recourse to the following treatment.

TREATMENT.

The patient should be bled to the relief of the pain, a dose or two of salts should be taken, and the bowels kept regularly open by the *daily use of salts;* in the mean time, his diet should be light, amounting almost to abstinence. Should this course fail to procure relief, without further delay proper professional advice should be had.

Concussions.

A concussion is produced by violently agitating or shaking the brain, by blows, falls and such like accidents. The injurious effects of concussions are gen-

erally very extensive, always extremely dangerous, and in every case, requires the most skilful professional assistance.

The violence of a concussion immediately reduces the unfortunate sufferer to a state of insensibility, or in other words, he becomes *apparently* lifeless, and if the shock has been very violent, the patient soon dies; but, in cases where the concussion has not been sufficiently powerful to cut off the patient immediately, the breathing is at first scarcely perceptible, then difficult, the pulse feeble and intermiting, the extremities cold, (☞and if, while in this stage, the patient is bled, he dies.☜) As the powers of life return, the breathing becomes easier and more natural, and the pulse more regular, the sensibility of feelings begin to return, and, as the vital functions continue to resume their place, the extremities grow warm; the sufferer, nevertheless, lies in a state of stupor, at length he passes from this state, and is capable of replying to questions put to him, in a loud voice, especially, when they refer to his chief suffering at the time, as pain in the head, &c. otherwise he answers incoherently, and as if his attention was occupied by something else. As long as the *stupor* remains, the inflammation of the brain seems to be moderate, but, as the former abates, the latter seldom fails to increase. These several stages are of no certain duration, but are in proportion to the violence of the shock, and the extent of the cerebral disrangement.

TREATMENT.

If the accident occurs during cold weather, the patient should be immediately conveyed to a warm room, wrapped in blankets and laid in bed; a free circulation of air should be preserved. This is all that ought or can be done, all stimulating applications are hurtful, nor must the by-standers or friends of the sufferer, *so much as think* of bleeding the patient

in this stage of the concussion, viz. while in a state of insensibility. As soon as the patient begins to revive, a little water or a little wine and water, or a little spirits and water may be given, this, however, should not be administered more than once or twice, and then sparingly; by this time gentle friction with the hand applied occasionally to the extremities, will aid to accelerate the languid circulation, and prove salutary in other respects. By this time the physician will have arrived, if he lives within any convenient distance, and the messenger has been active and diligent in procuring him. The physician will generally not arrive until the patient has passed into *the third stage*, at *which time* he will require blood letting, which will have to be performed with caution and judgment. The time when the blood is to be taken away, and how much, can only be *properly* decided upon by a competent physician; as, also, the other measures which may be necessary. If the accident occurs in the summer or during hot weather, the patient should be immediately removed to a cool place, and the same course observed in other respects as directed above. It is a popular opinion, that persons meeting with accidents of this sort, should *be bled immediately;* fortunately however, for the patient, the blood-letting can be but seldom performed as soon as the people *would have it,* and their loss of time in this respect, *is his gain;* and, indeed, in most instances *saves his life,* which otherwise would fall a sacrifice to the ill-timed blood-letting.

BRUISES AND SPRAINS.

Bruise.

A bruise is a hurt produced by a blow or a fall, or other accident, by which a part is mangled or smashed. Bruises are always more or less dangerous in

proportion to the nature of the parts that are injured, and the extent of the injury; the parts injured are livid, blue or black, in proportion to the violence of the blow or fall or other accident, producing the bruises; sometimes from neglect or exposure to cold they degenerate into foul and painful ulcers, and sometimes from the same causes or other mismanagement they mortify, and occasion the loss of the injured limb, and sometimes of life. They should always claim our special care and attention, and particularly as soon as the injury is sustained, because, in the first day or two after the injury, the most favorable advantages are to be gained. The author not long since, assisted by his friend Dr. L. W. Jordan, of Kingston, amputated the arm of an individual which had been severely bruised by a fall from a horse. The unfortunate patient foolishly neglected procuring proper assistance, until it was too late, the arm having already passed into a state of gangrene before he applied to Dr. Jordan, who, if timely called, would no doubt, have saved the limb. This, with other cases of a like character, should admonish us to procure skilful attention in all cases of extensive bruises, without any delay.

TREATMENT.

In all extensive injuries of this sort, the patient should procure skilful advice without delay. In ordinary cases where the injury is not extensive, the parts may be bathed with spirits of turpentine two or three times in twenty-four hours, vinegar is also an excellent application—opodeldoc and the spirits of camphor are salutary, and a strong ointment of bears foot made as recommended in cases of sores and ulcers, applied three times in twenty-four hours, is a very valuable remedy.

Sprains.

A sprain is produced by violently stretching or wrenching the ligaments of a joint, or twisting a joint without causing dislocation. A sprain is more or less dangerous and painful in proportion to the size of the joint, and the number of ligaments injured; large joints when sprained are generally a long time in recovering their strength and health, and in very fat persons there is almost always a predisposition left in the injured joint, to swell upon the slightest exertion or use of the joint, and sometimes there is an *habitual* weakness of the joint left behind, by violent sprains that often lasts for life—the joint is subject to *occasional* swelling, and becomes rheumatic.

TREATMENT.

The remedies recommended under the head of bruises, are equally salutary in sprains; sometimes blood-letting is required if the injured joints are much *inflamed*, and *especially*, if there be much pain, or general symptematic fever.

When the inflammation has began to subside, teaming cold water on the parts will be found to add very much to their strength, and this course pursued three or four times a day, assisted with flannel bandages previously wetted with vinegar, and tightly applied on the parts, will be found in most cases highly efficacious, and greatly to expedite the cure. In all violent cases, it will be prudent to procure judicious professional advice.

Dislocations.

A dislocation is the displacement of a bone from its natural cavity, or in other words, a dislocation is *a joint out of place*. The only certain symptom of a complete dislocation, is entire loss of motion of the joint dislocated, together with the lengthening of the

limb; all other symptoms are equivocal—sometimes in dislocation, the limb is shortened, but this also occurs in fractures, and therefore, cannot be alone depended upon. None but a skilful anatomist can determine in *obscure cases* whether a joint is actually dislocated or not, and if he has not been called previous to much swelling taking place, *he* cannot determine in *obscure* cases with perfect exactness. The difficulties of putting a joint in place are either increased or diminished, as the following circumstances obtain. The case being recent or of long standing, the swelling being slight or extensive; fresh cases are generally very easily reduced, particularly, if assistance is obtained previous to much swelling having taken place; the swelling always increasing the difficulty, and in every attempt to reduce a dislocation that fails, adds very greatly to the difficulty of its reduction, and in cases of several days standing, the difficulties of a reduction are very generally increased, and a re-placement of the joint often becomes entirely impracticable—the soft parts have yielded, and the bone has formed a bed, and become in a great measure accustomed to its situation—the muscles have lengthened, or contracted in proportion to the kind of luxation, and have adapted themselves to their new situation. The ligament that covered the head of the bone may have grown together, so as not to admit a return of the bone to its place, the bone itself may have grown to the parts upon which it has been thrown, by the violence of the displacing forces. And lastly, all the parts enumerated, may have become attached to each other, and so knitted together as to form an insurmountable barrier to a re-placement of the bone in its original natural situation.

TREATMENT.

For all the reasons above enumerated, not the least possible time should be lost in procuring able professional assistance. There are many other reasons

why the reduction of a dislocation is rendered difficult, and often impossible, which could be enumerated; but it is thought enough has been said to place the extent of the danger in a great degree, before the mind of the reader, and to admonish him of the glaring impropriety of delaying to apply for proper assistance.

In the meantime, while proper professional aid is procuring, if the pain in the dislocated parts is violent, and they shew a disposition to swell, the patient may be pretty freely bled; this will tend to lessen the pain, and keep down the swelling and inflammation, and thus the physician will receive his patient under the most favorable circumstances. There should be no attempt at reducing the dislocation, as every failure will greatly aggravate the pain, and increase all the difficulties of the case. The patient should be permitted to sit or lie in such position as he may find most comfortable.

FRACTURES.

A fracture is an injury by which a bone is broken or crushed—they are divided by surgeons into various kinds in proportion to the extent of the injury sustained, as confined alone to the bone, or involving injuries of the soft parts. Fractures are always of a serious character, and are always *very dangerous* when extensive, and complicated. All are liable to produce deformity, if not skilfully managed; and in complicated fractures locked-jaw not unfrequently supervenes from the greatness of the irritation produced by the action of the shattered bone, upon the nerves of the soft parts. The only certain symptoms of a fracture are the crepitus or grating or crashing of the bone, and its being shortened—the *crashing* is the most certain and unequivocal symptom. Injuries of this kind are always attended with a great deal of pain, and active inflammation and consequent swel-

ling. We may expect a favorable or unfavorable result in cases of fracture, according to the goodness or badness of the constitution of the person receiving the injury; and, also, according to the age and habits of the sufferer, and the extent of the mischief. The bones of young persons heal much more readily than those of old persons, and those of temperate persons incomparably easier than those of intemperate persons.

TREATMENT.

All that can or ought to be done by persons unskilled in the management of injuries of this kind, is, to place the sufferer in as comfortable a position as circumstances will permit, and to procure skilful attention without the least delay. In the meantime, as the inflammation comes on and the swelling increases, the patient may be bled, and thirty or forty drops of laudanum administered *to an adult*, and to a child in proportion to the age.

HERNIA.

By the term Hernia, medical men mean a protrusion of some of the viscera of the abdomen, (such as a gut,) out of that cavity into a kind of sac, composed of a portion of the membrane which covers all the viscera, or vessels and organs of the inside of the belly. This membrane is pushed before the protruded gut, or other organ, and these with the adjoining soft parts, form a tumour called the *hernial tumour*. There are cases however, of *hernia*, in which there is no *external* tumour, and to which this definition would not apply. Cases of this kind may be appropriately denominated *concealed* hernia.

SYMPTOMS.

When a hernia takes place suddenly, it is generally accompanied with a sense of something tearing

loose, or giving way, this is shortly afterwards followed by a tumour, which is increased on every attempt to cough or sneeze, or by making the slightest effort, and this *more particularly* occurs if the hernia is in the groin or navel, and also, in the upper and fore-part of the thigh. The tumour when it first appears, will disappear on pressure sometimes; a hernia takes place gradually, and not unfrequently so *slowly* as not to excite attention, until it is completely formed. A hernia is at all times to be dreaded, and is exceedingly dangerous when it becomes strangulated.

Symptoms of Strangulation.

Pain in the part or tumour, sometimes extending to the intestines, with *a numbness* in the thigh of the side affected, if the hernia be in the groine, a general sense of fretfulness and uneasiness along the belly. The stomach becomes sick—there is no discharge by stool, the parts become more painful, and occasionally accompanied with a sense of drawing. The sickness of the stomach increases, and vomiting ensues; the patient is more restless, his countenance anxious, his pulse generally quick and hard, and sometimes fluttering. At length, all the foregoing symptoms are greatly aggravated, when suddenly the patient becomes easy, his countenance is calm, his pulse languid and intermitting, a sense of chillness comes on, attended with cold sweats, the hernial tumour becomes livid, often blackish, hickup takes place, the tendons twitch, and the patient dies.

TREATMENT.

In all cases of hernia, immediate resort should be had to the very best advice. In the meantime, the patient should be laid on his back, with his hips higher than his head, and should general fever ensue, or *inflammation* be exhibited *in* the tumour, the presence of which will be known by the pain, soreness and

tenderness of the part, the patient should be copiously bled. All unsuccessful attempts to reduce the hernia will greatly increase the inflammation, and when not existing, tend to bring it on, and add inconceivably to the difficulties of the reduction of the protruded organ. The author has several times met with cases of *reduceable* hernia, which had been by many *previous* unsuccessful attempts to re-place the protruded parts within the belly, rendered excessively painful and sore to the touch, and the difficulties of reduction, were greatly increased, and became almost insurmountable. While thus the size of the hernial tumour is increased *by additional protrusion* in consequence of injudicious handling, the parts are *also* rendered tense, and become swelled and painful, and thus *make* a case of a dreadful and alarming character, which would otherwise have been easily managed, and, comparatively speaking, of no great hazard.

With a view to warn the people of the glaring impropriety of *unadroit* hands meddling at all with cases of hernia, the author will relate one to which he was called, under the most unfavorable and difficult circumstances. This case occurred in a negro man of Col. Wm. D. Neilson's, of Green county, the hernial tumour had existed two or three days, (the *exact* time not now recollected,) the parts were inflamed and swelled, and the whole hernial tumour had gradually increased, to the enormous size of a man's head. Under all these most unfavorable circumstances, the author succeeded in a short time, in reducing the protruded organs or viscera. Other cases of a similar character could be related, but this one is a *pretty good sample* of the size to which a hernial tumour may be increased by injudicious measures.

HEMORRHOIDS OR PILES.

This troublesome and painful affection consists either of a rupture of the veins of the rectum, or

strait gut, or in an enlargement of these vessels by which tumours are formed. The first kind of piles are denominated *bleeding* or *open* piles, the second are called *blind* piles, and do not bleed—both kinds may be *external* or *internal*; they are, for the most part, excessively inconvenient and painful, particularly, the blind piles—sometimes they are, however, attended with only occasional inconvenience. Not unfrequently there are extensive bleedings from piles, which greatly exhausts the patient, and even endangers life, and in some cases they have proved fatal. The inflammation is often very great in both kinds, and sometimes produce abscesses, or terminate in fistula. Piles which bleed but little, are not generally of any very great importance, they may be rendered so, however, by a great variety of causes, such for instance, as long continued costiveness, or violent feverous diseases; sometimes they degenerate into ulceration, sometimes mucus is discharged, and deep seated piles often discharge a matter resembling curd, and at other times, a thin gelatinous substance. Piles are of various sizes, from that of a pea to a hen egg; some authors make a distinct species of every different form of this disease, but they may all be very appropriately included under the general heads of blind and open piles.

TREATMENT.

In common cases of piles, the sufferer may obtain relief, by keeping the bowels gently open, by the use of senna tea, castor oil, rheubarb and sulphur. These medicines may be alternately used. The bowels should never be permitted to become costive.

In the more serious cases of piles, professional aid should be had, as their proper treatment can only be ascertained, by investigation of the case, as connected with particular portions of the system, and the system as a whole.

FALLING DOWN OF THE FUNDAMENT.

This disease is one of frequent occurrence—It is not confined to any particular period of life; it is often produced by flux and other bowel complaints; it is the consequence of long continued costiveness, and is also often occasioned by worms; diseases of the bladder often bring it on, and enlargement of the prostrate gland is sometimes the cause. It frequently accompanies the gravel, and not unfrequently, follows diseases that occasion general debility. In most cases a cure can be effected; this, however, will always be more or less difficult, in proportion to the nature of the cause or disease, producing the falling of the fundament.

TREATMENT.

In cases of this sort, early resort should be had to skilful advice. In sudden emergencies, however, where the gut is distended and fallen down, the protruded parts should be oiled with sweet oil or lard, and returned with the finger. If this cannot be effected on account of the presence of hardened excrement in the gut, *glisters* should be immediately resorted to, and repeated until the gut is cleansed—it will then be easily returned.

EXPLANATORY REMARKS.

In the foregoing diseases, the author has endeavored to exhibit their most prominent symptoms, as they occur in their various stages, and to shew the extent of their danger. At the same time, he has endeavored to instruct the reader in the best method of managing all those complaints, the treatment of which, does not require thorough anatomical knowledge, and other scientific attainments.

It will be observed also, that the incipient treat-

ment of important cases, is fully set forth. It must not, however, be understood for a moment, that this *can possibly be meant* to *invite* to *any further* treatment of those cases, on the part of the reader, than is *expressly* set down. And in all those cases, where he is *advised* to procure skilful professional aid, he will always find his account in complying with the directions, without the least delay.

Health is the most important and greatest temporal blessing—But this *great* blessing, which can alone fit us for all other temporal enjoyments, is unfortunately *only appreciated by the loss of it.* Therfore, *even* in the simplest cases, where there is *the least* room for doubt, we should always procure the immediate assistance of those who are competent to decide.

DISEASES OF THE GENERAL SYSTEM.

That disease is variously modified by climate, is a fact well known to every one; and that all climates are propitious to the health of those individuals, whose constitutions have been formed under their influence, is equally true, as *a general* rule. The state and condition of the atmosphere in which we live, certainly exercises a great deal of influence upon the health, as also, do a great variety of other external causes, which are considered in their appropriate place; but in searching for the causes of disease, we too generally look *beyond ourselves*; yet, were we to scrutinize our habits and general conduct, we would no longer *wonder* that we are sick; but be *astonished* that we remain well so long, or enjoy so much comparative health. A close scrutiny into our *modes of living*, and *general habits*, would discover the important fact, that we live (at least in Tennessee,) constantly *at war* with nature. And it is extremely probable, that at least one half of all the diseases to which the human body is subject, have their origin in our *opposing* nature. He who is *intemperate* in dress—in eating

—in drinking—in sleeping, or *intemperate in any respect*, need not be amazed at loss of health; but has occasion, rather, to wonder how it is, he has enjoyed *so much* health, or has lived so long. Nature has prescribed certain laws, for the regulation of the animal economy—These have a perfect adaptedness to its wants, and completely harmonize. The penalty annexed to the infringement of the least of all these laws, is *ill health*, and a continued violation of them, is punished with death.

In our own country, unfortunately, our people are intemperate in almost every thing. Immoderate drinking and enormous eating, are characteristic of our citizens; and both are beyond all doubt, most fruitful causes of disease. The whiskey-drinker, or *consumer* of ardent spirits, will be *cut off* by a disease, that would scarcely derange the health of a *temperate* man—The enormous eater, will be *destroyed* by a disease, that would be completely repelled or overcome by the constitution of a temperate individual. Hence it is, the same diseases attacking the drunkard or the glutton, and the temperate man, require a very different treatment; and every scientific physician knows the fact, that were he not *intimately* to study the constitutions of the habitual consumer of ardent spirits, and the enormous eater, particularly of *animal* food, he would not be more than *half* qualified for the practice of medicine in our country.

The moral of all this is, the first step towards the preservation of health, is diligently to scrutinize all our habits, and bring them within the bounds prescribed by nature.

FEVEROUS DISEASES.

In the first part of this work, the author has very briefly defined the term "Fever," and the term "Disease." This is all that is necessary in a work of this sort—SEE FIRST PAGE.

Intermittent Fever, or Ague and Fever.

By Intemittent Fever, is meant a disease, which runs a regular course, and then subsides, and after a certain interval is repeated.

It matters not whether the paroxysms return daily, the third, or the fourth day, it is the same kind of fever; but the third day ague as it is called, is the most frequent form of this disease. Sometimes in this climate, this disease shews itself in the form of a hot stage or *fever*, without a chill. This, the people usually denominate "dumb ague." Occasionally, this disease comes on unaccompanied with either a chill or hot stage, and shews itself by an immoderate sweating every day or third day, which wears away the patient and produces great debility. There is sometimes a chilly state of the system unattended with sweating or a hot stage. These two forms of this disease, are very fatal, and can only be cured by the most powerful tonics, combined with most active diffusive stimuli. There is also, a congestive state of intermittent—the extremities grow cold, the blood retreats from the surface, and engorges the vessels of the vital organs. There is sometimes occasional convulsions. This form is exceedingly dangerous.

Another form of this fever is, a disposition to sleep at a certain hour every day, or third or fourth day. The breathing is hurried and tremulous—the patient cannot be roused, and generally sleeps with his eyes half open. This is a very alarming condition, and the patient cannot have skilful advice too soon.

Sometimes all the regular paroxysms of intermittent fever are reversed. The sweating stage first appears, then the hot—then the cold. This form is a type of congestive intermittent, and is very dangerous. As the cold stage comes on, the patient complains of great oppression about the breast and stomach, and great internal heat, sometimes accompanied with pain in the back and limbs. There are cases in

which there are but two apparent stages, viz: a cold and a hot stage—again, a hot stage and a sweating stage, and sometimes a sweating stage, *followed* by the hot stage. Cases of this sort, are termed Irregular Intermittents.

Each paroxysm of regular intermittent fever, consists of three distinct stages—a cold stage, or shake —a hot stage, and a sweating stage. The time from the beginning of one paroxysm, to the beginning of another, is called an *interval*—that from the ending of one paroxysm to the beginning of another, an *intermission*.

Symptoms of a regular intermittent.

Cold stage.—The patient yawns and stretches, and becomes weak—the face is pale and shrunk, the extremities cold, the pulse small and feeble—A sense of coldness commences in the back, and diffuses itself over the whole system, and at length, terminates in a convulsive shaking. During this stage, the breathing is hurried.

Hot stage.—As soon as the shaking goes off, the heat of the body returns, and continues to increase, until it rises much above the natural standard—the countenance is flushed, the skin, for the most part, is harsh and dry, and sore to the touch—The head aches —the back is pained, extending along the loins—shooting pains through the limbs, and sometimes the limbs ache violently, during the whole stage. There is occasionally, pain in other parts of the body—the pulse is quick and strong—the mouth dry, and sometimes, when the paroxysm is long continued, becomes parched—the tongue is white—the thirst great, and if any urine is discharged, it is sometimes high colored, but for the most part, of a dull saffron color, particularly if there be pain in the right side, and the hot stage be long.

Sweating stage.—After a longer or shorter continuance of the hot stage, a moisture begins to appear

on the forehead and neck, and at length terminates in a general perspiration; and the system now resumes its natural condition.

The symptoms, as already exhibited, as occurring in the cold and hot stages, are sometimes very violent —Sometimes, there is sickness of the stomach, and vomiting, and in some cases, the heat or fever becomes so great, as to produce delirium. In others, the vital powers have been so much depressed during the cold stage, as to destroy the patient at once. And in this climate, of some years, (and particularly this year, 1830,) these occurrences have been very frequent, especially on the water courses, and in low, damp situations.

The passages.—In this disease, the passages are often green, brown, of a dark yellow, of a dark, dirty color, greyish, of a chocolate color, and sometimes black and tough—often they are white, and mixed with slime, and sometimes with blood and slime.

The patient is in general, inclined to be bound in the bowels, but sometimes there is almost a constant purging; in short, the condition of the bowels and the color of the evacuations from the bowels, vary in proportion to the violence of the disease, and its type and *grade*.

TREATMENT OF THE REGULAR INTERMITTENT.

In the cold stage, the warm bath should be immediately resorted to; and if the cold stage be very violent, and the depression of the vital powers great, some toddy or spirits should be given. The patient should then be put to bed, and hot rocks or brick, rolled in cloths, applied to the feet—the bed-clothing should be abundant, and the patient may drink freely of penny-royal tea, or hysop or sage tea. In the meantime, while a physician is sent for, if the hot stage comes on, and the head aches very violently, or delirium ensues, or the breathing is painful and diffi-

cult, the patient should be bled in proportion to the violence and continuance of those symptoms.

REMARKS.

It is a commonly received opinion among the people, that this disease is of such an *unimportant* character, that it is not neccessary to have professional advice; and some cases having gradually worn out themselves in good constitutions, have induced the improper conclusion, that all persons affected with this disease, may escape with the like impunity. This absurd opinion is full of much evil, and exceedingly dangerous to health and life. There is, perhaps, no disease which lays a foundation, when improperly managed, more than this, for other diseases of an obstinate, lingering and fatal character. In this disease, the patient usually believes the most important, matter is to stop the chill. This, though important, is not the most important matter. The most important matter is, to manage this disease, so as not to produce visceral obstructions, or lay the foundation for other diseases. When this tendency is obviated, to stop the chills, is a very easy matter. The diseases which ague and fever, when improperly managed, has a tendency to produce, *are*, enlargements of the spleen, called the *ague cake*—obstructions of the liver—diseases of the misentric glands—of the stomach and kidneys, and sometimes of the lungs. Also, flux, dropsy, jaundice, &c. No one, acquainted with these facts, can possibly entertain the smallest doubt, of the high importance of managing ague and fever correctly. An early resort, therefore, should be had to professional advice.

Remittent Fever.

A remittent fever is a disease which has a daily *temporary* augmentation of the symptoms. The temporary violence or increase of the heat, is great attended with an exasperation of all the other symp-

toms; this is termed in medical language an *exacerbation*—the exacerbation after a longer or shorter continuance, *remits in violence*, yet, without an entire *intermission*. There is most frequently one paroxysm every day; in most cases, some days and *even weeks* before the full accession of this disease, the patient complains of a bad taste in his mouth, and, on getting out of bed in the morning his head swims, sometimes he feels an occasional dizziness through the day, a sense of stiffness in the muscles, he yawns and stretches, the appetite fails, the tongue becomes foul, the breath offensive, sensations of heat and cold, alternating with each other through the whole system; and, particularly along the back and loins, general weakness and indisposition to motion; at length the face becomes flushed, and a general intense heat invades the whole system, the pulse is quick, strong and regular, pains in the side, back, loins, breast, head, neck and limbs. Sometimes the pain is confined to one or two of these parts, at others, it is violent in all of them; the eyes are for the most part, dry and dull, the skin parched, the urine scanty and high coloured, and the bowels costive, the thirst unquenchable, and the breathing is anxious and hurried, particularly, during each exacerbation. The passages are very various, sometimes hard and lumpy, black, green, whitish, stringy, sometimes pure bile is discharged—bile and blood—mucus—bile and blood—bile and mucus mixed—mucus alone—a jelly looking substance is sometimes discharged, and sometimes the passages have the appearance of coffee grounds.

PREVENTIVE MEASURES.

When a bad taste in the mouth and swimming in the head takes place on getting up in the morning, the patient should, without delay, take three or four grains of tartar emetic, dissolved in a pint of warm water; of this, take a gill at first, and *then* a tablespoonfull or two every fifteen or twenty minuts, until

it vomits, when vomiting is produced, the patient may drink freely of warm water, to promote it; when the vomiting has ceased, a little water gruel or chicken soup may be taken; this will have a tendency to promote the purging, which is usually produced by tartar, after the vomiting has ceased. On the following night the patient may take eight grains of calomel, or ten grains of the extract of white walnut bark, and in the morning, some senna tea, or a dose of castor oil. The senna tea or castor oil should be repeated in the course of five hours, if the first doses have not operated, ☞and are to be continually repeated, until they do purge.☜

Diet.

The patient should drink no cold water when the tartar is taken; when the other medicines are taken, cold water may be drank; chicken soup and thickened milk should be the only diet for a day or two, or some other similar mild light diet. ☞During the operation of the medicines, the patient should particularly notice the color of his passages, &c. If they are bilious and do not become natural before the operation of the medicine has ceased, the extract of white walnut or senna tea, should be repeated *until* they become of a natural yellow color. In the meantime, the light diet should be continued.

If the system is full of blood, and the face occasionally *flushed* along with the swimming of the head, &c., the patient should be bled *previous* to taking the tartar emetic, &c. In all cases in which the general heat has invaded the system, and the fever is fully formed, the patient should have skilful professional advice without any further delay.

Bilious Congestive Fever.

The first symptom generally *noticed* by the patient, is a fullness about the head and eyes, a sense of weight and fullness in the right side. These symp-

toms occasionally go off, and the spirits of the patient are often more than usually good, and his countenance of a very healthy fresh appearance, the appetite is increased, and perhaps the patient praises his *unusual good* health. This state of the appetite and feelings continue for a few days; at length, after his meals, the patient will feel dull and sluggish, and sometimes an occasional fullness and uneasiness about the stomach, which rarely amounts to sickness. About this time the fullness about the head and eyes, &c. first complained of, return; it is, however, slightly regarded. A sense of tightness of the whole abdominal region—and a peculiar *fretting* state of the system ensue. The patient is easily irritated.—The passages are now irregular, and if examined will be found to be of a higher colour than usual, and often streaked with bile.—The patient in this forming stage of the disease, occasionally breaks out into profuse perspiration, and while this lasts all the other symptoms abate—as the disease continues to form the patient experiences alternate chills and heat. At length the spirits sink. This *marks* the complete formation of the disease, and *is a very peculiar symptom.* A sense of chillness comes on—The eyes are shrunk, dull and heavy, and the patient complains of drowsiness; the extremities grow cold. At length a gentle glow of heat, perceivable first in the palms of the hands and soles of the feet and about the breast, extends over the whole system. A gentle moisture succeeds, but is soon suppressed—The fullness of the head and eyes returns, the stomach becomes sick, there is slight palpitations of the heart, and at length the whole system becomes hot—the pulse is quick and convulsive—The head aches intensely—to sickness of stomach is added an indescribable burning heat, with great thirst, the fullness of the side gives place to excruciating pain, extending to the back and loins—The skin is harsh and dry, and sometimes soon becomes clammy—The bowels are costive, the

urine scarce and high colored—there is a disagreeable itching, burning and tingling about the neck of the bladder—After a longer or shorter continuance of the general heat, the extremities grow cold, attended with a general soreness, and an indescribable sinking sensation—The passages are dark-green, of the consistence of tar and often of the color and consistence of half made pitch—they are *sometimes* white—but are most frequently bile mixed with a dark foul looking matter—In a few days, and *often hours*, all the violent symptoms appear to be increased to their very utmost —The countenance becomes indescribably anxious—the internal heat is immense, while the surface is cold, except the breast and belly, delirium ensues. This having continued a longer or shorter time gradually subsides and all the other symptoms abate—The patient returns to his right mind, feels better, and vainly hopes a rapid recovery—But presently he complains of thirst, and great internal heat, the extremities grow colder—the coldness extends at length to the loins and arm pits, the pulse is feeble and intermitting—the tsomach is irritable—hiccup follows —the tendons twitch and the heart becomes still.

Sometimes this disease is ushered in with the symptoms of the common remittent fever and speedily assumes a congestive type—This is also the case, sometimes with Intermittent fever.

The appearance of the tongue in Bilious congestive Fever as it passes through its various stages is very peculiar, sometimes it is whitish, then again livid, then yellow, sometimes in a few days it is covered with a dark thick coat, and then in a few hours becomes suddenly clean, and of a high red color. It is often of a slick shiny appearance. It sometimes looks perfectly parched, and in some cases the tongue becomes paralytic, it is then paleish, and at length becomes covered with a foul greyish scurf. The veins under the tongue are swelled, and the blood contained in them is very black.

In cases where the bilious congestive Fever is prolonged for many days, blood is often discharged from the nose, gums, and sometimes from the ears, and it is not unfrequently purged.

PREVENTIVE MEASURES.

On the occurrence of the symptoms first described, such as the fullness about the head and eyes, and side, the *fretting* state of the system, &c. the patient should be immediately bled to the relief of those symptoms. Twelve grains of Calomel should then be taken, or fifteen of the extract of White Walnut. If those do not operate very freely, they should be repeated, and the patient should take 8 or 10 grains of Rhubarb every day or every other day until the passages become of a natural color.

Diet.

The diet should be light, such as chicken soup, tea and bread, coffee, milk and bread. Cold water may be drank as usual.

GENERAL DIRECTIONS.

The patient should daily examine the appearance of his passages, and as long as they continue in the least bilious, he should continue the use of the Rhubarb, and an occasional dose of calomel or the extract of White Walnut should be taken. His general habits should be regular, avoiding all spirituous liquors or high seasoned food. He should not expose himself to the hot sun or suffer his system to become heated. After the bowels have been cleansed and the other symptoms removed, cold bathing daily, in the morning will brace, cool and invigorate the system. When this disease is fully formed procure the ablest professional advice without delay.

INFLAMMATORY FEVER.

This disease comes on with an indisposition to motion, the patient is sluggish, the eyes dull, the stomach peevish, the mouth occasionally dry. This sometimes lasts for a day or two. A sense of coldness follows and a general soreness of the skin. At length the stomach becomes sick, and the head aches, and generally in the evening the heat increases and at night the patient sweats. In a day or two a violent imflammatory fever ensues. The thirst is great, the skin hot, the eyes glare, the head aches, and sometimes delirium ensues, the urine is red, the bowels costive and the pulse full, strong and bounding. It is sometimes quick and hard. In young persons there is often drowsiness and occasional convulsions.

TREATMENT.

Blood should be drawn from the arm *until* the head becomes easy, Senna and Salts should be taken so as to purge freely. If this course does not subdue the disease no further treatment should be attempted without the advice of a Physician.

TYPHUS OR NERVOUS FEVER.

This disease is sometimes contagious. It is seldom so in our country. Physicians divide it into two kinds—Mild Typhus and Malignant or Putrid Typhus. This last type does not often appear in Tennessee. The other form is common. In the mild Typhus the symptoms are not alarming at first—sometimes indeed for many days the derangement of the system is so gradual as scarcely to be noticed; the tongue exhibits but little alteration, the pulse is somewhat accelerated, and more feeble and smaller than ordinary. There are occasional shiverings, and the heat is *but little increased.* The spirits are low, and

as the disease advances the strength fails, and the mind becomes very greatly depressed. The head swims, and the patient is troubled with night sweats; the skin which for the few first days of the attack, was dry, is *now* covered with a sticky debilitating sweat *during the day*, which often *increases* at night, producing great exhaustion; the countenance looks pale, and emaciated, the head is troubled with a constant dull heavy aching, which is occasionally very severe; the patient desires every thing that is sour; the pain in the head increases; the eyes are sometimes watery, then dry. There is an inclination to sleep. The tongue at first white, at length becomes covered with a blackish or brown scurf; the urine is pale and of a faintish smell, and is very thin. As the exhaustion increases the brain becomes *apparently* more deeply affected; delirium ensues. The arteries of the neck and temples throb; the patient sighs, the stomach becomes very sick. The lone muttering delirium increases, the sweat is very offensive, the limbs tremble, the tendons twitch, the patient picks the bed clothes; catches at imaginary objects in the air, slides down in the bed, becomes more and more convulsed, and dies.

During the progress of the disease the passages are variable, dark, green, of a dirty color, slimy, like jelly, &c. &c. but whatever their appearance, they are always very offensive.

Malignant or Putrid Typhus.

This type of Typhus commences boldly at first, is rapid and overwhelming in its progress, bearing down the powers of life before it. Alternate heat and cold marks its invasion. The pulse is small and tense and sometimes quick and fluttering. The system is soon completely exhausted, and all the symptoms described in the Mild type of Typhus are more rapid and violent; the delirium is greater, and the stupor more profound; putrid patches appear on vari-

ous parts of the body, ulcers in the mouth and throat, and a disagreeable blackish sordes settles around the teeth. These two last symptoms, which are also peculiar to the Black Thrush, have led many very respectable practitioners to consider black Thrush a concomitant of Malignant Typhus. It may be so, but the author thinks the ulceration appearing in malignant Typhus is a symptom *peculiar to this class of Fever*, and independent of any connexion whatever with the Black Thrush, as those diseases appear in our country. How far they may be *connected* and are *dependent* upon each other in colder and marshy climates he does not undertake to decide. But he has never seen a case in Tennessee which would justify the belief in the least degree, that there is the slightest possible connexion between the two diseases.

In the class of Malignant Typhus, the countenance is *peculiarly downcast*, the lips grow livid, and as the vital powers recede, the countenance becomes cadaverous, the eyes are sunken, the tendons twitch, a disagreeable odour is emitted from the body of the unfortunate sick man; sometimes the patient dies in convulsions, and sometimes the spark of life goes out almost imperceptibly.

TREATMENT.

In the commencement of both forms of Typhus, the patient should be put into the warm bath. When taken out he should be wiped dry, and put into a clean bed. This is all that can or ought to be done by persons unskilled in the treatment of disease.

It requires consummate skill to treat this disease successfully. The very best advice should be immediately procured.

Stomach Fever.

This is the popular name of a very fatal disorder which sometimes appears in East Tennessee. It was prevalent in parts of Jefferson, Cocke, Grainger,

and Greene counties in 1824-5. It is the Typhus Syncopalis of the Eastern, and more Northern States. It is characterised with excessive weakness, and uncommon *irritability* of the stomach, or uncommon *insensibility* of the stomach.

The symptoms are rapid and the disease overwhelming. The Author will describe it, as it appears in our climate. The patient a few moments before the attack is in apparent good health. He suddenly becomes prostrated, or faints, the pulse cannot be felt. He continues in this state a longer or shorter time, and then as it were awakes with sighs and sobs, the pulse can *now* be felt at the wrist, feeble and slow. There is a sense of sinking about the stomach of an indescribable character, sometimes there is also a sensation about the stomach as if it was loose and floating. There is no heat on the surface, but it is rather inclined to be cold. Sometimes this disease comes on with a sense of numbness in the skin followed by the sensation of a thousand insects crawling over the body. There is great distress of the stomach followed by amazing debility. The patient cannot bear to be raised up for a moment. The pulse is so exceedingly variable that it is impossible to describe it. There is a peculiar lividness of the lips, and often dark streaks under the eyes. Little red pimples often appeared on various parts of the body, and in some cases there were several large inflamed lumps along the spine, and back of the neck, and a general efflorescence and roughness of the skin. Sometimes the patient sunk into a profound stupor from which he never recovered. In some cases where the sinking was very great, the intervals between the drawing of each breath were many seconds. In these cases the breathing was uniformly accompanied with a kind of half sob, succeeded by a long drawn sigh. In some cases there are splotches of a dusky cast appearing *depressed*, and often at the same time in the same person splotches scattered here and there of a purplish

color, and somewhat elevated. In some cases the pains in the head, back, and limbs are very violent, but generally the pains in those parts are slight and fugitive. The fainting and peculiar indescribable sinking and floating of the stomach and bowels, was most afflicting and most dreadful. The bowels are generally costive. The Author saw only two cases out of twenty-three, in which the bowels were loose. This disease gives no certain premonitory signs of its approach, or if it does, the Author did not discover them, its assault being impetuous, rapid, and overwhelming. The skin is very insensible, and in most cases accompanied with a corresponding insensibility of the stomach, though in many cases the irritability of the stomach is excessive, and when complete vomiting does not exist, there is a constant retching or inclination to vomit.

TREATMENT.

When a patient suddenly faints, or is prostrated with this disease, he should be rubbed all over with warm spirits, and as soon as he begins to revive, *hot strong toddy* or *warm Mint Julep* should be frequently administered. A Mustard plaster should be applied to the soles of the feet, on the ankles, along the whole course of the spine, on the back of the neck, under the arm pits, on the palms of the hands and wrists. In the mean time, Professional aid should be speedily procured.

☞Vomiting will kill, and a purge injudiciously administered will place the patient beyond the hope of recovery, and *blood-letting will* be equally fatal.☜

Inflammation of the Brain.

Dr. Clutterbuck has with great ingenuity, and learning, introduced and urged the doctrine of the Brain being the seat of all feverous diseases, and does not apparently allow any distinction between fever in general and purely local inflammation. This eminent

medical gentleman has maintained his theory with great plausibility. And many of the inductions which he draws and indications of treatment given, are of great practical importance, and will not fail to attract that candid consideration and attention from the Profession which it certainly merits. By these remarks the Author does not mean to be understood as embracing the opinions of this distinguished gentleman in the whole, but merely noticing them under the foregoing head, *Inflammation of the Brain*, as calculated to lead to many important, and highly useful practical results.

Inflammation of the Brain is of two species, the one is plain and obvious, and not liable to be mistaken for any other affection; the other is concealed, is of a very insidious character, and always obscure and sometimes difficult of detection.

The first species of Inflammation of the Brain generally comes on with a sense of tightness across the forehead, accompanied with indistinct recollection. The patient is disturbed by the slightest noise. At length a general and violent inflammatory fever announces the full formation of the disease. The head aches intensely, and often throbs, and appears to *jump*, though this symptom is not always present; the eyes stare, and are peculiarly wild, the face is flushed, and is sometimes purplish; the slightest noise is painful, and will frequently cause the patient to start; he cannot bear the light. At length a most dreadful ferocious delirium ensues. At one time so great is the agony the perspiration bursts from every pore, at another the skin is hot and dry. The tongue is parched, the thirst great, the pulse hard and rapid. And if speedy relief is not obtained, a profound and fatal stupor ensues, and death closes this scene of excruciating suffering.

TREATMENT.

The patient should, (if possible,) be set up, and

bled until he faints. The orifice from which the blood is drawn should be large. The room should be made dark, and every kind of noise prevented. In the mean time have the best medical aid with all possible haste.

Concealed or Obscure Inflammation of the Brain.

The nostrils are dry; there is severe pain in the head. The eyes are glaring, and the breath hot; the patient gradually becomes insensible to every thing that passes. The brows are knit, the tongue is paralytic, the eyes become fixed on some object apparently before them; the patient will sometimes shut first one and then the other, and will press his lips together, and twist his mouth first to one side and then the other, and will occasionally draw up his cheeks; a low muttering delirium ensues, hiccup follows, and death carries off his prey.

TREATMENT.

This form of Inflammation of the brain requires the same *immediate* relief with the first, and also the same professional attention.

INFLAMMATORY SORE THROAT.

Alternate chillness and heat marks the invasion of this disease. The throat becomes dry, and often the muscles of the neck are pained and stiff; the countenance is flushed, and not unfrequently there is head ache; the voice is hoarse; the swallowing at first painful, at length becomes very difficult. The fauces becomes red and swelled, and the whole lining membrane of the mouth is angry and inflamed. The voice is sometimes lost. Sometimes there is a burning sensation in the throat attended with quick sharp shooting pains. At other times there is a dull aching pain in the parts; the Tonsils swell, and the pain ex-

tends into the ears. The throat is often dry, but occasionally there is a tough glary mucus mixed with the saliva, and gives it a stringy appearance. In violent cases, the inflammation is often very extensive, involving the throat, face, lips and eyes, the cheeks become swollen and the eyes inflamed. In the last stage of this disease, the inside of the mouth and throat appear dusky and livid, interspersed with whitish specks. The bowels are always irregular; generally costive; the fever inflammatory.

TREATMENT.

A prompt and copious blood-letting, followed by a nauseating dose of Tartar, taken in small quantities until vomiting is produced, will often arrest this disease if it is taken on its first appearance. The bowels should next be opened with a dose of Calomel of 10 grs for an adult—which should be followed in six or eight hours with a large dose of senna and cream of tartar dissolved in a pint of boiling water which should be suffered to stand until the senna is well drawn; then strain and drink it. Should not this course of treatment arrest the disease, attempt no further treatment, but speedily obtain professional aid.

Another species of Inflammatory Sore Throat.

In this case the gullet is the seat of disease; the difficulty of swallowing is felt low down in the throat—The pain appears to be confined to a spot, and when any thing is swallowed as soon as it reaches the inflamed portion of the Gullet, spasm takes place in the part, and the article attempted to be swallowed is thrown back with much violence. Sometimes the inflammation in this disease is so active as to produce speedy destruction of the Gullet and of the surrounding soft parts. Not unfrequently the inflammation extends into the stomach—It often effects the Dia-

phragm. In this case there is a constant sense of stricture in the throat, and whenever the saliva is swallowed, it produces painful hiccup, and often convulsions. In this species of Inflammatory Sore Throat, the fauces do not swell, but there is often great enlargement of the tongue; sometimes to such an extent as to protrude it from the mouth. Sometimes this disease is complicated with the first species—In this case the fauces first inflame and swell, and the tonsils enlarge; the ears often ache, and there is a sense of tightness accompanied with shooting pains in the throat, and all the painful circumstances relative to the difficulty of swallowing just above enumerated exist in a greater or lesser degree. The complication of *the two species* is often very dangerous; and the last species when existing alone, and spending all its violence on the Gullet, is very hazardous, and when it extends to the diaphragm and stomach it is very rapid in its ravages, and extremely fatal.

TREATMENT.

On the first accession of this disease the patient should be copiously bled. A Mustard plaster should be applied on the throat and one put between the shoulders—a dose of calomel should be administered and professional advice obtained.

Malignant Sore Throat.

The fever that accompanies this disease is always of a typhoid type, and is ushered in with a sense of coldness—sometimes with a shivering. It is a disease often epidemic and generally contagious. The depression of the vital powers is always great—the sickness of the stomach considerable, and not unfrequently there is vomiting. There is a ferrety redness of the eyes, with an occasional flushing of the face. Sometimes the countenance is pale and the eyes sun-

ken, and of a muddy cast—there is great weight about the chest—the inside of the mouth, and as far as can be seen, the throat, are of a crimson appearance. The redness is often of a deep dusky appearance—the parts are at first but slightly enlarged; they are covered with specks of an ashy cast, underneath which are angry and *corroding* ulcers. The specks and ulcerations sometimes run into each other, slough off and exhibit one deep and gangrenous ulcer. Again the specks in some cases coalesce, but are still defined by fiery reddish edges or lines; the whole throat is sore, and troubled with a dull acheing pain. Whenever this disease invades the system, *preceded* with *a chill and stiffness of the neck*, it is always more violent. The ulceration is very rapid, and the weakness immense. Sometimes the ulceration attacks and destroys the articulations of the Epiglottis, and it becomes loose and is either swallowed or spit out. When this sort of dreadful ulceration takes place the specks become either brown or black, and often extend into the nostrils and gullet; and sometimes when these specks slough off, and are swallowed, and carry along with them a thin ichorous matter that exudes from the ulcers, the disease is communicated to the stomach and extends through the whole range of the bowels. In the first stage of this disease the tongue is but little furred, sometimes it is perfectly clean and appears varnished; as the disease advances it becomes covered with a black or brown crust. Towards the close of this disease, the patient becomes drowsy, and is very difficult to rouse. This is soon followed by a stupor, the strength wastes rapidly, delirium ensues and the patient dies. Sometimes however, the strength remains to the last, and the patient walks about a few minutes before he expires. In the whole course of this disease the bowels are generally loose, and discharge an excoriating fluid.

TREATMENT.

In the beginning of this disease the patient may be given a vomit of Tartar; afterwards a large dose of Magnesia in water; after the Magnesia has been taken, in half an hour, the patient may drink freely of cider, or vinegar and water, with a table spoonful of powdered charcoal stirred into each glass full of cider, or vinegar and water. The mouth and throat should be frequently cleansed with a gargle made of strong red pepper tea, with a small portion of alum dissolved in it. This far will answer for *preparatory* treatment; in the mean time, professional aid should be procuring.

CROUP.

The popular name of this very distressing and dangerous disease is "Bold Hives." It is truly a fearful visitor; although taken at the *threshhold*, there is perhaps no disease, more *easily* managed, yet if suffered to become completely formed, there is perhaps none *more unmanageable*.

By the term Croup, is meant an inflammatory disease which assails the Mucous membrane of the wind-pipe or air passages. The type of Fever that accompanies it, is generally that of the prevailing Fevers of the season, to which it is always necessary to pay particular attention. It is sometimes of an Intermittent type, sometimes Remittent. It is often variable, and particularly in summer and autumn *is connected* with extensive derangements of the stomach and liver. There are three species of Croup. First,—the Acute Inflammatory Croup. Second,—Spasmodic Croup. Third—Chronic Croup.

Inflammatory Croup

Most generally comes on with symptoms of Cold; though sometimes it assails the throat with amazing

violence, almost without any previous notice. When it comes on with symptoms of cold, it is speedily followed with a *hoarseness*. The eyes are watery, dull and heavy. The hoarseness increases, and soon becomes associated with a settled wheezing. The symptoms increase in violence; a short, dry, hoarse wheezing, unproductive cough distresses the little sufferer. *Drowsiness* comes on, and a continued rattling in the throat marks the steady progress of the disease. The countenance is flushed, and the skin hot; the patient becomes restless; the breathing difficult; the voice becomes broken and altered. The breathing becomes shrill, whizzing, ringing, sometimes dry and hissing; the face becomes more full, and is purplish; the eyes filmy. The little sufferer occasionally stretches out its hands, and casts up its eyes as if imploring assistance. The *disease moves onward*; the breathing is laborious, and gradually becomes shorter. The powers of life are receding; the disorder is at its height. At length the arteries of the neck, throat, and the countenance become indescribably anxious. It is heart-rending to look upon it. The child is convulsed; it is struggling with *a half suffocation*; it coughs; it coughs again; becomes half strangled, and vomits; a thick tough matter resembling the white of an egg, is thrown up, with some mucus and pus. The powers of life are at their last ebb, and the little sufferer seems to yield submissively to the stroke. The breathing grows shorter and shorter; the countenance is calm; the eyes are closed or are half open; the child has suffocated. Its little soul has winged its eternal flight to mansions of bliss, "for of such is the kingdom of Heaven."—"The Lord hath given and the Lord hath taken away, blessed be the name of the Lord."

The Author has described this disease as it appears in children. He has never seen a case in a grown person. But the ablest writers maintain they are by no means exempt. Croup however, rarely appears after the third year.

Spasmodic Croup

Very much resembles the Asthma. It is liable to become Inflammatory. The breathing is wheezy and is generally confined to the breast. It is often accompanied with alarming convulsions. It is most generally dependant upon painful teething, the presence of worms in the stomach or bowels, and other causes of irritation. It is gratifying however, to know that the same treatment that obtains in Inflammatory Croup will be salutary in Spasmodic Croup.—*See the head* WORMS.

Chronic Croup

Is known by a severe cough coming on at intervals; a sense of weight or suffocation about the breast; repeated coughing brings up a thick spongy looking substance that obstructed the breathing, and crowded the air passages. It is sometimes very exhausting, and the irritation produced by the presence of the spongy substance is very troublesome. Sometimes when this is coughed up it is followed by an alarming Hommorhage. This disease generally lasts for several weeks. Sometimes the spongy, concrete substance already described becomes loose in large quantities, or in other words, there is a sudden *breaking up* of the *spongy concretion*, which blocks up the air passages; the patient becomes convulsed, and speedily suffocates.

In this disease the patient should early receive the best medical attention.

TREATMENT *of Inflammatory Croup.*

☞The first symptoms of this disease should always be promptly met. The proper treatment should not be a moment postponed under the *vain hope* that the disease will subside. The least delay is extremely dangerous—often fatal.☜

On the very first appearance of *hoarseness*, the neck

of the child should be bathed with spirits of Turpentine, and a flannel cravat also put on the neck; should this produce too great irritation the flannel may be lined with silk and then applied. In this stage of Croup a snuff plaster on a Tobacco leaf previously moistened, and applied to the breast at bed time, and suffered to remain on all night will often suppress the attack or rather repel the incursion the Croup has already made. This snuff plaster is recommended by the late Professor Godman, and the Author has found it an admirable auxiliary in many instances. Should the disease appear to be advancing *in the least*, notwithstanding the above applications, a vomit of Antimonial wine, or of Tartar Emetic should be immediately administered. A tea spoonful of the wine to a child a year old, or if Tartar be given, dissolve three grs. in a pint of warm or *cold* water; of this give a table spoonful to a child a year old, and repeat every twenty minutes until it vomits. It should be vomited seven or eight times, and nauseated a great deal. If the disease continues to advance, and the skin becomes hot, let the little patient be bled and put into a warm bath—afterwards, wipe it dry and wrap it in a blanket so that it may sweat. Commence giving it nauseating doses of Tartar or the wine, say a tea spoonful of the solution of Tartar above described every twenty minutes, or 10 or 12 drops Antimonial wine every twenty minutes. The nauseation should be carried so far as to produce occasional vomiting. The little patient should be nauseated in this way *two or three hours, or even longer*—the length of time to be regulated by the violence of the fever and other symptoms. When the sickness produced by the Tartar has subsided, five or six grs. of Calomel should be given in sugar, or syrup of honey, we suppose the child to be about a year old. When the paroxysm is at the highest, these remedies have to be pushed with uncommon perseveranee and energy. The Calomel should be repeated, and the

breast and neck bathed frequently with the spirits of turpentine, *as the fever subsides.* Sometimes the accumulation of the matter in the wind-pipe is so very rapid that *occasional* vomiting is not sufficient to cleanse the air passages so as to admit even a scanty portion of air. In this case the patient should not be abandoned for a moment; feathers should be repeatedly run into the wind-pipe, and the matter thus dislodged. This should not be repeated four or five times, but *four or five hundred times* if necessary. During the time it is necessary to pursue this course, the Croup is at its highest, and if the breathing can be preserved an *hour or two*, while the other remedies are pushed with proper skill and courage, in nine cases out of ten, the disease will begin to recede, or rather the *violence* of the paroxysm abate, and in all probability, under good nursing and skilful medical management the child will be saved. The *moment* of the *recession* or *abatement* of the paroxysm is of the greatest importance. *It is then,* the Calomel should be pushed with uncommon vigor, so as to enable it to produce an *impression* upon the system *before* any Croupy *re-excitement* takes place.

Blood letting, emetics and calomel, are to be chiefly relied on, and more particularly calomel. It is sometimes necessary to give calomel to a very great extent in this disease—even six or eight grs. every hour, to a child a year old. When administered in this way *in appropriate cases*, it has *sometimes* restored the little sufferer when it has apparently sunk into the arms of death. Calomel when administered in this way and assisted with glisters, will generally fufil our most sanguine expectations, without leaving any unpleasant effects behind. In this case, when thus administered, it does not but *very seldom*, produce salivation; and while it is possible that *very* bad consequences may follow from the introduction of such large quantities into the system, it is not to be forgotten the child may, and *most probably will die*, if the calomel *is not administered.*

Sometimes when the neck and breast have been repeatedly bathed with the spirits of Turpentine, it produces too great inflammation and restlessness. The inflammation may be corrected by anointing the parts with sweet oil.

Whenever Croup assumes an intermittent type, it requires more than usual attention and care. It is this type of Croup that most usually proves fatal—and it will almost always do so, unless it comes under the management of a really skilful physician. The child will be weakened by every returning paroxysm, and the medicines necessary to be taken during each paroxysm will co-operate with the paroxysm itself in producing additional weakness. The type of the Fever will not be noticed or understood, and in all probability *paroxysm* will succeed *paroxysm*, until the child will be cut off. This point is here particularly urged upon the attention of every parent, because it is not *every* practitioner that claims the title of physician and the confidence of our community, that is qualified to treat any case of Croup, and much less Croup assuming an intermittent form. Many cases could be adduced to illustrate the unfortunate ignorance of some of our practitioners in this respect; but perhaps a sufficient number of the pages of this book have been already occupied with illustrations of this sort, in speaking of other diseases.

When Croup assumes an intermittent type, in the intermission the child should have appropriate tonics. As for instance the Sulphate of Quinine, a quarter of a grain every hour for a child a year old. This should be carefully administered during the intermission. In the mean time crops of pustules should be produced on the breast and arms, by frequent applications of the Tartar emetic ointment—which should be perseveringly applied *until the pustules are produced.* The Tartar emetic ointment may be made by mixing three tea spoonsful of the Tartar emetic with two table spoonsful of hogs lard.

Recapitulation of the Treatment.

1st Blood letting—The blood must be got, and if the skin be very hot, it cannot be dispensed with. Bleed from the arm or foot—scarify and cup—make every effort.

2d Emetics—Antimonial wine, a tea spoonful, or tartar emetic, three grains dissolved in a pint of warm or cold water, of which give a table spoonful for a dose. If the heat and thirst is great, the Author mostly uses the cold water to dissolve the Tartar, and allows the little patient to drink of other cold water as much as it wants. If Tartar is taken in *warm water, cold water* cannot be allowed as it is liable to produce cramp of the stomach. See directions above for the administration of the tartar.

3d Calomel—Six grs to a child a year old; to be repeated if necessary, and assisted with glisters.

4th Warm bath—*if the skin is hot.*

5th Neck and breast to be rubbed with spirits of turpentine *as the heat subsides.* (The throat is directed to be bathed with the spirits of Turpentine when the hoarseness first commences.) When the fever rises, or in other words the *skin becomes hot,* the spirits of Turpentine is not to be used. But as soon as it begins to subside the throat should *then* be bathed with the spirits of Turpentine.

6th. Tartar Emetic Ointment.—(*See above.*)

7th. Feathers to be used to dislodge the matter as it accumulates in the wind-pipe.

8th. In cases of an Intermittent type, tonics during the intermission.

Whenever able Professional assistance can be had it should always be obtained, but if this kind of aid cannot be had, pursue the treatment here described without having other advice.

CATARRH OR COLD.

The term Catarrh or Cold, is generally used to designate a disease which invades the lining membrane of the nose and fauces; and some writers extend the signification so as to include the mucus membrane lining the Wind-pipe. But either signification of the term falls very far short of the real extent and nature of the disease. There is perhaps, no cause that acts more extensively upon the system than Cold, or is such a fruitful source of disturbance in the *general functions* of the system. It matters not whether cold settles upon the mucus membrane of the nostrils or wind-pipe, or invades the stomach, or intestines, or affects the head, it is still the same general disease, exhibiting uniformly the same characteristics. It *first* assails the mucus membranes, but *also, always* in a greater or lesser degreee *involves* the whole system. The idea that cold is a *strictly local* disease, and generally of an unimportant character, is of a *very* mischievous tendency, and has occasioned much loss of life. It should always claim our immediate and careful attention. The term *Cold*, as applied to the disease under consideration, is used as signifying the same thing with Catarrh, as above. The term *Cold*, spoken of again, as *a cause* disturbing the functions of the general system, means *changes of weather in all its varieties.* A person laboring under cold or Catarrh, is affected in the following manner:—A weight, or heaviness, or fullness about the head, nostrils, and eyes; the nose is stopped up, and is dry, and sometimes itches. Sometimes there is a sneezing, but not always. There is fever, and at length a discharge of mucus from the nostrils; the eyes are dry, at length watery. As the inflammation extends, the eyes often become red and watery, a thin heating fluid that *skins*, or makes the nostrils *sore* is now discharged. The voice is broken and hoarse, the wind-pipe is raw and a dry hacking cough annoys the patient; the breathing is straitened, and the chest sensibly op-

pressed. The appetite is generally good in the first and second stages of the attack, but towards the close of the disease most commonly the stomach becomes peevish; the bowels are *always* either inclined to be costive, or more than usually loose, the skin is harsh, and unpleasant. Sometimes this disease if neglected, terminates in Pleurisy, in Consumption, in sore throat, *Inflammatory*, and *Putrid*; in inflammation of the stomach and intestines. It sometimes settles on the liver, and not unfrequently falls upon the kidnies with very great violence, and sometimes it runs into obstinate and fatal inflammation of the brain. Catarrh is produced by vicissitudes of temperature or weather. Some persons are much more liable to *take cold* than others, particularly scrofulous persons, and delicate females; women are more liable than men. Every succeeding cold leaves the system more susceptible *of taking it again*. It is therefore very important to future health that every cold should be speedily cured, and completely eradicated, and the system braced or strengthened by appropriate measures. To sum up the whole, Cold often when neglected, lays the foundation for many alarming and dangerous maladies, and when taken, *uniformly*, aggravates all others. The constant tendency of cold to run into other diseases clearly shows to what a great extent it always affects the whole system, by weakening its powers, and increasing its susceptibility to other morbid impressions. It cannot therefore, be too earnestly insisted upon, that this disease should not be deemed lightly of, but on the contrary, should be met at the threshhold by appropriate measures, and the system speedily released from its incursions.

Long continued Catarrh often leaves behind it a troublesome cough, which becomes chronic, and in some cases is very debilitating.

TREATMENT.

When the cold is slight a few days' *abstinence*,

(by which is meant here, *a very light and spare diet,*) together with repose in a comfortable, and regular atmosphere *in doors*, with mild warm diluent drinks, such as warm Posset or red pepper tea, or mulled butter-milk, or any similar drink, taken plentifully, *particularly* on going to bed, having previously bathed the feet in warm water, and added an additional blanket to promote perspiration, will generally be found sufficient to relieve the system and restore the health. If the bowels are costive or inclined to be so, a dose of salts should be taken during the day, and repeated if necessary until the costiveness is removed.

In the more violent cases where the system is feverish, the fullness of the head considerable, the breathing straitened, or the chest oppressed, the throat rough, and raw and the cough painful, the patient should be copiously bled, and an active purge administered—say 10 or 15 grains extract White Walnut for an adult; for a child in proportion to the age. After the blood-letting, (which should be sufficiently extensive so as *sensibly* to relieve the symptoms,) and the cathartic has operated, the case may then be treated as recommended above in the slighter forms of this disease.

If the Catarrh should have a tendency to run into Pleurisy, or any of the other diseases above enumerated, which may be known by referring to the symptoms of those diseases as described under their respective heads, the patient should have Professional aid without any further delay.

Preventive measures against Cold.

The constitutions of many persons are so weakly and their system generally so susceptible that they are affected by very slight vicissitudes of weather at all seasons of the year, and particularly during winter. Therefore to protect their systems from the influence of sudden changes of weather is a most desi-

rable and important matter. This may be done by wearing flannel in the cold months, next the skin; and cotton clothing in the summer, or warm months. Flax clothing is at no time a healthy dress; and for persons of the class under consideration, would be peculiarly unsuitable at any season. Early rising and cold bathing will give vigor to the system, and is an incomparable means to prevent the ill effect of sudden changes of weather. Persons possessed of the unfortunate susceptibilities above described should consult a Physician.

COUGH.

In cases where Catarrh has left behind it a chronic cough the patient should have an occasional vomit. Drink three or four times during the day a gill or two of strong red pepper tea, cold. Wear a large Pitch plaster on the breast and between the shoulders. Indeed the Pitch plaster alone if sufficiently large, and perseveringly worn, for a long time, will often relieve the cough entirely without the aid of other means. In more obstinate cases a crop of pustules kept constantly out on the breast, and inside of the fore arms, by means of the Tartar Emetic Ointment, will be found highly efficacious. In chronic cough of the character under consideration, the following forms a most excellent mixture:—

Gum Ammoniac,	Two drachms.
Vinegar,	Two ounces.
Paregoric,	One ounce.
Water,	Eight ounces.
Squills, (syrup,)	One and a half ounce.

The Gum Ammoniac should be well triturated with the water, and the other articles afterwards added. Of this mixture a table spoon full may be taken every three hours.

MUMPS

Is a contagious disease which invades the parotid glands of the neck, and sometimes extend to the adjacent glands. The swelling is generally at its full size about the fourth or fifth day, after which it gradually decreases until it entirely disappears. It is, in most cases, unattended with fever, or if there is any, it is generally very slight. Sometimes only one side of the neck is affected, but most generally both. This disease is rarely productive of much danger—but sometimes, from some exciting cause, such as cold, it is translated to, or *falls upon* the testacles in men, and the breasts in women, and becomes very troublesome, painful and dangerous. In some cases, the tumours about the neck have been suddenly repelled, followed by violent symptomatic fever—delirium has ensued, and the case has even terminated fatally.—The tumours in Mumps very seldom ever suppurate or matter.

TREATMENT.

In all cases *unattended* with the bad symptoms enumerated, all that is required is confinement for a few days in doors—a warm flannel bandage over the tumours to guard against cold, and a brisk purge or two of salts and a light diet, until the tumours disappear. But if the enlarged glands suddenly decrease in size, or the disease becomes translated to the testacles or breasts, or the tumours are very sore, or become *unusually enlarged*, or painful, or are attended with much fever or *any unusual symptom*, it will be proper to obtain professional aid. As under these circumstances the disease may produce general *unhappy* effects, and may as already stated, *even terminate fatally*.

PHLEGMON OF THE PAROTID GLAND.

This disease very much resembles the Mumps, and is often mistaken for it. It most always ends in suppuration; that is, *forms matter*. This process is however slow, *irregular*, teadious and painful. A small hard inflamed tumor under the ear, first gives notice of the invasion of this disease, of which there are two varieties. The first variety, is more mild, regular, and speedy in forming the matter, and when the matter is discharged the parts heal more kindly. The second variety is exceedingly malignant—is very slow in its progress, and when at length it has arrived at full maturity, and breaks, or is opened, the matter discharged is of a thick cheesy appearance, or is curdly and foul—portions of the parts occasionally rot and slough off—the system is debilitated by the discharge, and a *further* debilitating *hectic* fever accompanies the disease in its whole progress. And this variety of the Phlegmon of the Parotid Gland frequently terminates in death. If the patient recovers, the process of healing is very slow and teadious. Both varieties of this disease as above described, commence with a small reddish, hard tumour. The second variety however, seldom appears in early life. Phlegmon of the Parotid Gland may be distinguished from the Mumps by the exceeding slowness of its progress. In Mumps the tumour has *reached its maturity* at least by the fifth day, and then begins to decrease in size. In Phlegmon of the Parotid Gland the tumour scarcely ever arrives at maturity until the 10th or 12th day—not unfrequently it is more than a month before it is completed, and in some cases even longer.

TREATMENT.

Upon the first appearance of the tumour, the patient should be bled, and blistered on the back of the neck or behind the ears. It will, however, be safest to procure the best advice without any delay, as this

disease is very seldom prevented completely forming under any management. And it requires great skill to conduct it (particularly the second variety) to a successful termination. This disease requires appropriate internal remedies which can alone be decided upon by a capable Physician. It may not be amiss to state the author prefers Judkins Ointment, as an external application. But there may be cases in which even this ointment may not be admissible; and external applications without appropriate *internal* remedies will be of very little service.

PLEURISY.

Many authors have divided Pleurisy into several varieties; as *True Pleurisy, commencing* in that part of the membrane called Pleura, which lines the ribs. *Pleurisy* of the *Mediastirum,* commencing in a portion of the Pleura or foregoing membrane *doubled,* and which divides the cavity of the chest. Pleurisy of the *Diaphragm,* which is the inflammation of a part formed of two muscles terminating in a tendinous expansion, and separating the cavity of the chest from the cavity of the belly. These distinctions of Pleurisy are unnecessary as they do not in the least vary the treatment, or secure any thing of the least possible practical importance. Pleurisy is a disease common to our climate; attacks persons of all ages and at all seasons of the year; though its attacks are most numerous during winter and spring.

Pleurisy generally commences its incursions by a sense of chillness; and not unfrequently its invasion is attended with a regular ague. The patient at length becomes hot and restless, and complains of a *stitch* in the side. An inflammatory fever ensues—the chest is oppressed—the pain in the side is more severe, sometimes extending to the shoulder—the breathing becomes short, anxious, painful and diffi-

cult, and the patient cannot lay on the side affected; though in some few cases there is an exception to this rule. The tongue is generally white, and the thirst very great. There is generally a short dry cough; but this often does not appear until the second or third day of the attack. As the disease advances, the cough becomes productive; a thick matter is coughed up, often by itself and often tinged with blood; the bowels are generally costive; the pulse full and hard, and the skin dry.

TREATMENT.

Upon the accession of the disease, let the patient be bled *from a large orifice*. The blood may be taken from either arm; but it will generally be best to take it from the arm of the side affected. The bleeding should be continued until the stitch in the side, and the difficulty of breathing &c. are *sensibly* relieved. In the mean time seek proper professional advice.

The treatment of Pleurisy in its subsequent stages or progress will depend upon various circumstances. Such as, for instance, its being an original affection, or caused by external violence or cold; or connected with rheumatism or gout, or feverous diseases, or intemperance, or diseases of the skin, or consumption, or as occuring in constitutions that are weak, or full and plethoric; or as connected with deranged functions of the liver &c. &c. &c. These, with a great variety of other important points, will be subject of consideration for the attending Physician.

INFLAMMATION OF THE LUNGS.

This disease is often confounded with Pleurisy, with which it is indeed sometimes pretty extensively connected. The best medical writers term this disease *Peripneumony*, and sometimes it is called *Pneu-*

monitis. It is an acute inflammation of the substance of the lungs; and, it is calculated by Laennel to be the cause of more deaths than any other acute disease. Sometimes it invades the system with such *slight disturbance* of the general functions, that its incursions have become very extensive before its real character is understood.

Inflammation of the lungs is characterised by a dull pain in the chest, accompanied most generally with a fullness about the throat, a constant sense of oppression and smothering, and generally difficulty of breathing. The patient obtains most relief from an erect position; his countenance is full, or flushed, or turned according to the extent of the disease; his face and lips are livid, the cough is moist, and sometimes tinged with blood, and often blood is coughed up alone, the act of coughing is often exceedingly distressing; it is *generally* very painful, but occasionally it is not attended with so much inconvenience and suffering. Sometimes this disease comes on marked with symptoms of unusual severity; the pain is excruciating, and the cough is rather inclined to be dry; at least the expectoration is but slight. In the first case the pulse is commonly soft; in the second it is usually soft and quick, and the fever is greater. Inflammation of the lungs is sometimes protracted to 20 or even 30 days; but it most usually terminates in 8 or 10 days. As the disease advances the expectoration varys, at times it is tough and sticky, then yellowish, and tinged with blood—again it is often of the appearance of the rust of Iron mixed with grease. It is sometimes greenish, and often the matter coughed up, is intermixed with stripes of various colours; brown, green, grey, saffron, and a dull reddish color, &c. Sometimes the head aches to a very great extent, and often the patient becomes delirious. This disease may terminate in resolution, but by far its most common termination is suppuration or one general abscess of the lungs. It may also terminate in adhesion and also in gangrene. It is generally very fatal.

TREATMENT.

Almost all the patient's hope of recovery must be founded upon *the first* treatment of this disease. It will bear no unskilful management. ☞Let the arm be chorded, and a large orifice opened in a vein, and let the blood *continue to flow until the symptoms are relieved.*☜ In the meantime procure the ablest Professional assistance.

If this disease is not promptly met at the very beginning, and energetically treated there is little hope for the patient.

INFLAMMATION OF THE HEART.

A very peculiar anxiety of countenance generally accompanied with unusual paleness can be always noticed in the first stage of this disease. A deep, pungent pain is felt in the region of the heart, attended with occasional violent palpitation; sometimes so violent is the convulsive action of the heart, that its motions can be seen at a distance. The arteries of the neck beat convulsively; the ears ring and the head is giddy. The patient has an occasional sinking sensation, which is generally attended with extreme distress, and the dread of instant dissolution. The pulse is convulsive and often verry rapid, and has a jarring feel under the finger. Again, the pulse is for a few moments very small and hard, then in an instant quick and bounding, and jarring. As the disease advances the respiration becomes more and more difficult, with an occasional sense of suffocation; the *eyes sparkle,* the breath is hot, and at length drawn by catches. At this period of the disease the headache is very considerable, and finally the patient becomes delirious, and talks incessantly; the pulse becomes weaker, irregular, and intermittent; and at length the heart ceases to beat.

TREATMENT.

Let the arm be chorded, a vein opened, and the blood permitted to flow until the more violent symptoms are relieved. Inflammation of the heart is a disease of very great, and uncommon danger, and will always require the immediate attention of a skilful Physician. Blood letting has in most cases to be *often* repeated, and *sometimes* it is necessary to carry it to an *amazing* extent.

GENERAL OBSERVATIONS UPON DISEASES OF THE HEART.

The heart is subject to a great variety of diseases, of which to give *a mere sketch*, would more than fill up this book. Those who are curious to know more upon this subject, (the diseases of the heart,) can consult the works of Cowisart, Arunburgger, Laennel, Baillie, Allan, Burns, Morgagni, and a great variety of other Authors, to which they refer. Many affections of the heart are brought on by great mental excitement alone, and Intemperance comes in for its share in producing affections of this most important organ. This is particularly the case in our country. The Whiskey-drinker here is often affected with a spasmodic disease of the heart, which may be known by the following symptoms:—An occasional sense of sinking; palpitations, and loosing of the breath. The eyes are flashy, and peculiarly brilliant at times, then dusky. The flashiness and brilliancy of the eye, and duskiness are changing from one to the other almost every moment or two; at this time the pulse is irregular, intermittent, and convulsive. The spirits are greatly depressed, and the unhappy sufferer is in constant dread of immediate dissolution. The pulse is occasionally *quivering*, *starting*, and *rapid*, at this time the patient is borne down with *horror*, and will sometimes start and cry out in an agony of feeling.

This stage passes off, and the pulse becomes again irregular, intermittent, and convulsive; the flashiness and peculiar brilliancy of the eyes, and duskiness return and alternate with each other. The above symptoms are present more or less, in the whole course of the disease. Sometimes there is pain in the left breast, referred to the shoulder, sometimes in both shoulders and occasionally between the shoulders. The pain is mostly of a dull, heavy kind, *occasionally* quick and shooting; often it is an *occasional* aching. The fever is slight and the thirst *occasional*, and very variable. This disease is strictly a nervous affection brought on by intemperance, or great mental excitement and sometimes aggravated by the two combined.

Organic Lesions of the heart are very numerous, and much more common than is generally supposed. A great majority of the sudden deaths that take place are produced by diseases of this most vital organ. The thorough investigation of diseases of the Heart is in full progress, and great talents and industry are engaged in fields of extensive opportunity and observation. Much has been already learned in relation to these important subjects, and the Regular Faculty are pushing their researches with great success.

The community should be particularly warned upon the subject of using or taking the medicines of the self styled "Root Doctors" as many of them have a very powerful effect upon the heart, and produce insiduous and dangerous diseases of this and other organs—but this subject is noticed in another place.

INFLAMMATION OF THE STOMACH.

The celebrated Broussais regards all fevers as an inflammatory affection of the stomach and intestinal canal, or of some portion of these parts. Without

being understood as embracing the doctrine of Broussais in all its latitude, or meaning to enter into the discussion of its particular merits, we may insist upon the point, that Inflammation of the stomach or of the intestines is not a local disease, but exhibits a complete derangement of the whole system; *a general disease*, with its greatest violence *primarily* spent upon these parts, viz: the stomach and intestines. The future observations of medical men as guided by all the *true* principles of our science, will settle this question. In the mean time let medical men remember, that they differ from one another, from *mere mortal weakness*, and while they modestly enforce their own opinions, they are bound to pay as much respect to the opinions of others as they *challenge for their own*—otherwise there is an end of all discussion.

Inflammation of the Stomach, is attended with a burning heat, generally *at the pit* of the stomach, accompanied with great oppression and frequent retching—upon pressure being made over the stomach, the pain is increased. If any thing is swallowed, it is immediately vomited up. The mouth and fauces are dry, and the thirst very great. As the disease advances the spirits become very much depressed, and the countenance is haggard. The pulse is small, hard and rapid; the bowels costive. At length hicup ensues the countenance becomes indescribably anxious, the tendons twitch and the patient dies.

TREATMENT.

Blood should be drawn from the arm pretty copiously. This is all that families ought to attempt in this very dangerous affection, as it requires the best possible skill to manage this disease advantageously and successfully.

INFLAMMATION OF THE INTESTINES.

Tenderness of the belly with frequent griping, marks the incursion of this disease. At length the griping is greatly increased, and there is a constant twisting around the navel. The belly is more tender, and the pain greatly aggravated upon pressure. Sickness of the stomach follows and obstinate costiveness ensues. The pulse is small, hard and rapid; the strength fails; the urine is high coloured, and the thirst great. As the inflammation advances, the patient inclines to bend forward; the vomiting increases; the breathing becomes laborious with the pain referred to the muscles of the belly. If the disease is not arrested the vomiting at length becomes excessive, and the contents of the bowels are forced up into the stomach and immediately vomited. At this time the torture is indescribable, but finally the patient becomes easy; the pulse is soft and intermits; the eyes are sunken; the countenance pale; the hands and feet cold; hiccup follows; convulsions ensue; the heart flutters, and the breathing ceases.

TREATMENT.

On the first appearance of the tenderness of the belly and the griping, the patient should be copiously bled, and purged with repeated doses of Senna and Salts, or Castor oil. If, notwithstanding these means, the disease continues to advance, professional assistance should be procured immediately.

There are two varieties of Inflammation of the Stomach and Intestines. The first variety is termed, by medical men, Phlegmonous—the second, Erysipelatous. In the first, the fever is more violent and the progress of the symptoms more rapid. In the second the fever is slighter, the pulse softer and the symptoms slower in their progress. But they are both considered equally dangerous.

INFLAMMATION OF THE PERITONEUM OR Lineing Membrane of the Cavity of the Belly.

Peritoneal inflammation is a disease of extreme obstinacy and danger. It comes on with a chillness or sense of coldness; this is however not always the case, or *if so*, is not perceptible. The belly becomes tender, accompanied with pain and heat; the pulse is quick and frequent, and the thirst much increased. As the disease progresses, the belly swells and becomes excessively sore, so much so that often the patient cannot bear the weight of the bed cloths. The pulse becomes very quick, from 120 to 180 beats in a minute. The swelling of the belly continues gradually to increase to the sixth, seventh, eight, and even ninth day, if not previously arrested by medical means. At this time the soreness and pain is almost beyond sufferance. The mind is depressed, and all the feelings of the unfortunate patient are exceedingly wretched. He lays upon his back with his knees a little raised and cannot bare to move or be touched. At length he becomes easy; the pulse sinks, the face is pale, the skin clammy, the extremities grow cold, and the death struggle closes the scene.

TREATMENT.

On the first approach of this disease, notice of which is given by the tenderness of the belly, and accompanying pain and heat; the patient should be bled very extensively, and the whole abdomen or belly bathed with warm spirits of turpentine, and the bowels opened with senna and salts. If however, the disease continues to advance, it will be proper to call professional aid without any further delay. In all acute inflammations, it is extremely desirable that the physician should be called in the earliest stages of those diseases, as then the most favorable opportunity is afforded of cutting them short, and relieving the patient at once.

ACUTE INFLAMMATION OF THE LIVER.

The Liver, like the Brain and Stomach, has been made the principal seat of all febrile diseases. And this doctrine, in one shape or other, has been advocated with great ability by a multitude of writers.—This doctrine too, like those founded on the brain and the stomach, has its value, and is of very great practical importance. And these, with others, will be more particularly noticed hereafter.

Symptoms of Acute Inflammation of the Liver.

Pain in the right side, sometimes moving upwards to the shoulder and sometimes settling in the small of the back. It often counterfeits pleurisy, and not unfrequently there is an aching about the navel. The right side is sore, and the pain is greatly aggravated upon pressure—nevertheless, the patient lays the easiest on the side affected. Sometimes the pain extends high up under the right collar-bone, often attended with a sense of choaking. The countenance is generally sallow and the eyes tinged with a glossy yellow. Often there is very obstinate costiveness; at other times the bowels are very loose. The passages are of various colors, white, grey, green, dark, black, of a chocolate color, of a pale clay color. When the concave surface of the liver is the seat of disease, the pain is most violent in the back and loins.

TREATMENT.

The patient should be bled to the relief of the pain in the side; and an active purge of 10 grs of Calomel and 15 of Jalap administered. In the meantime let professional assistance be required immediately.

Chronic Inflammation of the Liver

This disease is very insidious in its approach, and is a very common affection in our country. It has often made considerable progress before it is noticed, or given much uneasiness.

The patient finding himself fatigued from slight exercise, his stomach peevish and his passages irregular begins to examine his system attentively. He finds his bodily powers much enfeebled, his mind dejected and his appetite changeable. His food is not digested, and his bowels are filled with wind, and their irregularity increasing. His stomach is often oppressed and uneasy, and there is an occasional fulness about the throat. At length the eyes are tinged with yellow, and the patient is continually annoyed with a dull pain in the right side, often extending to the shoulder, and when the liver becomes much enlarged the pain extends to the left side. Often there is pain in the back and loins. As the disease advances the head becomes troubled and the mind desponding; the heart occasionally palpitates and the weakness is very great. The passages are mostly dark, or black, but are very changeable, grey, white, pale clay color, ashy, &c. &c. If the disease is permitted to go on unchecked, the Liver becomes schirrus, or forms a mass of a thickish cheesy consistence—Dropsy, Jaundice, or some other train of miserable suffering is often the result, and death closes the scene.

TREATMENT.

As soon as the patient finds himself laboring under any of the foregoing symptoms, he should consult a physician. This disease almost always admits of relief, and in the hands of a regular bred Physician nine cases out of ten will be radically cured.

INFLAMMATION OF THE KIDNIES

Is known by pain in the small of the back. It is sometimes a dull acheing pain, at others quick, and shooting, and very excruciating. As the pain increases it often extends downwards to the bladder, followed by a painful sensation of heat and itching,

about the neck of the bladder, and along the penis to its point. The system is *fretful*, the stomach becomes sick, and vomiting follows. The thigh of the affected side is numb and the testicle is drawn up. Sometimes the urine is passed with difficulty, at other times it flows freely. It is sometimes pale and hot, bloody, mixed with mucous, high-colored, and scarce. The different appearances of the urine vary in proportion to the violence of the inflammation. The bowels are generally costive.

TREATMENT.

In the commencement of this disease blood-letting should be employed to a considerable extent. The patient should then take large and repeated doses of salts until the bowels are thoroughly cleansed. As soon as the purging has ceased, the patient should drink freely of Water melon-seed tea; of flax-seed tea, or parsely tea. A small portion of Salt-petre should be added occasionally to the tea as it is drank. If the pain continues violent the blood-letting should be repeated. It will always be proper to have Professional aid as early as possible, in this disease.

INFLAMMATION OF THE SPLEEN

Commences with a heat, tenderness and pain in the left side over the region of the spleen, which is about the eleventh and twelfth false ribs. The pain is often very intense and greatly increased upon pressure. The part often enlarges, and exhibits a considerable external swelling. The progress of this disease is sometimes very rapid and requires the most prompt and energetic management.

TREATMENT.

Let the patient be bled to the relief of the pain, and procure Professional advice without delay.

Chronic Inflammation and enlargement of the spleen frequently follow Ague and Fever, and sometimes occur from other causes. In this last case it is generally connected with some *deep-seated* affection. Professional advice should be had on the very first appearance of this affection, which is commonly termed Ague Cake, as it most frequently follows Intermittent Fever.

INFLAMMATION OF THE BLADDER.

In this case there is tenderness about the bottom of the belly, which at length becomes tight over the region of the bladder. A violent pain ensues; the parts before tender and tight, become swelled, and very sore to the touch. As the Inflammation extends the patient experiences great difficulty in passing his urine, and sometimes it is totally suppressed; but most frequently the urine can be discharged—yet only in small quantities, and every effort is attended with very great suffering, accompanied with a complication of pains, which consists of heat, scalding, itching, tingling, and tearing. As the inflammation advances the disposition to pass the urine is greater, and the *difficulty* of passing it is also increased.

TREATMENT.

Let the patient be copiously bled and the bowels cleansed with repeated doses of salts. Inflammation of the bladder is a disease which terminates either favorably or unfavorably in a very short time. It requires prompt Professional assistance. But in all cases where the symptoms are urgent, the blood letting should be immediately resorted to, and the salts administered without any delay. Large glisters of soap suds may also be frequently thrown up the rectum and the bowels thereby relieved and the operation of the salts promoted.

Chronic Inflammation of the Bladder.

The bladder is subject to a chronic inflammation, in which the coats are sometimes thickened and indurated. Sometimes ulceration takes place and the urine discharged is very acrid, inflamming the whole course of the canal of the penis; blood is frequently discharged alone, and sometimes mixed with matter. Often the urine is whey-colored. For the most part whether there be a thickening of the coats of the bladder or induration, or ulceration, the urine cannot be long retained.

TREATMENT.

The treatment of this disease involves many points which are to be taken into consideration, the relative weight of which none but a Medical man is capable of determining. Persons therefore suffering under this affection should speedily obtain Professional advice.

ACUTE RHEUMATISM.

This very painful affection invades the system with a sense of stiffness accompanied with inflammatory fever; and in a short time followed by severe pain in the muscles or joints. The slightest motion produces excruciating suffering. Sometimes the whole system is affected, at others only particular parts. Whatever part is the seat of the disease, swells and becomes tender to the touch. When the pain settles on the joints and muscles of the extremities it is termed *Articular* Rheumatism. When it invades the loins and small of the back, it is called *Lumbago*. When it attacks the hip joint it is termed *Sciatica*. And when it assaults the muscles of the Diaphragm, and ribs, it is denominated *Spurious Pleurisy*. It is however the same disease, no matter what its particular seat.

In Rheumatism the pains are inclined to wander, and in shifting from part to part they follow the course of the muscles. In all the active stages of this disease, the tongue is generally white, the urine deposits a lateritious sediment, and the bowels are costive.

TREATMENT.

In our climate *very* extensive blood-letting is always required; and, if this is carried to a sufficient extent in the commencement of the attack, and followed by a very active purge of Calomel, and Tartar Emetic, the disease will in most cases be cut short. The purge should consist of fifteen grains of Calomel, and a quarter of a grain of Tartar, taken in honey or syrup, and worked off with water gruel. Should this course not arrest the disease, Professional aid should be had without delay.

Chronic Rheumatism.

This disease has been considered by many eminent Medical men, as being only the consequence, or termination of Acute Rheumatism. This opinion is founded upon the fact that Acute Rheumatism often becomes Chronic. It is a fact however, well attested, and it may be said *is daily attested*, that the affection termed Chronic Rheumatism, often appears as an original disease, and is therefore to be viewed as a species of Rheumatism, independent of the pre-existence of Acute Rheumatism. In Chronic Rheumatism, the joints and muscles swell, are pained, and become weak, and stiff, the extremities become cold very easily; there is scarcely any perceptible heat or fever, the appetite for the most part is good, and the functions of the system generally not much disturbed. When this disease, however, is of long standing, the patient often becomes helpless, and passes a miserable lingering existence.

In this case ample time is always afforded to obtain the best medical aid.

WHITE SWELLING.

There are several varieties of White Swelling, all of which are common in our country, and unfortunately for the community, there are other diseases which are often mistaken for this, and coming under the management of some impudent quack, the miserable patient is made to suffer a thousand deaths by the injudicious application of Potash, or as it is commonly called, Wet Fire, a powerful caustic, and a special favorite, and general remedy used by empirics in all manner of sores and swellings, without the least regard to their genuine character. This remark is not meant to disparage the usefulness of Potash and other Caustics, in one species of White Swelling, or in any ulcer to which they may be really applicable, but it is made specially to condemn the indiscriminate, and improper use of a remedy that is so violent in its action, and produces such intolerable torture. Many cases could here be adduced in which the miserable, and too confiding patient, has agonized in the hands of the remorseless quack, under the application of this remedy, without obtaining the slightest benefit, but on the contrary, sustaining incalculable injury. It is however, thought, that a sufficient number of cases have been exhibited, in other parts of this book, to *awaken* the community, and place our people on their guard in relation to the absurd practice of ignorant pretenders.

White Swelling has received its name in consequence of the skin continuing unaltered in its color, through the whole progress of the disease.

The first species has its seat in the Synovial membrane of the joints, or in other words, in that membrane of the joints which encloses the glands that secrete an unctuous matter intended to oil the joints in their various motions. This species is often mistaken for Chronic Rheumatism. Children are very seldom the subjects of this truly painful and tedious disease. It is however, very common in grown persons.—

Those who wish to be more particularly informed upon this subject can consult Brodie's Pathological and Surgical Observations on the Diseases of the Joints, and also the writings of B. Bell, and others, to which they refer.

The second species of White Swelling is seated in the Cartilage or gristle of the joint. It generally commences with a sense of stiffness of the joint, at length the parts enlarge, and often the joint becomes perfectly stiff. During the progress of the disease up to this stage, there is little or no pain in the part. But after awhile the gristle ulcerates, abscesses form, and the pain becomes excessive. An Hectic fever ensues, and the unfortunate sufferer is gradually reduced to a state of extreme debility. In this form of White Swelling, the only safety for the patient is amputation of the limb.

The third species originates in the cells of the bones. This is by far the most common kind of White Swelling. The bone ulcerates, the soft parts swell, abscesses form, and the limb is puffy and elastic. The abscesses form along the bone, sometimes extending to its heads, and invading the Cartilages. At length they break in upon the soft parts and follow the courses of the cellular membrane forming long, narrow hollow tracks, called sinuses. The skin after awhile breaks, and generally discharges a thin pus, and occasionally portions of a curd-like matter. The appearance of the matter discharged varies in different persons.

TREATMENT.

In the early stage of this disease, Cathartics and blisters will sometimes arrest it. After ulceration has commenced, and the abscesses break externally, the fungus flesh and rotten portions of bone may be removed by Caustics. When this is effected and the exfoliation is complete, the sores may be dressed with the Iodine Ointment. And the Tincture of

Iodine administered internally, or the Iodine may be given in the form of pills. The Tincture may also be applied instead of the Ointment by means of a Camel hair pencil.

The Iodine has for several years past gained a very high reputation in all the species of White Swellings in all their stages. And the author has frequently witnessed the most pleasing results from its administration in affections of this sort, and in several other diseases of a strumous character.

In all cases of *White Swelling*, the patient should early avail himself of the best Professional aid.

GOUT.

This disease always commences in the foot or ancle; the swelling becomes considerable and the pain excruciating. In this disease there is seldom if ever any matter formed in the swelled part. The swelling goes off and returns at intervals. It is often connected with affections of the stomach. Writers divide this disease into the three following varieties, viz: Regular Gout, Atonic Gout and Retrocedent Gout. It generally occurs in full livers and in persons of indolent, and sedentary habits. Those who wish further information on the subject of this disease can consult Cullen, Thomas, Gregory, Van Swieten, and Bateman, &c. &c.

DYSENTERY OR BLOODY FLUX.

In our climate this disease is strictly an intestinal fever, and is always connected with a deranged state of the liver. It is often symptomatic of *chronic liver complaint.* It is sometimes preceded by costiveness and at others by a purging. As the disease advances there is a severe griping, and the bowels are filled with wind. The patient is harassed with a

continued inclination to go to stool, without being able to have a passage. Sometimes the appetite is unimpaired through the whole course of the disease, but most frequently there is a loss of appetite, accompanied with sickness of stomach, occasional faintishness, and vomiting; often the internal heat is very great; the thirst insatiable, and the system exceedingly fretful. The passages are dark, green and black; blood unmixed; blood and mucus; blood, mucus and fauces; sometimes the fauces are discharged in small hard lumps—often mucus alone—putrid matter—putrid matter and blood—bile, blood and matter—putrid bile and mucus—bile by itself—a thin membranous substance is frequently purged in flakes, and also in strings. The discharges are very offensive

INCIPIENT TREATMENT.

If there is any general fever accompanied with great internal heat, the patient should be bled. If the internal heat is excessive, and there is no general fever, the patient should be bled. If the sickness of stomach is considerable, a vomit of Tartar emetic and Ipecac should be administered immediately after the blood-letting, and when the vomiting is over and the stomach becomes quiet, 20 grs. of Calomel combined with a grain of opium should be given to an adult. In cases where there is no general fever, and the internal heat not excessive, the blood-letting is not required; and if the stomach is not sick the vomit may be dispensed with, and the calomel and opium administered. Injections of melted hogs lard, and of fresh melted butter frequently repeated will be found soothing. The diet should be thickened milk.

This disease always assumes the type of the prevailing fevers of the season, and is of a very insidious characer; and whenever a skilful physician can be procured, the patient should never risk his treatment upon his own judgment.

DIARRHEA OR PURGEING.

Of this disease there are seven varieties, each indicating a different state of the system, and requiring some modification of treatment in each variety; and in *three* of the varieties a course of treatment entirely different from all the rest, and different from each other. This looseness or purgeing is attended with griping, a flatulence, and a sense of weight and uneasiness about the navel, and reaching downwards to the lower part of the belly. Every discharge affords a temporary relief, or at least a mitigation of the griping &c. Not unfrequently the stomach is sick, and the whole body weak. If the purgeing continues unchecked the patient is reduced to a state of extreme debility; rapid emaciation ensues, the powers of life are exhausted and the patient dies.

1st variety—In which there is a looseness of the bowels with a discharge of the natural passages.

2nd variety—A looseness with a discharge of bile; this is most generally accompanied with great torment of the belly.

3rd variety—A looseness in which pure mucus is discharged.

4th variety—A looseness,in which there is discharged a thin whey or milk like fluid which is often very offensive, but again it is almost without odour or smell.

5th variety—A looseness, in which the food passing through the stomach and bowels very rapidly, *remains unchanged*, or at least without much alteration.

6th variety—A looseness in which there are thin watery discharges. The bowels are filled with wind, and the skin dry; often there is much thirst.

7th variety—A looseness, in which there is discharged a whitish, viscous, membrane, sometimes in broad flat pieces, sometimes in curled flakes, and often in the form of tubes of various sizes.

To enter into an investigation relative to the causes,

character and treatment of all these varieties of Diarrhea, or looseness, would of itself fill up a volume, and does not come within our present survey.

TREATMENT.

The first variety of this disease is never dangerous; it however often produces considerable debility, and should be restrained by taking 10 or 15 drops of Laudanum or half a table spoonful of paregoric or Bateman's drops in a glass of toddy. This may be repeated in the course of a few hours if necessary. This variety scarcely ever needs professional attention.

In all the other varieties of this disease—where the griping is violent and the purging excessive, the patient may take twenty five or thirty drops of Laudanum in mint water; or a table spoonful of Paregoric or Bateman's drops may be added to the mint water in place of the Laudanum. In the mean time professional assistance should be procured with all possible haste. It is to be remarked that all the varieties of Diarrhea, are often symptomatic of other diseases, and some of them often the precursors of febrile diseases particularly. In some cases of Diarrhea, where the patient has not had proper medical aid the prostration has been so rapid, and the debility so extreme as to cut him off at once. This occurrence is most frequent in old persons and children.

CHOLERA MORBUS

Is a vomiting, and purging of a bilious and acrid matter. The bowels are griped and not unfrequently the whole system is convulsed or cramped. There is generally thirst, and it is often excessive. If the disease be not arrested, the system becomes speedily prostrated, cold sweats ensue, the tendons twitch, and not unfrequently death follows in a few hours.

TREATMENT.

On the very first attack of this disease, a skilful Physician should be procured at once. In the mean time the patient may take 30 drops of Laudanum in a Mint Julep. Cloths wrung out of warm spirits should be frequently applied to the breast, stomach, and all over the belly. If the Mint Julep and Laudanum is thrown up, give a few drinks of fresh water with the chill taken off, and in a short time repeat the Laudanum increasing the dose to forty drops, given again in the Julep, and adding a table spoonful of powdered charcoal to the Julep. Previous to its being drank stir it well. If the vomiting continues and the convulsions are violent, let equal parts of Laudanum and Ether be rubbed on the stomach and belly, and *frequently repeated.* Linseed tea and chicken broth should be occasionally administered to sheath or protect the stomach from the irritation of the acrid matter which it contains. Immediately after each spell of vomiting, the Linseed tea or chicken broth should be administered. Before, or at least *by the time,* all the foregoing remedies shall have been used, if the patient or the friends of the patient have ordinary prudence they will have procured a competent Physician.

Cholera Morbus of Children.

This disease like the Cholera of grown persons, is a vomiting and purging of bilious matter, but in children it most frequently ends in a constant purgeing. And if not speedily arrested it produces immense prostration. The little patient sleeps with its eyes half open. The brain is much disturbed, the thirst is considerable, and the belly preternaturally hot. When the vomiting has ceased and the disease has ended in a constant purgeing, the stomach still continues very irritable; and vomiting will be *re-excited* by almost any thing swallowed. The passages

are dark-green, and often white. Sometimes a thin, green, watery, offensive matter is discharged, and sometimes a thin, green, yellowish, watery fluid is discharged upwards, and downwards; and the bile is often so acrid as to excoriate, or make the fundament raw.

In many cases of this disease there is no puking, but a constant reaching, attended with purging. In some cases there is an *occasional* reaching, with purging. These are incomplete cases. Cholera of children is sometimes of an Intermittent, and sometimes of a Remittent type, but the fever which accompanies it, is what is generally denominated a Continent Fever. The type of the Fever is sometimes modified in the course of the attack; and sometimes it passes suddenly from the Intermittent to a Remittent type. The Liver is always very deeply concerned.

TREATMENT.

In the treatment of this disease the first object is to stop the vomiting and purging. As soon as the vomiting and purging commences let three or four drops of Laudanum be administered in a table spoonful of weak mint water. We suppose the little patient a year old; apply a poultice of bruised mint to the stomach and belly. If the Laudanum is rejected or vomited, give equal portions of mint-water, and thin flax seed mucilage a few times, and then repeat the Laudanum as at first. If this is still rejected repeat the mint water, and flax seed mucilage, a table spoon ful every five or six minutes, until five or six spoonsful are given. Then give two or three drops of laudanum in a table spoonful of mint water, and follow it by half a tea spoonful of powdered charcoal in a spoonful of flax seed mucilage, to which three or four drops of compound spirits of Lavender may be added. Should all these be still rejected and the vomiting, and purging continue, let the stomach and belly of the little patient be rubbed with Laudanum and

Sweet Oil, equal parts of which a table spoonful may be used, and afterwards re-apply the mint poultice.

When the vomiting has ceased, take one grain of Calomel, divide it into three equal doses, and administer a dose three times a day. The Calomel may be given in a little syrup or honey, or sugar

This disease requires the best medical attention, and the Physician should always be called on its very first appearance. Cholera of Infants often becomes chronic, and sometimes terminates in Water of the Brain.

COLIC.

This disease is of very common occurrence in one or the other of its varieties, of which there are ten.

1st variety—*Colic, or common Belly Ache*, is a griping of the bowels, with an occasional belching, and breaking of wind, attended with costiveness, produced by wind and indigestible food.

2nd variety—*The Whiskey-drinker's Belly Ache*, known by a constant aching at the pit of the stomach, and gnawing of the bowels, with an occasional twisting about the navel. In this disease the bowels are sometimes costive, and sometimes loose. But in most cases, the costiveness is predominant, *produced* by the intemperate use of ardent spirits.

3d variety—*The Glutton's Colic.*—The head is dizzy, accompanied with a sense of distention and weight about the stomach. At length the stomach becomes sick, and vomiting ensues. When the vomiting ceases the bowels become intolerably griped, which ends in a griping purging. Produced by inordinate eating, or in other words, by *gluttony.*

4th variety—*Bilious Colic.*—Known by a retraction of the navel, and a twisting of the bowels, with a sense of *drawing* towards the small of the back.

The muscles of the Belly are spasmodically drawn up, sometimes to so great a degree as to resemble hard lumps or balls under the skin. Often the whole system is cramped and the patient becomes wet with sweat, so great is the agony. The bowels are costive. This variety is produced by the presence of vitiated or acrid bile in the bowels.

5th variety—*The Iliac Passion.*—There is a twisting and retraction of the navel, and a spasmodic action of the muscles of the belly, attended with frequent vomiting and obstinate costiveness. The natural action of the bowels are inverted, so that fœcal matter, or in other words, excrement, or the contents of the guts, are vomited up, and likewise injections thrown up the anus are often vomited. In this species of Colic an involution of the coats of the guts sometimes takes place.

6th variety—is known by a fixed hardness in some part of the belly, accompanied with a constant dull aching, and occasional shooting along the track of the guts. The bowels are costive. Produced by an accumulation of hardened excrement in a particular portion of the guts.

7th variety—Is known by a sense of tightness of the belly accompanied with head ache, and occasional slight shooting pains through the bowels, sometimes high up and then low down. The bowels are costive. This variety of colic is entirely dependant on and produced by costiveness.

8th variety—*Constrictive Colic.*—This species is known by a sense of stricture of the bowels, imparting a sensation as if a cord was tied around the guts; there is always a kind of popping of the wind in the bowels, as if passing through holes from one part of the guts to the other. A dull heavy pain, and continued uneasy condition of the belly constantly annoys the patient; the passages are irregular, and when there is a stool, it is small and fluid, and made with difficulty. This variety of Colic is produced by a stric-

ture in some part of the bowels, and most generally the colon.

9th variety—*Painter's Colic*—The symptoms of this disease come on generally very gradually, and often after a short continuance, measurably subside. After a longer or shorter *remission*, the pains again return, and from being as at first, of a dull and fugitive character, they become violent and excessive, and of *long continuance*. The pains which first invade the lower part of the belly, extends up to the pit of the stomach, backwards to the spine, and along the spine to the bladder, and rectum. At length the navel is retracted, and the pain twists, and shoots around it, running off to the right and left sides, producing the most excruciating suffering. Sometimes, and perhaps most frequently, the pain *commences* at the pit of the stomach, and *extends downwards* to the lower part of the belly. The arms and thighs ache, and the external muscles of the body are generally excessively sore. The stomach becomes sick and vomiting ensues, followed by a constant reaching—the bowels are costive. In some cases the Sphincter muscle of the Anus contracts so violently as to prevent the introduction of a glister pipe. A continual aggravation of the symptoms take place until hiccup ensues—the powers of life recede and the patient sinks under accumulated sufferings.

This species of Colic generally exists at or in the neighborhood of lead mines. It is produced by lead and most frequently attacks house painters and glaziers.

The 10th variety of Colic is termed by medical men *Colica Meconialis*, and is peculiar to new born children. *Symptoms*—The countenance of the babe is contracted; its lips become purple; its belly is tight, and its limbs tremble, and sometimes the whole system seems to suffer a slight convulsion. The constant cries of the child indicate its sufferings, and continued costiveness aggravates them. This species of Colic

arises from a too long retention of that green, thick excrementitious substance which is found in the large intestines of children at their birth. And which if not discharged in due time, becomes at length a source of irritation, and not unfrequently carries off the babe in convulsions. Purgatives of Castor oil or sweet oil should be used to procure a speedy passage and repeated if the child is inclined to be slow in its bowels.

TREATMENT.

1st variety—*Colic or Common Belly Ache.*—Essence of Peppermint taken in half a tea cup full of ginger tea, will generally afford relief. A Mint Julep made pretty strong is also excellent as a remedy. Should these not give relief, take an ounce of castor oil, and apply a large mush poultice to the stomach and belly. The poultice should be as warm as the patient can bear it, and repeated as soon as it loses its warmth.

2d variety—*The Whiskey-drinker's Belly Ache.* – This may be temporarily relieved by taking half a table spoonful of Magnesia and half a tea spoonful powdered ginger, with thirty drops Laudanum. This affection is but rarely radically cured, because whiskey drinkers seldom reform; choosing rather to endure the *pain* and *shame*, than to become *healthy* and *respected!!*

3d variety—*Glutton's Colic.*—May be relieved by taking thirty drops of Laudanum with a table spoonful of Castor oil. Repeat if necessary.

4th variety—*Bilious Colic.*—Blood letting should be pretty extensively employed. Twenty grains of Calomel with a grain of Opium should be taken, followed in half an hour with large repeated doses of Senna and Salts and Castor oil, with a table spoonful of powdered charcoal in each dose of senna and salts and castor oil. Let large mush poultices be kept constantly on the belly, always applying them as warm as the patient can bear. Glisters compo-

sed of soap-suds and a small portion of salt, should be frequently employed; say every 10 or 15 minutes. In this disease the patient should have professional aid as soon as it can be procured.

5th variety—*Iliac Passion.*—This variety of Colic presents itself in two distinct characters; 1st as accompanied with a vomiting of the excrement, and glisters thrown up the anus, and without inflammation; and 2d *accompanied with inflammation.* The same treatment may be pursued in this disease as is directed in Bilious Colic. In addition to which the patient may be rubbed all over with equal parts of Laudanum and Sweet oil. If there is inflammation blood-letting should be early resorted to. This is a very fearful disease and should come under the immediate treatment of a skilful Physician.

6th variety—May be relieved by repeated doses of senna and salts or castor oil, with an occasional dose of calomel. In this case, if the patient is not relieved after a few trials of the foregoing remedies, he should obtain professional advice.

7th variety—This species of Colic is produced by habitual costiveness, and is cured by removing the costiveness. Calomel and Jalap, ten grains of each may be taken and assisted by castor oil and glisters.

8th variety—Always requires professional management, and if not speedily attacked is seldom cured. When a cure is effected, it is *only after* having undergone a judicious course of Medicine.

9th variety—*Painter's Colic.*—The treatment of this disease should always be commenced with Opium; give two grains of Opium to an adult, and rub him all over with warm Laudanum and Sweet oil combined, *equal* parts. In other respects it may be treated as the 4th variety. Medical professional attention should be always promptly procured on the first appearance of this disease. The Painter's Colic is most commonly produced in our country by the miserable stuff called Port and Sweet wine, which are

always more or less adulterated with sugar of lead and other poisonous ingredients, at least such wines as are brought to our country.

10th variety—Is cured by repeated doses of castor or sweet oil; of which a tea spoonful may be given at a time.

WORMS.

The various kinds of worms which have infested the human body, are divided by the most able and approved medical writers into three classes.

1st class.—Those which inhabit and find sustenance in the whole range of the stomach, and intestines. This class composes

1st—The long round Worm.
2nd—Long thread Worm.
3d—Long Tape Worm.
4th—Broad Tape Worm.
5th—Fluke or flat two-headed Worm.

The following are the symptoms which indicate the presence of Worms:

The patient most generally falls away and loses appetite. At times, however, the appetite is various, followed by occasional sickness of stomach. The belly becomes swelled, and in many children, *when the worms are numerous*, the belly assumes that particular bulge, or prominency, denominated "pot gut." There is often pain in the stomach, and symptoms of colic. The breath is foul, the countenance pale, starting in the sleep, grinding the teeth, picking the nose. The evacuations slimy, or hard curdly lumps discharged. The upper lip swells, or is thickened. The tongue is often unusually red, or at one time covered with a white slimy mucus, at another clear. Sometimes there are violent fits or convulsions. Often the child wakes up crying, and greatly alarmed. In some cases the whole body becomes emaciated, and the legs are spindling; the eyes sunken, and the little

patient scarcely takes any food. But emaciation, a pale countenance, and loss of appetite *by themselves*, are no evidence of the presence of worms. On the contrary, many of the *most fatal* cases of worms, originate in children of robust habits, with good appetite, and even of apparent unusual health.

In these cases, the worms generally inhabit the stomach and duodenum. And when they become numerous, or large, they produce very great irritation. The child is often convulsed, and screams out as if dreadfully frightened. When the convulsions and fright are over, the little patient becomes stupid, and inclines to sleep constantly. Often there is fever, which suffers a *morning* abatement, returns, and becomes highest in the evening. There is scarcely any acute Inflammatory disease whose peculiar symptoms have not been counterfeited by Worms. Pleurisy, Inflammation of the lungs, liver, and spleen, &c. &c. have all been counterfeited. *The dry hacking cough*, is peculiar to children affected with Worms. In a word, it *depends* upon what particular part of the alimentary range, the worms may inhabit, whether they *produce symptoms* of Pleurisy, or Inflammation of the Brain, or any of the other diseases which they very often counterfeit. In these last cases it requires all the prudence, caution, and skill of the practitioner, to conduct them *satisfactorily*, and with success. In some cases of the character just mentioned, the irritation is so great and of such long continuance as to produce Locked-jaw.

TREATMENT.

In all cases of convulsions from Worms, or where other frightful symptoms exist, the first object is to get the little sufferer safely through the paroxysm, *or fit, or violent train of symptoms.* In convulsions from Worms, the following mixture is an incomparable remedy:

Sweet oil, two table spoonsful; Spirits of Turpentine, one table spoonful; Mix—add fifteen drops of Laudanum. Shake this mixture well together until the Laudanum entirely disappears. Dose—half a table spoonful every two hours until the convulsions are relieved, or the whole is taken; the dose is for a child two years old. If the convulsions are relieved the first or second dose, in twenty or thirty minutes afterwards give four grains of Calomel in as much sugar or syrup or honey, as will mix it; but if the convulsions or fit, or violent train of symptoms do not subside, continue the mixture until it is all taken; *then* administer the calomel. In the mean time injections should be freely used, every fifteen or twenty minutes, and until the bowels are moved.

When the paroxysm, or convulsions, or violent symptoms are relieved, the next object is to dislodge the worms, and thereby prevent a *return* of the paroxysm, &c. This should never be lost sight of, but should be steadily pursued *until* the worms come away, or *the last* symptom of their presence or existence *entirely disappears*. A neglect in this respect is always extremely hazardous, and often fatal to the child. The worms may *renew their attack*, or irritation, the convulsions &c. return, and the child being weakened in consequence of the previous attack, and its system thus enfeebled and in a high state of irritability, it may be suddenly cut off. Too great vigilance in this respect cannot be exercised.

To dislodge the worms, a tea spoonful of Spirits of Turpentine with a tea spoonful of Sweet oil, may be given every morning for four or five mornings, and then followed by four or five grains of Calomel taken in honey or syrup—the above is for a child two years old. Wormseed oil is often very salutary. Copperas, given four or five grains at a time in syrup, is an admirable remedy. After it has been administered a few days, it should be followed by Calomel. In all cases where worms have once produced

convulsions, &c. the best medical advice should be sought. Jerusalem oak boiled in milk and sweetened, is an excellent remedy. It should be drank every morning in almost any reasonable quantity, for a week or two, and assisted with castor oil or senna tea, or calomel administered every two or three days for two or three doses. The oil, or the spirits of turpentine, is preferable to any other medicine ever used by the Author. It sometimes produces unpleasant effects upon the bladder, but for the most part they are fugitive, and never produce any lasting bad consequences. Large doses are less liable to produce these disagreeable effects than small ones.

2d class.—The second class of worms includes those which exclusively inhabit the lower part of the alimentary canal. These are

1st—The Thread Worm.

2d—Mane Worm.

3d—Bots, or Maggot of the Bot-fly.

Symptoms of their presence.—In most cases there is an itching on the *inside* of the anus, and *high up* the gut; also an itching about the anus, and very often a considerable fulness, and when the worms are in large quantities, there is a sort of tumour. The constant irritation of the worms, often produce sickness of the stomach and faintishness, and not unfrequently considerable pain in passing the urine.

TREATMENT.

A dose of Spirits of Turpentine should be taken internally and then followed by Castor oil or Calomel. Injections of Spirits of Turpentine will scarcely ever fail to dislodge the worms immediately. They should be followed by a dose of Calomel and Aloes.

3d class.—The third class of Worms includes those which as it were accidentally, enter the stomach, and intestines, but are not considered as *natives*

of the human body. Those most frequently found are the following:

1st—The hair Worm.

2nd—Erratic Leech.

3d—Maggots.

The symptoms produced by the presence of erratic worms in the stomach and bowels, are those of the most violent colics, severe gripings, &c. Often blood is both vomited and purged. Fortunately, however, these accidents are of comparatively rare occurrence in our country. The Hair Worm generally finds admission into the stomach in consequence of persons drinking impure or stagnant water. The peasants of Lapland are frequently subject to this *affliction*. The Erratic Leech is swallowed when young and very small, along with muddy and stagnant water.

The 3rd variety, or *Maggots*, include all kinds of *flies* and *grubs*. The eggs of flies are taken with the food into the stomach. Cases of this kind are quite numerous. The eggs of the fly or other insects are perhaps, never hatched in the stomach of a healthy person, being incapable of resisting, or withstanding the powerful solvent action of a healthy *gastric juice*; but in persons of dyspeptic habits, *or debilitated* stomachs, the eggs readily find a convenient, and comfortable nest in the mucus and phlegm, &c, are hatched, and become sources of great inconvenience, irritation, and danger.

The eggs of the grub or Bot-fly, are seldom taken into the human stomach. They are most commonly found in the stomach and bowels of grooms, and other persons who have much to do with horses.

There are many marvellous and curious accounts in Medical history, relative to Erratic Worms hatching in, and inhabiting the human stomach and bowels. Dr. Bond, of Philadelphia, relates an extraordinary case of a patient of his, who had long labored under Liver complaint, and at length was seized with all the symptoms of Worms. The symptoms were at

length relieved, and in twenty-four hours afterwards, a large *Leech* was discharged, dead, and in two parts, the whole being twenty inches in length. Soon afterwards the patient died. On opening the body, it was found that the Leech had passed when small by the common duct into the Liver, and there committed great depredations, and afterwards by continued exertion, and with great difficulty, had *stretched* the duct, and travelled back the gut or rather second stomach, called the Duodenum. Dr. Bond calls this worm a *Hepatic Leech*.

In the Edinburgh Medical Essays a case is related in which two worms like the *Horse Leech*, were discharged from a patient who had received a wound previously, with a small sword. The first Leech discharged measured a foot and a half in length and an inch and a half in diameter; the second Leech was still longer. They were both full of blood.

Cases of Erratic Worms of the other species mentioned, being discharged from the stomach and bowels, are very numerous, and equally marvellous, and interesting with those related above. Children frequently take worms into the stomach by eating dirt and green fruits, in which the eggs have been deposited, and have not hatched, but which are afterwards hatched in the stomach.

A case recently came under the care of the Author, of which the following is a brief account. A young woman troubled with a depraved appetite, was in the daily habit of eating of the clay daubing of a log house. She had continued this course for many months, and was at length seized with symptoms of worms; she was put upon the free use of equal parts of Sweet oil and Spirits of Turpentine, and was occasionally purged with the compound powder of Colocynth and Calomel. In the course of five weeks she passed several hundred worms of various kinds, about thirty of which were vomited. These were seen by the Author. She no doubt afterwards pas-

sed a great many more, but being single, and fearing publicity, she declined giving any further account, only that she had afterwards passed *some more*, "but was now entirely well;" and the Author not being willing *uncourteously* to tax her modesty, made no further inquiry, and very readily yielding to her desire of concealment, of course has never mentioned her name.

GENERAL OBSERVATIONS.

It has been already remarked that the irritation produced by worms often developes symptoms very similar to many of the acute inflammatory diseases —such as Pleurisy, Bloody Flux, Inflammation of the Liver, Brain, &c. And there is *no doubt* that their presence often aggravates those affections when they do exist; and in all such cases demands the careful consideration of the attending physician.

When worms exist in the stomach, they very often crawl up in the throat and produce a wheezing and rattling very much resembling croup; and when croup is present, they no doubt contribute in no small degree, to render the paroxysm more violent. Worms often remain a long time in the alimentary range without producing any unpleasant consequences. At length, either from having become very numerous and hungry, or from some other cause, they attack the coats of the stomach and bowels, and produce the alarming and dangerous symptoms already described. Of all these varieties of worms, the Tape worm is most difficult to dislodge. The spirits of turpentine *perseveringly* used in *large quantities*, and assisted by combinations of calomel and male fern, in powder, will uniformly produce the most pleasing results. There are no symptoms which the Author knows of, by which the Tape worm can certainly be known to be present, different from those in their character, produced by the presence of other worms. Some authors have attempted to exhibit what they called *discriminating* symptoms, but have unfortunately failed

in every instance, in their laudable intentions. This is however not to be so much regretted, as they would be really of little or no practical importance. When symptoms of worms have long continued, notwithstanding the use of the ordinary remedies, we may thereby *somewhat* infer the presence of Tape worm; but whether it be present or not, the *symptoms themselves* indicate more energetic and powerful remedies. A hint, of which no judicious practitioner will fail to avail himself, to the very great irritation that arises from teething, is often added the additional irritation produced by worms. This presents a case of a truly complicated and alarming character, and requires the utmost professional skill to manage it successfully.

When children exhibit the ordinary symptoms of worms, such as the swelled upper lip, picking the nose, grinding the teeth, and starting and crying in their sleep, parents should *then*, without any delay, commence administering the spirits of turpentine or worm seed oil, or Jerusalem oak boiled in milk, with an occasional cathartic of castor oil or calomel, and not wait for further symptoms, or run the risk of convulsions and death. And as has been already once said, and is now again particularly insisted upon, *the medicines should be continued until the worms come away, or the very last symptom of their existence entirely disappears.*

From what has been said, it will be seen that the *higher* cases of Worms always imperiously demand early and prompt Professional assistance. And in their treatment the Physician is often compelled to deviate *according to circumstances*, from the course which is pursued in ordinary cases of Worms. For it will be remembered that it has been said, that the irritation produced by worms often exhibits symptoms very similar to, or in other words, *counterfeit* other diseases. Wherefore, it is as proper in these as in other cases, to guard by appropriate measures whatever vital organ may be threatened. Hence, every

thing must be entirely, and freely committed to the judgment and skill of the Physician; and his advice, and prescriptions followed with the *utmost exactness.* And it may not be improper here to add, that families should always pursue a similar course relative to their Physician in whatever case he may be called.

TETANUS

Is a fixed spasmodic rigidity of the muscles. It is of three species. 1st—The body drawn forwards. 2nd—The body drawn backwards. 3d—The Locked jaw. This dreadful affection is caused by a very high degree of nervous irritation, however induced. It is sometimes very gradual in its approach. In this case it often counterfeits Pleurisy, at others Rheumatism. There is stiffness in the neck, pains in the chest, and often inside of the throat, and at the extremity of the breast bone. At length the symptoms of Pleurisy or Rheumatism increase until a fixed rigidity settles on the muscles. The head becomes immoveable and is drawn backwards, the eyes are fixed, and most commonly glassy. The forehead is furrowed, the brows knit, the cheeks are pulled backwards towards the ears, and the whole aspect is indescribable and peculiar. The muscles of the whole body are affected, and the slightest movement produces intolerable pain. At length one *universal violent spasm* and the patient dies.

TREATMENT.

This case demands immediate Professional attention. The Profession now consider it a manageable disease.

WATER IN THE BRAIN.

Symptoms.—The head enlarges, and the bones of

the head separate. It is most common in children, but adults are not exempt.

TREATMENT.

This disease most frequently baffles the skill of the Physician. Very few cases are cured; perhaps not one in forty. The Author has never treated but two cases, and as there is perhaps something new in their mode of treatment, those cases are here related. It may be proper to remark that the Author was led to adopt the mode of treatment pursued, from having *observed* that *Cholera* in infants often manifests a very great tendency to run into Water of the Brain, and being *apprised by medical record*, that it not only often *manifests* this tendency, but does frequently, *actually* terminate in that disease. It was inferred the only probable method of cure in view of the failure of all others, would be to produce an artificial Cholera, &c. &c.

Without entering further into the speculations which induced the treatment, the cases are submitted.

James Dorrich and his wife brought their child to the Author for examination and advice. It was 13 months old, its head very much enlarged and the sutures open. In other respects it was perfectly healthy, and *even robust.* The parents of the child were told that it was a case seldom radically cured. The plan of treatment above mentioned was proposed, and the parents informed that the child *might probably die under* the treatment; but that the Author was not aware of any treatment other than this, that promised any certain cure, and that this would be itself an *experiment* hazardous and doubtful. They were further informed the child *might* live with the disease twenty, thirty, and even forty years. The treatment was, however, acquiesced in, and pursued forthwith. An artificial cholera was excited by Calomel, Ipecac and Tartar emetic, and kept up *almost* without intermission for sixteen hours. At this time the child appeared

so much enfeebled and exhausted that it was deemed proper to grant it a respite. A full dose of Laudanum was administered, and the child slept two hours and some minutes, and waked up apparently much refreshed, and hungry. It was suffered to take some milk and bread, which it eat voraciously. In another hour the Cholera was again excited, and in the mean time the head of the child was constantly bathed with whiskey and camphor. The cholera this time was kept up for nine hours, almost without intermission. At length the child appeared on the very point of expiring. A full dose of Laudanum was administered in a little mint water, and the child slept for the night comfortably, and by eleven o'clock the next day the *head was reduced to nearly its natural size!* Calomel purgatives were continued very briskly for a few days, and afterwards an occasional cathartic of Castor Oil for a week or two; after which time the child being *unexpectedly* cured, the parents were directed to continue to keep its bowels loose, so as to have at least two or three passages a day. This little patient was completely cured and has remained well ever since.

Henry Willis Brazeale, and his wife brought their child to the Author for advice and treatment. The head was greatly enlarged, nearly twice its natural size. The bones of the skull were gaping, and the child was affected with strabismus. In other respects it was vigorous and healthy.

The parents were informed of the nature, and obstinate character of the disease, and the same facts were stated as in the other case just mentioned. They determined to risk the treatment rather than risk the disease. It was accordingly pursued with faithfulness, and energy by the parents. The artificial Cholera was kept up without intermission for twenty-two hours, at which time the child was greatly exhausted, and the Author deemed it proper to administer a full dose of Laudanum. It slept about

four hours, and waked much refreshed and *hungry*. Some nourishment was taken, and in two hours afterwards the Cholera was again excited, which was kept up about ten hours. In the mean time the head of the child was constantly bathed with spirits and camphor. In about forty-eight hours from the last excitement of the artificial Cholera, the *head of the child was reduced to its natural size!* Since then there has been no return of the disease, and the child remains in every respect healthy and promising.

GENERAL OBSERVATIONS.

How far the mode of treatment pursued in the foregoing cases may be applicable to all the varieties of Hydrocephalus, the author will not *now* undertake to decide. He confesses the very favorable results which followed the course of treatment were in a *great measure unexpected.* No especial merit is claimed, on account of the mode of treatment in these cases. Both emetics and cathartics have been employed long ago by the Profession in the treatment of this disease, with a great variety of other remedies, but whether the excitement of an artificial Cholera has ever before been attempted, and relied upon as a means of cure in this disease, the author has yet to learn.

ASTHMA--OR PHTHISIC.

Asthma is a constitutional disease characterised by paroxysms, between which there are longer or shorter intervals. It comes on with a feeling of constriction about the breast, and sensations of stuffing of the air passages and weight about the stomach. The breathing becomes slow, long and laborious. The spirits sink, the head often aches, and the patient inclines to sleep. At length the breathing becomes more and more difficult, attended with a wheezing, hissing noise. A cough succeeds, *at first* unproductive, but

at length terminating in a copious expectoration, which is sometimes tinged with blood. *After the expectoration*, the sense of tightness, difficulty of breathing, oppression, &c. gradually abate, and as the expectoration advances, at length in a few days, and sometimes earlier, the patient is entirely *relieved*.

TREATMENT.

This disease may under skilful Professional management, be always ameliorated, and very often radically cured.

When a paroxysm of Asthma comes on, the patient should be bled and drink freely of Pine top tea, or of a *decoction* of Pine tops made by boiling the tops in fresh sweet milk, or of Balm or sage, or *Penny Royal* tea.

The bowels may next be opened, with ten or fifteen grains of the Extract of White Walnut bark, or Castor Oil.

SCROFULA--OR KING'S EVIL.

This disease is beyond all doubt hereditary. It usually makes its appearance in children from three to seven years old. It commences by an enlargement of the lymphatic glands. Most usually the glands of the neck, and under the chin and below the ears. At length the tumours from being *hard*, become slightly elastic, then soft, then break, and at first discharge an ill-conditioned pus, which at length, gradually changes until it has the appearance of curd. At this stage of the disease, the whole system is contaminated, and the case is confirmed. Soon the system becomes emaciated. The eye lids are inflammed, and become matted, (particularly at night,) with an ichorous, sticky secretion which is constantly exuding from their glands. The disease now becomes *more acrimonious*, and invades the cartilages and bones, which perish before painful and extensive ulcerations.

The foregoing is a general sketch of the symptoms of Scrofula as it generally appears in children. *This form* is rarely seen in persons of mature age, unless it has previously existed when they were young. *That form of Scrofula most common to grown persons* and sometimes affecting children, is known by the name of *Consumption*, which we now come to describe.

TUBERCULAR CONSUMPTION--PHTHISIS.

Genuine Tubercular Consumption, is strictly a *scrofulous* disease, forming *scrofulous* enlargements, or *tubercles* (in the lungs) which are at first hard, *then* elastic, *then* soft, *then* discharge an ichorous ill-conditioned matter, *then* pus less vitiated, and lastly a thick, rotten, curdly, offensive matter. On the first commencement of the formation of the tubercles, there is a short dry tickling cough. At length as the tubercles increase in size, there is a slight pain in the chest, which in the whole course of the disease is never very troublesome. In Tubercular Consumption there is *always* an unusual elevation of spirits. This symptom is peculiar *alone* to Tubercular Consumption.

TREATMENT.

Whether scrofula developes its existence in the system by enlargement of the glands of the neck, or by forming tubercles in the lungs, it is the *same disease* and requires the same general treatment.—☞ *Blood-letting and tonics should be made the basis of all treatment in Scrofula, and Tubercular Consumption, in all their stages*, viz: *from first to last.*— The Iodine has, for many years attracted the attention of the profession, as a powerful alterative, and *glandular deobstruent*; and when aided by judicious venesection will, beyond all doubt, disperse Tubera in the lungs, and cure the most violent scrofulous diseases. This medicine is denominated by M.

Courtois, its discoverer, "*Iodine*," from its violet hue. In the administration of this very valuable medicine, great prudence and judgment is required. Any attempt to push it *boldly and daringly* in the common practical acceptation of those terms, cannot receive too severe reprehension. The nature and action of Iodine forbids such a course. The testimony of the profession is perfectly harmonious so far as it regards its valuable effects already stated, in the disease under consideration. Nitric acid and the Fumes of Nitric acid, have been *for a long time* much used by the profession in America, and particularly in *East Tennessee*, as very valuable auxiliaries in the treatment of this disease. ☞ *Scrofula and Consumption, in all their stages, are now considered by many of the profession, completely manageable.*

Cases could here be adduced in confirmation of the assertion that those diseases are manageable, and may, in 9 cases out of 10, be most successfully treated. But at a more proper time the public will be presented with a full account of the cases alluded to; which will shew that we *are not* obliged, in the language of a truly illustrious physician, "to record the failure of every method and every plan of treatment known to the profession." The progress of Tubercular Consumption is generally very slow; often continuing for years before it reaches its last stage. Blood-letting and the use of the Chalybeate waters of our country are very salutary, and often retard the progress of the disease without the aid of other means. There are however other varieties of Consumption that are more rapid in their march, and produce much greater suffering, and which we will now proceed to consider.

Catarrhal Consumption

Is generally the consequence of neglecting a common cold. It is sometimes the sequel of pleurisy. It is often produced by long exposure to a cold damp air. Cold is always either the *indirect* or the

immediate cause. In Catarrhal Consumption, the coff is more violent and troublesome than inTubercular Consumption; the pain greater, the expectoration more copious and rapid. The pains shift from side to side, and are sometimes quick and cutting. The face flushes, the palms of the hand burn and at length a confirmed Hectic fever ensues, which exhausts the patient with its daily exacerbations.

Apostematous Consumption.

This variety of Consumption is characterized by violent fits of coughing. After each fit the patient is for sometime entirely free from even the appearance of coff; but as the disease advances, the fits of coughing become more frequent, and *now* a dull obtuse pain confined to a point in the chest, constantly annoys the patient. There is at *this point*, an occasional throbbing, and the patient cannot lay on the side in which the throbbing takes place without losing his breath. The cough, which has all along been dry, at length is moist; spells of conghing continue to succeed each other, until, after a while, one more violent than the rest, suddenly brings up large quantities of matter, which sometimes very speedily suffocates the patient. In most cases however, the patient with difficulty escapes suffocation, and sometimes, though rarely, recovers his health.

Dyspeptic Consumption.

This species of Consumption is the consequence of a protracted derangement of the Digestive organs, and may be very appropriately styled the Drunkard's Consumption. The attention of the Medical profession was first called to this disease by Dr. Wilson Philip. The following remarks exhibit his views:— "Drunkards," says he, "at that time of life which disposes to Phthisis, frequently fall a sacrifice to this form of the disease; and those who have been long subject to severe attacks of Dyspepsia, and what are called bil-

ious complaints are liable to it. What is the nature of the relation observed between the affection of the lungs, and that of the digestive organs, in this species of Phthisis? Is the one a consequence of the other, or are they simultaneous affections arising from a common cause? They are not simultaneous affections, for the one always precedes the other. In by far a majority of cases in which both the lungs and digestive organs are affected, the affection of the digestive organs precedes that of the lungs," &c. &c. Dr Philip goes on very clearly to establish the point that Dyspeptic Consumption is not a primary affection, but always dependant upon a previous derangement of the digestive organs.

Although this species of Consumption *may* arise from any case of Dyspepsia, however induced, yet there appears to be something in the Dyspepsia brought on by the improper use of ardent spirits, peculiarly favorable to its production; and it has therefore been styled the Drunkard's Consumption.

GENERAL OBSERVATIONS.

We have now very briefly noticed four varieties of Consumption, viz: Tubercular Consumption, Catarrhal Consumption, Apostematous Consumption, and Dyspeptic Consumption. Many very eminent medical men notice several other varieties, but it is believed they are merely subdivisions of the four varieties already above described.

In the last stages of all the forms of Consumption, the patient is continually debilitated by frequent exacerbations of Hectic Fever, and is wasted with continual night sweats, until he becomes excessively emaciated. As the disease hastens to its termination, and the substance of the lungs are destroyed by continued ulceration, and the blood vessels become crowded, violent Hæmorrhages or discharges of blood from the lungs take place. Matter is again formed, coughed up, and the Hæmorrhage again repeated.

The emaciation continues, the eyes are sunken and languid, the hair becomes loose and falls off, the nails are hooked, the legs are swollen, the countenance becomes cadaverous, and the patient dies.

☞Although this disease has been heretofore considered by the Profession, of very difficult management, and *when confirmed, almost* impossible to cure, yet they have agreed on all hands that when taken in its incipient or forming stage, it may most frequently be prevented. Under this view of the subject, whenever persons are afflicted with coughs, or pains in the chest, they should consult a Physician without delay.

DYSPEPSIA.

This disease is of very common occurrence. It is characterised by many very disagreeable symptoms. The appetite is lost, or very variable, the food is not digested, the stomach is sour, and is annoyed with heart burn, the bowels are costive, or irregular. The system becomes debilitated, and sinks under the slightest exertion or exercise; the feet are inclined to be cold, the head often aches, the sleep is unrefreshing, and often disturbed with frightful dreams, such as the night mare, &c. The tongue is generally dry, and in the morning covered with a slick white fur. The countenance becomes sallow and the spirits dejected.

Dyspepsia is often connected with a chronic affection of the liver; and often lays the foundation for many other painful, tedious and dangerous diseases.

TREATMENT.

Great benefit will be found by using the Chalybeate springs of our country, and regulating the diet, both as it regards quantity and quality. It will however always be safest to obtain professional ad-

vice, as the various states of the system with which Dyspepsia is connected are very numerous, and many things are to be taken into consideration, of which none but medical men are competent judges.

HÆMORRHAGES.

Nose.—Bleeding from the nose, is an occurrence which usually happens in early life, and unless it is very profuse, it need not be restrained. In most instances it is salutary.

TREATMENT.

When it inclines to return too frequently, a few small blood-lettings from the arm, keeping the head cool, the feet warm, and the bowels open will relieve and prevent its recurrence.

Stomach.—Bleedings from the stomach sometimes take place, and may be restrained by table salt; half a table spoonful may be taken every few minutes, until the bleeding ceases. Apply cold cloths over the stomach, and let the patient be quiet. Alum may be used combined with a grain of opium, or ten grains of alum every three or four hours by itself.

Lungs.—Bleedings frequently take place from the lungs, and are often of a very serious character. Let table salt be administered as in bleedings from the stomach. Let the arm be immediately corded, and the patient bled freely, and kept from talking, and in other respects perfectly quiet.

Bleedings from the stomach are often produced by plethora, and too full living, and are sometimes produced by strains, or other kinds of external violence; often by obstructions in the neighboring organs, and sometimes by long-continued costiveness. Bleedings from the lungs often take place from the same causes enumerated in the case of bleedings from the stomach. Bleedings from the lungs generally take place in the

last stage of Consumption, and they may occur from a great variety of other causes which do not come within our present range.

In all cases of bleedings from the stomach or lungs the patient should have skilful advice without any delay. In the mean time, while the Physician is sent for, the course above recommended should be immediately pursued.

FITS.

This very alarming complaint arises from a great variety of causes, which cannot be considered here; and, which are generally of too difficult and complicated a character to be understood by the general reader. In all cases of this sort there is ample time between the several attacks of fits to consult a Physician, whose advice and attention should be early procured.

APOPLEXY.

The patient is suddenly prostrated, and becomes apparently lifeless. At length he begins to breathe slowly, the countenance is turgid, and purplish, the eyes fixed, and the pupils dilated. The breathing becomes noisy, laborious, and ratling, the mouth foams, the lips are *sometimes compressed*. The head is drawn backwards, the patient grinds his teeth, the pulse is regular, and the skin unaltered in its feel. Sometimes when the head is drawn backwards, the mouth is thrown *wide* open.

This disease is sometimes preceded by giddiness, pain in the head, indistinctness of recollection, &c. It often ends in Palsy. Sometimes, however, the patient falls into a profuse sweat, the oppressed powers of life are gradually relieved. Sickness of stomach comes on, vomiting ensues, and the patient re-

covers. Persons who have been once attacked are very liable to suffer from it again.

TREATMENT.

As soon as the patient is attacked, *blood* should be drawn from the arm in a large stream. The blood-letting should be continued, *in every case*, until the flushing, or purple appearance of the face is removed. In the mean time skilful Professional assistance should be procured with the greatest possible haste.

CANCER

Has been divided by many writers into two kinds, *Occult* and *Open*; but this division has no foundation *in the character* of the disease. The *occult* cancer, being merely the form in which it first appears, or in other words, the first stage of cancer. The *Open* cancer, or *state of ulceration*, is the second stage. Whether cancer is a local, or a constitutional disease, is a question which has been long and much discussed. A great deal has been said on both sides. Great abilities and industry have been enlisted in support of the one, and of the other. But after all the investigations of the Profession, and the many *curious* experiments they have made relative to this afflicting disease, it is acknowledged with mortification, the subject still remains in great doubt and obscurity. But whether it be a Constitutional or a local disease, or *sometimes* constitutional, and *sometimes* local, it is agreed on all hands, it is a disease of a very obstinate character, seldom cured, and almost always requiring the use of the knife, whenever seated in parts which surgery can approach; which is a fact not very pleasing to the patient, and is in itself, but a *very poor apology* for the *imperfection* of the healing art.

The term *cancer*, is generally applied to all eating

and spreading sores, of a virulent nature. There are however, several species of ulcer, which come *under this description*, and which *are not cancers*, in the Medical acceptation of the term. The several species of ulcer above mentioned, are always manageable, and often very easily yield to the application of curative means; which *deceive* many persons into the belief, that they have labored under, *and been cured of cancer!!* But the fact of their being so easily cured, is a sufficient *distinctive* mark from genuine cancer, whose *obstinate, violent* and *unyielding character* is fully exhibited in the fact of the defeated skill and baffled efforts of the whole Medical Profession, in attempting their cure, from the days of Hippocrates to the times in which we live.

But while this is the true history of cancer, supported by the undivided testimony of the learned, the skilful, practical, and honorable of the Profession, what a different, and mortifying aspect does the general opinion, and *various notions* of society present to the moral mind? The testimony, the full testimony, *drawn* from the patient, indefatigable, and skilfully directed exertions of the honest, the learned, and the *practised* of the Profession, is *entirely* rejected, and the *impudent* boldness, and confident assertions of the knavish impostor in Medicine, are eagerly received, greedily embraced, and implicitly relied on. And while those who are suffering under this *baleful* disease, are submitting themselves to the treatment of the unprincipled "*Cancer Doctor*," *unenlightened* society is OFFERING *its concurrence*. The *Wet-Fire-eaten victim*, from multiplied torments, returns with deformed feature, ruined constitution, and shortened days, to mingle with his fellow men. His *daily* sufferings augmented, his mind fixed on death, his every moment harrassed, his disease on rapid march, and the fearful sufferings of his system indicating hourly dissolution!!! Amid sufferings *like these*, and *countenanced* by society, what is the cold, cheerless,

heartless, unsatisfactory reply? "I told you so. You ought not to have expected any thing better of a quack." Thus a credulous and *unenlightened* community, is ready to countenance the *folly* of the patient, and *presumption* of the quack, in the first place and is equally ready in the second, to reproach *this same folly* of the deluded victim, with the sapient, "I told you so," and to cast contempt upon the quack for his impudent presumption and ignorance!!!

There is perhaps no malady which has afforded more room for knavish imposture upon the community, than cancer. Almost every rising, tumour, and ulcer of an unusual character, is immediately pronounced *cancer*, without in truth, exhibiting any of the phenomena of that terrific disease. The affrighted patient, in the spirit of the *supremest* folly, forthwith resorts to the Professed Cancer-Doctor, and almost always returns a *deformed* and loathsome object, with his disease increased, and his sufferings *aggravated*.

The genuine Cancerous tumour may be known by the following peculiarities:—It is first knotty and uneven, and often for a time remains perfectly indolent. It is dark, and has contorted veins, sometimes putting out from the body of the Cancer, in several directions. At length the tumour *itches*, then is troubled with a prickling, the pain now becomes shooting, and tearing. A sense of heat, and as the disease progresses, a sense of burning is felt in the tumour. The skin is discolored, and of rather a livid hue. The progress of a cancerous tumour is rapid or slow, in proportion to the presence or absence of an inflammatory diathesis in the system, or the extent and number of the exciting causes of its growth. Sooner or later, however, the skin breaks, and exhibits angry ulcerations at several points of the tumour,—which discharges a caustic ichorous matter, tinged with blood, from the mouths of the corroded vessels of the part. This discharge continues a longer, or shor-

ter time, and *then* the parts have the appearance of healing *externally*, but in the meanwhile a rapid and spreading ulceration is going on *within*, which after awhile makes its way to the surface, and discharges a foul, caustic, offensive matter. This loathsome affection continues its incursions, often extending to the adjacent glands, and in its progress, it constantly exhibits the same foul and malignant character.

It has been already said that this disease has been heretofore considered incurable, or rather, to speak more correctly, the means known *at present* to the Profession, are inadequate to its cure. There are some cases however, on record, in which genuine cancer has yielded to *Medical means*, and there are *other cases*, in which cancer has spontaneously ceased. In the present state of Medical knowledge, however, the Profession consider the *only* safe course, is early to resort to the knife, *while* the cancerous tumour *has not yet reached a state of ulceration*. In most cases where the operation is early performed, the cure is radical, but even in its *earliest stage* it sometimes fails. But the chances of a permanent benefit from an operation is greatly lessened if the cancerous tumour has reached a state of ulceration.

Enough has been already said to exhibit the madness and folly of applying to what is called the professed "Cancer Doctor," who will be sure to pronounce the case *Cancer*, whether it be so or not, and immediately apply his *wet fire*, or some other violent caustics which will soon deform the patient and perhaps render him a miserable and loathesome object for life.

The Author has known a case in which a small *innocent* tumour on the upper lip was converted, by a "Cancer Doctor," at first into a foul ulcer, by the application of Potash, or as it is commonly called, *wet-fire*; and by the continued knavish use of this violent caustic the miserable patient had the whole of his upper lip and all the fleshy part of his nose destroyed;

and is at this moment a living monument of his own folly and of the hardened villainy of the professed "Cancer Doctor" in whose hands he had placed himself.

Another case came under the observation of the author, which was at first nothing more than a little sore produced by the friction of a shoe, (in the month of August) on the side of the foot; but the young woman in whom this trifling accident occurred, was induced to apply to a professed "Cancer Doctor." He immediately *pronounced the case Cancer*, applied *wet-fire*, and continued its use with such *industry* and *perseverance*, that in about ten days a large portion of the side of the foot, was burnt by the caustic, to a crisp; and the silly patient was constantly *tortured* with the most excruciating pain. In this situation she, with her husband, applied to a professed "Charm Doctor," who with *all becoming gravity* looked at the sore, and having resorted to the *profound mysteries* of his "Hocus Pocus," directed the patient to *smoke her foot over red corn cobs!!* The prescription was faithfully followed, but the sore appeared aggravated, and the pain increased. *Last* of all the Author was applied to; the case was treated as a simple ulcer, irritated by the application of wet-fire, and enlarged by its eating qualities, and subsequently more aggravated by the heat of the fire and *the smoke* of the red corn cobs. The ulcer, or *wet-fire, burn, and red corn cob sore* healed in a reasonable time, under very simple management. The Author certainly takes no *very great credit* for the cure, which would have been as easily performed by any other regular bred physician. Hundreds of other cases might be related, in which like *calamities* have occurred to patients who have foolishly resorted to "Cancer Doctors" instead of availing themselves of the advice and aid of scientific physicians; but it is presumed the two cases here related will be sufficient to expose the folly and mad-

ness of resorting to the shameless and remorseless Empiric.

EMPHYSEMA,

Or Collection of Air in the Cellular Membrane.

This disease is most generally of a local character. It sometimes however becomes general. The skin has the appearance of being *blown* up. It is elastic, and upon rubbing the hand over the distended parts there is a very perceptible crackling noise. When the collection of air is very considerable, it is often accompanied with difficulty of breathing, a sense of oppression, anxiety and sometimes with pain in the chest.

This affection may remain a long time without producing death. Regular bred physicians always relieve it, in some measure, when applied to early very frequently entirely cure it.

DROPSY.

Is an unnatural collection of water in the cellular membrane of the whole of the body, or of a part of the body. The disease is variously named by medical men. As when it commences in the lower extremities it is called *Anasarca.* When it commences in the belly, *ascites.* When it takes place in the chest, Hydrothorax. These affections can always be cured, if skilful medical aid is early obtained. But if the disease comes on in consequence of a badly managed Ague and Fever, or is *connected* with an organic derangement, or is the *consequence* of a diseased state of any of the important organs, it is always difficult of cure and sometimes *absolutely* incurable.

This disease sometimes invades the head, and water is formed slowly and gradually in the brain. The

head enlarges and the bones of the head separate.—This form of the disease is called Chronic Hydrocephalus.

In some cases it comes on with very highly inflammatory symptoms, and is preceded by all the symptoms of inflammation of the brain—*which see.* At length the pupil of the eyes dilate and the eye-balls are turned in towards the nose. After the violent symptoms have continued a longer or shorter time, the pain diminishes, and the patient inclines constantly to sleep; the pulse, which, in the first stage of the disease, was quick and rapid, is now uncommonly slow and often *intermits.* The eyes squint, the dilation of the pupils greatly increases, and become insensible of the light. Double vision succeeds, the patient picks the bed cloths and catches at imaginary objects, and finally becomes totally blind.

From this stage of confusion the patient passes into a state of torpor. This continues for a longer or shorter time, when the high inflammatory symptoms return; the pulse is small and rapid, the eyes stare and are red; difficulty of breathing ensues, the patient passes his stools without knowing it, little eruptions come out about the joints and in different parts of the body; sometimes however they do not appear; *then* most frequently the body, and particularly the skin about the joints, is covered with stains or red splotches, which sometimes become purplish. Most frequently the patient, from a state of great suffering, passes into a state of quietness and apparent ease. At length the tendons twitch, the whole system becomes convulsed, and the soul passes into eternity.

It is often very difficult to distinguish this affection from inflammation of the brain, and some very eminent medical men believe there is no difference between this disease (which is called *Acute* Hydrocephalus) and inflammation of the brain. They support their views with a great variety of very plausible arguments, and their very great respectability in their

profession entitles their opinions to the most *respectful consideration*. On the other hand many respectable physicians of equal reputation and skill maintain its existence as a separate disease altogether, from inflammation of the brain. Without undertaking now to decide this question, whether Acute Hydrocephalus be a disease entirely distinct in its character from acute inflammation of the brain, or whether it be a *distinction without a difference*, the Author submits the symptoms and leaves it to the future investigations and discussions of the profession to decide.

☞In all species of Dropsy medical aid should not be a moment postponed.

ERUPTIVE DISEASES,

Attended with a Feverous Excitement of the Whole System.

☞In the former part of this work, we have spoken of Eruptive diseases which were *in the main unattended* with any *general feverous excitement*, and whose incursions are principally confined to the skin; and unless aided by certain adventitious circumstances, *never* produce a general constitutional commotion. And some remarks were also made relative to the general *phenomena* of Eruptive diseases; we come now to notice more particularly, that class which are *always* attended with a *general febrile excitement, and constitutional disturbance.*

SMALL POX.

This disease is generally divided by the profession into two varieties, the *Distinct* and *Confluent* Small Pox. In whatever form it appears its character is terrific. Distinct Small Pox is known by the pustules being entirely separate from each other. They are round and full. The space between each pustule

is red; sometimes of a dusky red, and sometimes of a bright scarlet. It is believed however that the various shades of the red colour of the skin between the pustules are dependant upon the complexion of the patient. In Distinct Small Pox, when the pustules appear the fever abates, and presently altogether subsides.

On the third day from the attack of the patient (and which comes on with feverous symptoms) the pustules appear on the *hairy scalp and face* and resemble flea bites. By the close of the fourth day the eruptions have extended from the head and face to the extremities and also over the whole body; About the 8th day, the pustules are completely matured, and are about the size of a pea. By the close of the eleventh day, the pustules break and discharge their matter; after this, they gradually dry and scale off, and by the fourteenth or fifteenth day they entirely disappear. The skin occupied by each pustule is left of a brownish cast; and where the pustules have been large and *dipped* deep, the skin is *pitted*. This is the course of a regular attack of *Distinct Small Pox*.

The invasion of the Confluent Small Pox is marked with many phenomena of a very different character, to those which take place in Distinct Small Pox. In Confluent Small Pox, the eruptions are first exhibited in the form of "a general efflorescence." The pimples are innumerable and their edges terminate in each other. They come out however about the third day and when matured are filled with a yellowish matter. The pustules run into each other, forming large patches of pustules, and sometimes the system is, as it were, covered with one general scale. The fever instead of subsiding, on the appearance of the eruptions, as in the Distinct Small Pox, becomes more violent, and often assumes a *low nervous* type. Not unfrequently the patient becomes delirious, or sinks into a profound stupor. The matter discharged from the Pocs is of a brownish cast,

and *very virulent.* And as the disease progresses, *if the fever be of a typhoid type,* the matter appears o become more acrimonious. In grown persons there is *always* a profuse discharge of saliva, and in children, most frequently a *purging.* The spitting begins as soon as the eruption appears, or within a day or two afterwards; the saliva is at first thin, and easily and plentifully discharged; but towards the eleventh day, which is the period of the greatest danger, it becomes viscid, and is discharged with great difficulty; the looseness in children, however, continues beyond that period. When the disease terminates favorably, the swelling of the face about this time begins to abate, and that of the extremities commences. But if the constitution be incapable of counteracting the weakness under which it is suffering, or the mass of disease with which it is oppressed, and particularly the exacerbating or secondary fever, as it is called, which takes place at the stage of maturation, the cuticle suddenly becomes flattened, the features sink, the pustules are depressed, the coma increases, flea-bite spots are sprinkled over the body, succeeded often by hæmorrhages; the pulse flutters, and the patient expires, usually, as already observed, about the eleventh, but sometimes not till the sixteenth day. The two preceding paragraphs are taken from the description of this variety of Small Pox by the late illustrious and very eminent Dr. Good. This is done because of the exceedingly *accurate description* of the last stages of this dreadful malady. The Author has seen this disease in its most terrific forms; and can subscribe to the entire accuracy of the above description of Confluent Small Pox, which is drawn up with such elegance and precision that he has adopted it in preference to substituting any thing of his own.

It may not be amiss to remark here that Dr. Good in his treatise on Small Pox, has divided Distinct and Confluent into three other varieties; or it will be perhaps more appropriate to say, he has made three

additional sub divisions, viz: *Crytallized Small Pox*, *Horn Pox* and *Innoculated Small Pox*. Being however merely different forms of the same disease, and the difference consisting principally in the appearance of the matter and the irregular form of the Pocs, the *matter being an imperfect suppuration and the Pocs horny and semi-transparent*, and the third additional variety being nothing more than *Innoculation* with the matter of Small Pox, it is deemed unnecessary in a work of this description to treat of them under seperate heads.

The writers upon this disease are very numerous, and the *varieties* they make or describe in Small Pox, are almost endless. These varieties are however, it is believed, dependant, for their several *modifications*, entirely upon adventitious circumstances, as difference of constitution, habits, locality, climate, &c. and *not* different in *any other respect*, from Distinct or Confluent Small Pox. This disease is highly contagious, and has at different periods of the world devastated whole countries. But since the discovery of the powers of the Vaccine, by the immortal Jenner, its rage has been staid, and its disastrous visitations have been comparatively few. And since mankind, *all over the world*, have derived such incalculable benefits from the introduction and employment of the Vaccine, they cannot too faithfully continue its use. But it is a fact that cannot be too deeply lamented, that a spirit of *carelessness* and *indifference* upon this subject, seems at this time to pervade (almost) our entire community. It is to be hoped however, that our people will not wait until some dreadful visitation from the Small Pox shall scourge our land, before their attention is again diligently given to a subject of such vast magnitude and *vital* importance. But to *prevent* the introduction, and to *secure* themselves from the dreadful ravages of this terrific disease, they *must* continue to employ those *preventative means* which we now come to consider.

Although some attempts have been made, of late years, *by a few*, to weaken public confidence in the efficacy of the Vaccine, and to introduce Innoculation with the Small Pox virus in its place; yet those attempts have proved *entirely* abortive, and the Vaccine has continued to maintain its claims to public approbation in every fair trial of its efficacy. The late attempt to substitute Innoculation, was made in consequence of some persons who had been *vaccinated* taking the *varioloid* disease. But upon a full investigation, it was proven that there had been persons attacked with the varioloid disease, who had previously suffered from a regular attack of *Small* Pox; and hence the fair conclusion, that if Vaccination did not *secure every person* from the invasion of the Small Pox, neither did *Innoculation* with the Small Pox virus itself, in *every case prevent* its incursions. Besides, according to the *common course of things*, persons who *once* have the Small Pox, are never again *subject* to a second attack; but cases have occurred of *two* attacks, and some *even* of *three*. And while it is admitted that Vaccination does not secure an entire exemption from the Small Pox in *every* case, yet *it does in almost every* case; and in those cases in which the Small Pox occurs after Vaccination, it is always milder, and disarmed of more than half its dangers.

Out of sixty-seven thousand persons *vaccinated* at the Metropolitan public vaccine stations in England, *eight* only *subsequently* suffered from the Small Pox. In this report of the Physicians employed at those stations, they say "we have undoubted proofs, from experience, that where vaccination has been performed perfectly, Small Pox occurring after it, is almost universally a safe disease; and, though ushered in by severe symptoms, has hardly ever failed to be cut short, before it had reached that period at which it becomes dangerous to life." See the Report of April

12th, 1821. In addition to the foregoing testimony in favor of the efficacy of the Cow Pox, or vaccination, the author submits the following summary, deduced by Dr. Samuel Cooper, from the researches of Drs. Thompson, Cross, Stoker, Barnes, and others, published in the Edinburgh Medical Journal, No. 89:

Firstly—"Though the action of Cow Pox on the human body renders it very nearly, if not altogether, unsusceptible of innoculated Small Pox, it does not extinguish its susceptibility of Small Pox through the medium of atmospheric contagion, particularly when the disease prevails extensively as an epidemic."

Secondly—"The action of Cow Pox diminishes this susceptibility very considerably, and (mostly) renders the action of Small Pox on the human body, when it takes place, much less severe; changing very completely, the character of the disease, and depriving it of its usual malignity."

Thirdly—"One attack of Small Pox diminishes, but does not extinguish, the susceptibility of the system to a second attack in the same individual."

"This second attack may appear either in the form of regular Small Pox, or in the anomalous or spurious forms, to which the names of Chicken Pox, Sheep Pox, Swine Pox, Siliquose Pox, Bladder Pox, &c. have been applied. In general, if the first attack is regular Small Pox, the second is one or the other of the irregular forms, and *vice versa*. Early life predisposes to these attacks.

Fourthly—The full, complete action of Cow Pox, diminishes the susceptibility to Small Pox, and in the majority of cases modifies its action in a much greater degree than a previous attack of Small Pox itself does. No facts warrant the conclusion, that this modifying, or controling influence of the vaccine action is altered by the interval of time from the date of vaccination."

Fifthly—"While the practice of innoculating Small Pox continues, it is injurious in perpetuating

and disseminating the infection of a dangerous, severe, and not unfrequently, a fatal disease.

Sixthly—"The substitution of the Cow Pox, by diminishing the extent of the operation of this infection, tends indirectly, to diminish the disease generated by it, and the evils resulting from it. Thus we have the testimony of the best British Physicians in favour of the efficacy of *vaccination,* to which may be added the entire concurrence of the best American Physicians."

It has been thought due to candour and fairness, to lay the above facts before the public, that they may understand substantively, the grounds upon which regular bred Physicians so strenuously recommend the continued practice of vaccination.

It is recommended in all cases, that *vaccination* be performed by a well-informed medical practitioner. As the efficacy of the vaccine virus depends upon its genuineness, and upon its producing a complete effect upon the whole system, of which two very important facts, none but a competent Physician is capable of deciding.

OTHER ERUPTIVE DISEASES.

There are other eruptive diseases, which would now properly come in here, were it necessary to introduce them at all in a work of this character. But it is not necessary, as they are all ushered in with symptoms of fever upon the occurrence of which, (sufficiently described under their appropriate heads elsewhere,) the patient has been already directed what to do.

It will not be amiss however, simply to enumerate them. They are as follows:—The Benign and Malignant Measles, Scarlet Fever, Water Pox, Chicken Pox, Miliary Fever, Vesicular Fever, and Erysipelas, which last has been touched upon in another place.

Each of the preceding diseases are divided by

medical writers into several distinct species. And they always require, or not, professional attention in proportion to the violence of the symptoms of fever which accompany them. Upon this subject reference can be had to the several forms of fever as described in the former part of this volume.

POISONS.

The importance of every family having within their immediate reach, directions for their conduct in cases of Poisons, is so manifest, that all commentary here would be useless. The following directions, in the various cases stated, are principally extracted from M. Orfild, whose ample opportunities, faithful researches, and long experience on all subjects, relating to poisons particularly, entitle him to confidence and pre-eminence.

☞ It is proper here to remark that in *almost* all cases of Poisoning, *success almost* entirely depends upon the promptness of the administration of the appropriate means or antidotes.

All poisons may be appropriately classed under three general heads, viz: *Mineral Poisons, Vegetable Poisons, and Animal Poisons.*

In treating this subject the Author will pursue the following plan:—1st, describe the nature and character of the Poison—2d, the symptoms it produces when introduced into the system—and, 3d, point out the means which should be immediately resorted to, to prevent its destroying life.

☞ And now let it be understood *once for all*, that while the remedies as directed are employed, or using, the friends of the patient should without the least delay, procure a *really* scientific and skilful physician. Cases of this kind will not bear the least blundering or bad management. ☜

Calomel—*Color*, as used in practice is white. It does not dissolve in water.

Although Calomel, when appropriately administered, is one of the most valuable medicines, yet when injudiciously taken it very frequently produces the most disastrous effects, and brings upon the *unfortunate victim*, a series of miserable sufferings, which cannot be calculated. And while it is true that in the diseases of our climate, it is often *necessary* to administer it to a very great extent, yet *there is nothing* that *can authorize* that *indiscriminate use*, which has been made, of it, in our country, by *some* physicians, *by all mongrel* practitioners and quacks, and by a very great number of heads of families. It is a course of supreme *madness and folly*, and *cannot be reproved in too strong language*. By the enormous and long continued use of this mineral, many good constitutions are often entirely ruined, and in *very* many cases, calamitous diseases introduced into the system, causing the patient to pass a life of continued pain, and of daily increasing suffering. The Author does not mean to enter, at this time, into the history of Mercurial diseases, but simply to exhibit, before the community, the *real* cause of at least *two* thirds of all the ruined constitutions, and chronic diseases, under which our people are suffering. This cause, *the true cause*, as has been already suggested, is the *indiscriminate, enormous*, or *long continued use* of Mercury, in the form of *Calomel*, taken *without reason* and *without proper precaution*. Those who are curious to know the full extent of this dreadful evil, can consult the following writers, whose *honest*, able, and indefatigable exertions in the investigation of Mercurial diseases, and in pointing out the infinite injury that may accrue from the improper use of the various preparations of Mercury, deserve the gratitude of mankind. Falconer, of Bath, Hamilton, of Edinburgh, Trotter, Carmichael, Mathias, Blackall,

Pearson, and many others, whose warning voices have been unheard, although supported by innumerable *incontestible* facts which ought to come with startling conviction upon every mind. And certainly *as far* as *authority* should be regarded, the ample experience, the elevated purity, and high reputation of all those gentlemen, entitle their opinions to be received with deference and respect.

The fact is, that in our country, the *immoderate* use of ardent spirits plays the part of the *hound* in the chase, and brings the patient to his bed, and the *indiscrimate* use of Calomel plays the part of the hunter, who comes up to inflict death upon the game. But as the hound often destroys the game *before* the hunter is up, and the hunter often brings it to the ground *without* its being nosed, pursued, or caught by his faithful dog, so the *immoderate* use of ardent spirits, and the *indiscriminate* use of Calomel, have each their *separate victims.*

It is expected that the foregoing remarks will be received as they are intended, to *reprobate*, to *censure* in the most unqualified manner, the abuse, and *not* the proper judicious use of this truly noble medicine.

Some of the bad consequences which follow the improper use of Calomel.

Every person who takes calomel is liable to be salivated; but an occasional or accidental salivation, when proper care is taken, and appropriate remedies used, is not a matter of very serious consequence. But those violent *ulcerating*, *sloughing* salivations, which arise from the administration of uncommonly large doses of Calomel, or from its long continued use are always dangerous, are very often followed by protracted ill health, and are sometimes even fatal, in consequence of supervening mortification.

Some persons cannot in consequence of some kind of constitutional peculiarity, take calomel at all. Others are sometimes affected by it, with palsy and incurable madness. This last is most usually produ-

ced by large doses. Bloody passages are often caused by calomel, accompanied with violent torment in the loins and bowels. In these cases the calomel should not be again repeated, at least by itself.

Calomel sometimes produces organic lesions of the heart. This most frequently occurs when the patient is coming out of a fever, having been previously much under calomel influence, and catches cold while under that influence. Organic lesions of the heart, are frequently produced by persons catching cold after having taken a few *large doses* of calomel, and who have nevertheless, not suffered from salivation.

Calomel when long continued, produces a state of Chronic irritability, which is accompanied with a Calomel Hectic Fever.

The long continued use of Calomel without proper precautions, often produces a thickening of various membranes, particularly the lining membrane of the ribs, and the membrane that covers the heart.

Large doses of calomel often produce immediate convulsions and death.

Excessive prostration and exhaustion is often the consequence of very large doses, and the most dreadful emaciation is often produced by *long continued* doses.

Excessive debility is often produced by a single large dose, and a salivation occurring immediately afterwards, is most frequently followed by mortification. Delicate females are doubly liable to suffer from the improper use of this medicine. In them it frequently produces such an uncommon susceptibility of the mucous membranes, and such a preternatural irritability of the whole system, that the slightest change of weather is painfully felt. and very sudden or great changes produce excruciating suffering, as violent pains in the head, jaws, and sometimes in the limbs, which are not unfrequently accompanied with violent cramps or convulsions.

Those who wish to be more particularly informed

upon this subject, can consult the works of the medical gentlemen already referred to, and also a great variety of others to which *they* refer. The author will conclude this article with the following description of a Mercurial disease by Professor Hamilton, of Edinburgh. He says: "Among the anomalous complaints arising from this cause, may be enumerated, impaired or capricious appetite for food, with all the ordinary symptoms of indigestion, particularly retchings in the morning, and flatulency, disturbed sleep, with frightful dreams, impaired or depraved vision, frequent aches and pains in different parts of the body, occasionally such sudden failure of strength as if just dying, and at other times violent palpitions of the heart, with difficulty of breathing." What a picture of extreme wretchedness have we here produced by the improper use of calomel? and what caution and care should it teach in the administration of this medicine.

From what has been said, it will be readily perceived, that very few persons are competent to administer calomel. It is true that occasional disagreeable consequences may follow it under the prescription and attention of the most skilful Physician; but he will be enabled early to discover their approach, to meet them at once with appropriate palliations, obviate their bad effects, and secure the constitution of the patient from any permanent injury.

The proper medium dose of Calomel is from 10 to twelve grains to an adult. It is true there *are cases in which it may be proper to give one hundred at a dose*, but this is a matter for the judgment of the Physician. But that physician who is in the habit of *indiscriminately* prescribing Calomel, is by no means a safe physician; and if in the habit of *indiscriminately* prescribing 20 and 30 grs. *at a dose*, he is *doubly unsafe, and should never be trusted.*

Precautions necessary to be observed when Calomel is taken.

The patient should be confined in doors, and the apartments kept at a comfortable temperature. The room should of course be well ventilated, or in other words, a free circulation of air kept up.

The diet should be light, and composed of such preparations as milk, boiled milk, weak tea, and crackers or biscuit, rice, chicken soup and such like. Cold water may be drank with the air previously taken off. This may be done by letting a glass of water stand a few minutes before the fire, or by quenching a live coal in it. All stimulating food or drink should be carefully avoided.

CORROSIVE SUBLIMATE.

This preparation of Mercury, like Calomel, in the hands of a capable physician is a most valuable medicine, but as quacks, and sometimes other ignorant persons administer it without proper precautions, and as it is occasionally accidentally introduced into the system, it deserves our especial notice. Corrosive Sublimate is the most powerful preparation of Mercury, and in the dose of a single grain, seldom fails of producing very unpleasant symptoms. It is white, and unlike Calomel, will dissolve in water. In large doses it produces the following symptoms. The patient complains in general of a constriction and sense of roughness in the throat, pain in the back part of the mouth, and pain in the stomach and intestines, with a sense of burning, and often great internal heat, with desire to vomit, and vomiting follows with more or less violence. The matter vomited is of various colours, and often mixed with blood. The bowels are occasionally constipated and sometimes loose, and the discharges are often bloody. *Corrosive Sublimate* is often, *very often*, applied by quacks and

other illiterate persons, to *Cancers, Wounds, Sores,* tumours, &c. with the intention of producing a cure; but instead of this, it very often *produces* convulsions and death in the course of a few hours; sometimes however, the sufferings of the miserable patient are prolonged for two or three days, when he expires in dreadful agony.

TREATMENT.

The whites of twelve or fifteen eggs should be beat up, and mixed with two pints of cold water, and a glass full taken every two or three minutes so as to favour vomiting. If the number of eggs mentioned above are not at hand, as many as are should be used; In the mean time let others be got. The yolks may also be used without inconvenience, but the *whites* are greatly preferable. If eggs cannot be had, use sweet milk abundantly. Flax seed tea, sugar and water, or simple water. These measures should be continued until the patient is relieved.

The red oxide of Mercury, commonly called the red precipitate, Althiops Mineral, Vermillion, Turbeth Mineral and Nitrate of Mercury, in large quantities produce the like effects with Corrosive Sublimate and are to be treated in the same way.

MERCURIAL OINTMENT,
Frequently Called the Oil of Bays.

☞This Ointment is frequently purchased by the people to cure sundry eruptive diseases, and is very often applied without proper precautions, and is consequently often attended with dreadful consequences. Inflammatory Fever, Cramp, general convulsoins, and death sometimes follow its improper application.☜

When this Ointment is employed, use the same precautions as under the head of Calomel.

General Symptoms in the last stage of the effects produced by Mercurial Preparations.

We have, in its proper place, given the *symptoms* that *immediately* follow the introduction of large quantities of Mercurial Preparations into the system; we come now to exhibit those *fearful symptoms* in these cases after the appearance of which, the patient seldom recovers.

To the sense of heat and burning sensation in the stomach is added frequent eructations or belchings of a fœtid fluid or matter; hiccup follows, accompanied with a difficulty of breathing, and almost suffocation; the pulse becomes small, hard and rapid, and in certain cases it may be said to vibrate under the finger like catgut. It is seldom unequal and intermitting. An *inextinguishable* thirst, difficulty of making water, cramps, the extremities of an icy coldness, horrible convulsions, general decay of strength; the features of the face changed, and delirium. Such are the symptoms which announce approaching dissolution. *Sometimes* very great professional skill may rescue the patient; but the measures must be energetic, prompt and decisive. In some cases the intellectual faculties are preserved unchanged until the death struggle closes the heart-rending scene.

ARSENIC--OR RAT'S BANE.

All the preparations of arsenic are dreadful poisons and when applied to sores, cancers, &c. without *proper skill and precautions*, as they *always are when used by quacks*, they produce the most fatal consequences. The preparations of Arsenic in common use are White Arsenic, Arseniate of Soda, Ammonia, and Potash, Orpiment, Realgar, Fly-poison, and Arsenical paste.

The symptoms which take place on the introduction of these poisons into the system, are the same as

those which are described under the head of *Corrosive Sublimate.—Which see.*

TREATMENT.

Let large quantities of sugar and water, of warm or cold water, or of flax seed tea, be swallowed. By this means the stomach is filled, vomiting caused, and the poison thrown up. A drink composed of equal quantities of lime water, and sugar and water, may also be given. Lime water may be made by boiling a quarter of an ounce of good quick lime in two quarts of water, for five or six minutes. The liquid may then be strained through a cloth.

These antidotes should be perseveringly employed and the stomach kept constantly filled.

GENERAL OBSERVATIONS.

Mercurial preparations, such as Corrosive Sublimate and Red Precipitate, and the Arsenical preparations, produce death not only by their powerful caustic or eating qualities, but often in a much more rapid manner, by becoming absorbed and taken into the blood, distributed by the circulation, and destroying the vital powers of the heart, lungs, brain, and nervous system: organs so essential to the preservation of life, that death must be the inevitable result of an extensive injury received by them.

Preparations of Copper.

These arerblue Copperas, or sulphate of Copper. The muriate, nitrate, and crystalized acetate of copper, verdigris, &c. All these preparations are poisonous when taken into the stomach, even in small doses; they may however, be externally applied without any other result than local inflammation.

The symptoms produced by verdigris and the other preparations of copper, are the same as those descri-

bed under the head of Corrosive Sublimate—*which see.*

TREATMENT.

From all the experiments made by M. Orfild, the result was that the white of eggs is the best antidote, which are to be administered as directed in the treatment under the head of Corrosive Sublimate.

Sugar, although not a counter-poison, is a very useful remedy in the case of poisoning from any of the preparations of Copper.

ANTIMONIAL PREPARATIONS.

These are Tartar Emetic, Butter of Antimony, Kerme's Mineral, Golden Sulphuret of Antimony, flowers of Antimony, diaphoretic Antimony, and glass of Antimony.

These medicines are in frequent use by medical men, and in the hands of the skilful, are employed with very great advantage and success. But almost every smatterer considers himself competent to administer them, and the Tartar Emetic is particularly subject to very great abuse, and is unfortunately employed by many inconsiderate persons without any necessary precaution whatever. These medicines, when administered even in a small dose, if not vomited is liable to produce all the train of symptoms described under the head of Corrosive Sublimate, to which the reader can refer. In addition to these it is to be remarked that they occasion, *more* particularly *excessive* vomiting, copious intestinal evacuations, great difficulty of respiration, and often so great a constriction of the throat, that the patient is unable to swallow; violent cramp in the extremities; a sort of drunkenness; and a faintishness more or less considerable. It has been already said that the various preparations of Antimony are often very inconsider-

ately employed; and the reason is, because they are not considered dangerous, their real nature and character not being understood. But experience proves that a few grains of Tartar Emetic may be the occasion of death, if not vomited; an extreme dejection, and great feebleness have been known to arise from a single grain, which has occasioned no evacuation. Sometimes on the contrary, it excites so great a degree of vomiting, that it becomes necessary to stop it; this occurs principally among infants. It follows that it is highly dangerous and improper to take this medicine without the advice of a medical man.

TREATMENT.

Should there be great vomiting with cramp in the stomach, abundant supplies of Sugar and water, or simple water must be administered. If the vomiting continnes after the poison may be supposed to be thrown up, and the pain is augmented, a grain of opium or 30 drops of Laudanum may be given. Either of these may be repeated at an interval of a quarter of an hour for two or three times if the symptoms are not calmed. A bruised mint poultice may be applied to the stomach and belly. In cases where bad consequences have resulted from the Tartar, *not* vomiting, or purging, a decoction of Peruvian Bark, or of Red Oak bark, or of Willow bark, should be abundantly employed; and a large mush poultice applied as warm as can be borne to the stomach and belly.

Tin, Pewter and Zinc.

These are the muriate of tin, pewter, flowers of zinc, and White Vitriol. Tin is frequently in our country given by parents to children, in the form of scrapings of tin; and, pewter is sometimes administered in the same way; both are given to destroy worms, most frequently by *very* ignorant persons, and of course they are administered without proper precautions. All the foregoing preparations are poisonous, and

produce the general effects enumerated under the head of *Corrosive Sublimate.*—Which see.

In addition to these effects, they often produce palsy, particularly tin and pewter.

TREATMENT.

Milk is the best counter-poison when tin is taken. It should be abundantly employed. Warm or cold water should be freely given; and parsly tea is most excellent. When pewter is taken thirty drops of Laudanum may be given in a pint of milk, and repeated in the course of an hour; if the patient be a child two years old four or five drops of Laudanum may be given in a gill of milk. In both of these cases castor and sweet Oil may be used very freely. When white Vitriol or any of the other preparations of Zinc have been taken, the white of eggs and other means mentioned under the head of *Corrosive Sublimate,* should be forthwith resorted to.

Preparations of Silver.

These are the Nitrate of silver, and fulminating silver. The Nitrate of silver is commonly called Lunar Caustic. Lunar Caustic is very frequently used in surgical practice, and has been used by physicians to cure Epilepsy, but is now exploded from practice in this disease. It is still however employed by quacks. When taken internally it is liable to produce that dreadful series of symptoms exhibited under the head of *Corrosive Sublimate.*

TREATMENT.

Common kitchen salt is the best antidote to this poison. Let a large table spoonful be dissolved in two pints of water, of this let a glass full be drank every five or six minutes, until vomiting is produced; as soon as this takes place copiously, the bad symptoms will diminish.

NITRE—Commonly called Salt-Petre.

This is a very valuable medicine when judiciously employed, and is also much used for domestic purposes, and also extensively in the Arts. When taken in too great quantities it is liable to produce obstinate vomiting, often bloody, and a high degree of inflammation of the stomach, and the other symptoms which follow are more or less like those enumerated under the head of *Corrosive Sublimate*; in addition to which it affects the nervous system, and often occasions a sort of intoxication, palsy, convulsions, and other nervous affections.

TREATMENT.

The same treatment is to be pursued as is directed under the head of *Arsenic*, except that the lime-water *must be suppressed.*

Sal Ammoniac

Is poisonous when introduced into the stomach, or applied in large quantities to wounds. It causes vomiting, convulsions, pains in the bowels, great change in the features of the face, and death.

TREATMENT.

Vomiting is to be excited by several glasses of sugar and water, or water by itself, irritating the throat with the fingers or a feather; after the vomiting has been procured freely, the patient may take thirty drops of Laudanum in a glass full of strong mint tea or water. If the convulsions, &c. do not subside it may be repeated.

Glass and Enamel.

These may be swallowed in fine powder without danger; if in pointed or jagged pieces, they produce the same inconvenience with any other pointed bodies, that of tearing and inflaming the coats of the stomach.

TREATMENT.

In this case the patient may eat a large quantity of beans or potatoes, or cabbage, and bread crumbled in milk; by this means the stomach is filled or protected. Afterwards he may take a vomit of Tartar and Ipecac. By these means the jagged particles are thrown up.

Lead and the preparations of Lead.

Sugar of Lead, Extract of Lead, Ceruss, Massicot, Litharge and Red Lead.

When a large dose of Lead has been swallowed, there arises a sweet, astringent, metallic taste, constriction of the throat, pain in the stomach, desire to vomit, or vomiting, and that often mixed with blood; in short all the symptoms in a greater or lesser degree, enumerated under the head of *Corrosive Sublimate.* If, in place of taking a large dose of lead, water or wine, containing but a small portion of lead has been swallowed, no immediate inconvenience is felt; but if the practice of drinking such water or wine be continued, the patient will at length suffer from a disease similar to the painter's colic, which has been already described in another part of this work, and to which the reader is referred.

☞The Malaga and Oporto, (or Port as it is called) Wines, which are brought to East Tennessee, are for the most part extensively adulterated with sugar of Lead and Alum. They are consequently unfit for any kind of use whatever.

TREATMENT.

Epsom salts, and Glauber salts, and Lime water, are the best counter-poisons. They should be taken in large quantities, and frequently repeated. After they have operated, sugar and water may be freely drank; and a large mush poultice may be applied on the stomach and belly.

Phosphorus,

When taken into the stomach in the very smallest pieces is poisonous, but is much more so when dissolved in oil, Ether, &c. It always gives rise to the same symptoms, and requires the same treatment as the mineral acids, which we shall now describe.

Concentrated Acids.

These are Sulphuric, Nitric, Muriatic, Phosphoric, Oxalic, Tartaric, Acetic and Citric Acids.

Symptoms.—When taken into the stomach, they quickly produce acid burning, and excessively disagreeable taste; acute pain in the throat, stomach and bowels; insupportably stinking smell from the breath; frequent eructations; vomiting of various coloured matter, sometimes mixed with blood, producing in the mouth a great sensation of bitterness, and effervescing when mixed with chalk. Hiccup comes on, and in general the evacuations are copious and more or less bloody. Colick pains, which become so acute that even the weight of any clothing becomes insupportable; difficulty of breathing, frequent and irregular pulse, and excessive thirst. Drink augments the pain, and is shortly after vomited; occasional shivering; the skin, particularly of the lower extremities, appears frozen; cold and clammy sweats; vain and repeated efforts to make water. The patient is extremely restless, tossing to and fro; convulsions of the face and limbs; the countenance becomes pale; the intellectual faculties are rarely disordered. Frequently the inside of the mouth is covered with white and black patches, which in falling off excite a distressing cough; the voice becomes changed, and occasionally a painful eruption of the skin. All these symptoms are not always found in the same person. The Nitric acid or Aquafortis produces yellow spots upon the lips and skin.

TREATMENT.

From a number of experiments, calcined Magnesia has been found to be the most efficient antidote. An ounce or two of Magnesia should be mixed with a pint of water, and a glassful taken every minute or two, so as to favour vomiting and prevent the acid from acting; but vomiting will be but rarely produced. Should the Magnesia not be at hand, Flax seed tea, Sweet oil with water, Linseed oil and water, or any other mucilaginous drink may be taken repeatedly, for the success of the treatment depends entirely upon the activity with which aid is given; a very few moments delay determines the fate of the sufferer. Magnesia is the chief remedy; but in lieu of it soap dissolved in water, half an ounce to a pint. Chalk and water in any dose will be found extremely useful. Glysters prepared with the same substances should be given. Every kind of food is forbidden until admitted by professional advice.

The Alkalies and Alkaline Earths.

These are, Potash, Soda, Ammonia and Lime.

The effects produced by these substances are nearly similar to those caused by the *Concentrated acids* already described, *except* that the taste of Alkalies is not sour, but pungent, acrid and like urine; the matter vomited does not effervesce when mixed with chalk.

TREATMENT.

The best antidotes are vinegar and lemon juice. In a case of poisoning of this kind, give several glasses of water mixed with a spoonful of vinegar or lemon juice. If these cannot be had, give simple water in large quantities.

VEGETABLE POISONS.

Irritating Vegetable Poisons.

These are the Poison Oak vine, the Dog Fennel, Smart Grass, Wolf's Bane, Wind Flower, Bryony, Virgin's Bower, or Traveller's Joy, Bitter Apple, Meadow Saffron, Tetterwort, Spurge, Olive or Widow's Wail, Spurge Flax, Wild Parsnip, Wild Cucumber Imperial Crown, Black and White Hellebore, Hedge Hyssop, Warts Daffodil, Purging Nut, Snake Root, Palmi Christi, *its seeds*, Crow Foot, House Leek, Savine, Sea Onion, Stave Acre, or Louse Wort, Bear's Foot, &c. &c.

Symptoms.—The foregoing, and similar vegetables, when taken into the stomach, and some of them when applied to sores, swellings, or the skin, generally exhibit the following symptoms:—Acrid pungent taste, more or less bitter, excessive heat, great dryness of the mouth and throat, painful constriction of the throat, desire to vomit, vomiting; and the efforts are continued even after the stomach is emptied; purging; pain more or less violent in the stomach and bowels; pulse strong and frequent, and mostly regular, breathing hurried and often difficult, generally a staggering step, as if from intoxication; the pupil of the eye dilated; insensibility, so great as to exhibit the appearance of death. Some of these poisons occasion convulsions more or less violent, stiffness of the limbs, and acute pains, which cause the patient to utter the most plaintive cries. The poisonous properties of these plants vary considerably, and they exhibit different degrees of violence in different persons.

TREATMENT.

Vomiting should be promoted by milk and warm water, equal parts, or by drinking abundantly of sugar and water. After having favoured the vomiting, several cups of coffee should be given; and the patient may drink freely of Flax seed tea, of Barly water, or Sweet Oil and water.

STUPEFACTIVE VEGETABLE POISONS.

This comprehends Opium, and the various preparations of Opium, as Laudanum, Bateman's Drops, Paregoric, Godfrey's Cordial, &c. &c. also Henbane, Prussic Acid, and all the other substances which contain it, as the Cherry-tree-Laurel, Cherry tree, Bitter Almonds, Opium-scented-Lettuce, Night-shade, with its several species, of which the Black Night-shade is the most violent.

Symptoms.—When any of the above poisons are introduced into the stomach, or applied to a wound, and is absorbed, the following symptoms occur:—Stupor, numbness, heaviness in the head, desire to vomit, slight at first, but afterwards insupportable, particularly in the case of the Prussic Acid and Night shade. A sort of intoxication ensues, stupid air, pupil of the eye dilated, furious or lively delirium, and incoherent talk, sometimes pain, convulsions, more or less violent of different parts of the body, palsy of the limbs, pulse variable; but in general, strong and full at the commencement of the disease, but feeble and intermitting towards the close, breathing more or less difficult and hurried, vomiting, especially when the poison has been applied to a wound, or given in the form of glister, quickly convulsions and death close the scene.

In cases where the quantity of the poison has been great, the patient talks as though he was drunk, inclines to sleep; the pupils of the eyes are dilated, the eye-balls dry, and the pulse full and slow. As the poison continues to overwhelm the vital powers, the patient gradually sinks into a state of great insensibility, and cannot be roused; at length after a longer or shorter continuance of these symptoms, hiccup comes on, a profuse and wasting sweat bursts from every pore, the extremities become cold, and at length the whole system, and the patient dies. In some cases the effects of these poisons are more instantaneous

and decided, and the patient goes off at once in a profound stupor.

TREATMENT.

If the poison has been introduced into the stomach, we ought to begin by giving four or five grains of Tartar Emetic in a glass of water. If at the end of a quarter of an hour, vomiting does not take place, twelve grains of Tartar should be given, in a glass of water. The throat should be irritated with the finger or a feather, to promote the vomiting. After the vomiting, the patient is still far from being out of danger. Coffee should be frequently given, and purgative glisters administered; the patient should be constantly rubbed with the hand, a flesh brush, or a flannel cloth. A little vinegar and water should be occasionally given. The patient should be roused if possible, and moved about in the fresh air; he should not be suffered to sink into a state of stupor a moment.

A few drops of the Oil of Croton may be swallowed, or if the patient *cannot swallow*, the oil should be placed far back on the tongue. A suppositary composed of candied molasses, sugar or honey, with the mucilage of Gum Arabic, and eight or ten drops of the Oil of Croton, should *be put up the fundament*, and when dissolved should be again repeated if necessary. *All the while*, the frictions, or rubbing *should not be a moment neglected.* When a patient is suffering under any of the stupefactive vegetables, the slightest neglect may be the indirect cause of his death. Therefore, in these cases it requires the most *unceasing, untiring,* and *energetic vigilance* to keep the patient alive *for an hour,* and if these are *at all neglected,* we *cannot hope for success.*

GENERAL OBSERVATIONS.

In cases where the concentrated Prussic Acid has been taken, death is so speedy, as not to *admit the*

slightest opportunity to give any assistance. But if the symptoms have been occasioned by any of the vegetables containing the Prussic Acid, as for instance, the cherry tree bark, the fatal consequences do not follow so rapidly. In this case the Tartar should be administered, as advised above, and repeated, *if vomiting* is not produced by the first dose. The Oil of Turpentine, three or four spoonsful in a cup of coffee; of this may be taken *a couple of spoonsful at a time*, and repeated every five or ten minutes until the whole is taken.

The scrapings of cherry tree twiggs are a favorite medicine with many ignorant people, but it is hoped that better knowledge will induce them to exclude its use altogether.

Acrid Narcotics.

This class includes,—1st, the Mushroom species.

2d—Nux Vomica, false Angustura, Ignatius, Bean Camphor, Indian Cacle or Tarsh, Marsh flag, &c.

3d—Tobacco, Hemlock, Jamestown Weed, Digitalis or Foxglove, Laurel-rose, Rue, &c.

4th—Spiritous Liquors.

5th—Emanations from Flowers.

6th—Horned or Spurred Rye.

1st—*On Mushrooms.*—Mushrooms are sometimes eaten as an article of very great luxury, and although there are some of them which are not poisonous, yet the difficulty of distinguishing them from those that are, should be a sufficient reason for avoiding them. Botanists have enumerated upwards of three hundred species already, and probably there are many that have not been noticed. Of those enumerated the greater part are more or less poisonous.

2d—*Nux Vomica*, &c.—Introduced into the stomach or applied to wounds; these poisons are rapidly absorbed and affect the brain and spinal marrow near the neck. They occasion a general stiffness and convulsions; the head is thrown back, the chest is dila-

ted with difficulty, respiration becomes greatly impeded, and death is the consequence; and this in a very few minutes, if the dose has been great. None of these inflame the parts they touch. The effects of some are not continual, but give rise to fits from time to time, in the intervals of which the patient appears little affected.

TREATMENT.

An emetic as directed under the head of Stupefactive Narcotics, should be administered, and a table spoonful of Spirits of Turpentine floating on half a pint of mint water, should be taken as soon as the emetic has ceased operating; then an ounce of Castor oil with an ounce of syrup or honey.

3d—*Tobacco, Hemlock*, &c.—All the poisons of the third head, when introduced into the stomach or applied to wounds, give rise to the following symptoms. Agitation, pain, sharp cries and moaning; a sort of incoherency, and often complete delirium, convulsive movements of the face and limbs; the pupil of the eye is dilated, the pulse strong, full, frequent, and regular; or small, slow, and irregular; nausea and sometimes excessive sickness of the stomach, followed by violent vomiting. In a short time a purging ensues, with pains in the stomach and bowels.—Sometimes in place of great agitation, we observe a sort of intoxication with great weakness and general trembling, and in some cases the prostration is immense, and speedily followed by insensibility; in this case there is no nausea or sickness of the stomach.

TREATMENT.

If there has been no vomiting, give an emetic of Tartar as advised under the head of Stupefactive poisons. If a long time has elapsed since the poison has been swallowed, let an active purge of Senna and Salts, be given, and frequently repeated, and assisted with glisters of soap suds, to which may be added

a small portion of salt. If the insensibility is very great, the oil of Croton should be used, as directed under the head of Stupefactive poisons, together with the frictions, &c. as there recommended. Should the patient appear to be in a fit of apoplexy, (which see) even after the stomach and bowels have been evacuated, he should be bled freely in the arm, or from the great vein of the neck. The vinegar and water may then be used as directed under the head of Stupefactive poisons. ☞*But observe in both cases, the vinegar or any other acid, or any fluid is injurious before the poisons are evacuated.*☜

4th—*Spirituous Liquors*—Intoxication produced by wine, Æther and spirituous liquors frequently end in death, and sometimes in our country, where so much of this awful poison (spirituous liquors) is consumed, *children* get hold of it, and not having been initiated into the vicious *art* and *practice of drinking it*, the smallest quantities produce in them the most alarming effects!! Also air, which is charged with the vapours of spirits; such for example as that of a confined room in which several open vessels of spirits are placed, will produce intoxication.

The symptoms of intoxication generally subside in ten or fifteen hours, but as the contrary may occur, and very often does occur, it is thought expedient to describe the means of combatting this alarming condition. The symptoms of intoxication *are so well known* (unfortunately for our morals) *in our country*, that the Author does not deem it necessary to describe them!!!

TREATMENT.

Begin by giving two or three grains of Tartar emetic, dissolved in a glass of warm water, and favour the vomiting by abundance of warm water frequently administered; when the individual has vomited make him take, every ten minutes, half a glass full of water mixed with a spoonful of vinegar, or lemon juice, and ad-

minister glisters, as recommended under the third head. Sometimes however the patient sinks into such a profound stupor or insensibility, that he cannot be roused to take any thing. In this case the oil of Croton should be used as directed in the case of poisoning from the *Stupefactive vegetable poisons*. If Symptoms of apoplexy supervene, the patient is to be treated as directed under that head.

In addition to this, the body should be rubbed with cloths steeped in vinegar, and as soon as returning sensibility is indicated, sweet milk should be abundantly given.

5th—*Emanations from Flowers.*—Some individuals are so very susceptible to the impressions produced by vegetable poisons, that they cannot even endure the odours of *the rose, pink, honey-suckle,* &c. and if confined in a room where they are, they suffer very greatly from sickness of the stomach, and *sometimes* convulsions and *fainting*. Most persons however, are not of such susceptible habits.

TREATMENT.

After removing the sufferer from the room in which the air is charged with these, or other similar odours, let him be made to breath the vapor of vinegar, and let him drink some sugar and water. If the patient should be in a swoon let a pair of bellows be used to inflate the lungs, or a cane, or any other convenient tube; if the case is urgent and none of these instruments are at hand, apply the mouth to the mouth of the patient and inflate the lungs in that way. To render this operation less indelicate, a very thin silk handkerchief or piece of gauze may be used, But under circumstances like these, and in all *cases* where suffering humanity calls for assistance, we are not to stop to consider mere matters of etiquette and delicacy—our aid must be promptly given, yet *certainly at all times with as much modesty as the nature of the case will admit.*

6th—*Horned Rye, Ergot.*—This poison is described in "The Females' Practical Monitor, or Guide to Health." It is proper however, briefly to notice it here. When horned rye is taken in small quantities it produces a sensation of *prickling*, with sharp pain in the stomach and bowels, and violent cramps of the whole system, intoxication, double vision, and delirium. When taken in large quantities its effects are exhibited by intolerable heat in the feet and toes, the pain ascends to the leg, the foot becomes pale and cold and livid. *Excessive debility*, violet colored spots come out on the body. Mortification ensues, and the patient dies.

The effects from this poison always give time to procure proper Professional assistance. The treatment is variable, and depends upon a great variety of circumstances, which *may* or *may not* obtain, and which require a well poised medical mind to investigate and consider.

PUTREFACTIVE POISONS.

Under this head is included the Rattle Snake, Viper, Adder, and all other animals, the bite or sting of which gives rise to accidents more or less serious. Those who wish to know more upon this subject, can consult "*Traite des Poisons,*" by M. Orfild, also the paper of Dr. Chisholm, published in the Edinburgh Medical and Surgical Journal, for October, 1808.

Effects of the bite of the Viper or Rattle Snake.

A sharp pain in the wounded part, which quickly spreads to all the members, and even to the interior of the body; great swelling, which is at first hard and pale, then reddish, livid, appears gangrenous, and gradually augments; fainting, vomiting, and convulsive movements; Jaundice sometimes takes place. The stomach is extremely irritable, so much so that it can retain nothing; the pulse is frequent, small,—

concentrated, and irregular; the respiration is difficult; there are copious cold sweats, the sight is troubled, and the intellectual faculties deranged. The blood which flows from the wound is blackish; and sometimes a fœtid humour oozes out. When the swelling is much increased, the small vessels no longer suffer the blood to circulate, and the pulse becomes hardly perceptible. At length all the symptoms enumerated reach their utmost height, and the patient dies.

EXTERNAL TREATMENT.

Let a ligature be placed somewhat tight immediately above the wound, and observe that the ligature be not so narrow as to irritate the skin; nor should the ligature be continued too long a time, as it favors the developement of gangrene. The wound should be allowed to bleed, and should be gently pressed to favor the expulsion of the poison. If it be possible, the bitten part should be kept in warm water for awhile. Apply to the swelled parts which surround the wound a mixture composed of one part Hartshorn, and two parts Sweet Oil. Having washed the parts now with this mixture, heat an iron somewhat larger than the wound, as hot as possible, and with it burn the part deeper than the wound or bite. The hotter the iron is at the moment of application, the less pain will be given, and the prospects of success will be greater.

Lunar Caustic, Potash, Butter of Antimony, and Oil of Vitriol, have been used for the purpose of cauterizing the wounds inflicted by venomous animals; they are all good: but the hot iron is preferable, next to which is the Oil of Vitriol.

After the wound has been cauterized either with a *red hot* iron, or one of the other articles mentioned, cloths wetted in a mixture of one part Hartshorn and two parts Sweet Oil, should be kept constantly on the wound. The limb should be rubbed constantly with sweet oil by itself, or with a few drops of Vola-

tile Alkali, or spirits of Hartshorn added to it. If the swelling should be very considerable, and the pain acute, remove the ligature, the object of which was to retard the circulation. While these external applications are making, the following internal treatment should be practised.

INTERNAL TREATMENT.

Let a table spoonful of Sweet Oil be taken every ten or fifteen minutes. Sweet Oil is to be chiefly relied on as an *internal remedy*.

If the plant called Rattle Snakes' Master, can be procured, it should be administered in the form of decoction. Take a handfull of the leaves and boil in a quart of water, then strain and administer a tea cup full every half hour. The wound may likewise be washed with it; the juice may also be given internally. The leaves may be bruised and a table spoonful or two of the juice squeezed out and swallowed; neither the decoction or the juice will interfere with the Sweet Oil. The bruised leaves may be applied to the wound before and after it is cauterized. The plant commonly known by the name of Rattle Snakes' Master, is indigenous to our country, and is cultivated in many of the gardens in Roane and McMinn counties; it should be cultivated in every garden. It is very highly efficacious in the bites from poisonous animals. It is called by the Indians Guaco; sometimes Gousco, and occasionally Guacon. They swallow one or two spoonsful of the juice of this plant, and inoculate themselves with it also, and then take the Rattle Snake or any other venomous reptile with the most perfect safety.

Sting of the Wasp, Bee, Hornet, Gadfly, Spider, &c.

In general, the sting of these and similar insects, does not produce in our climate but a slight degree of pain and swelling. It is generally sufficient to rub the parts with a little salt and water, or the juice of

the Plaintain, or a mixture of Sweet Oil and Laudanum, or a solution of the Salts of Tartar.

But in warm weather stings from these insects are sometimes very serious. These and similar insects, in the warm season of the year, frequently suck poisonous plants, or the bodies of animals that have died from some distemper, or some other putrid matter, and the system of the sufferer being in a high state of irritability, their sting, favored by these circumstances, often produces very alarming symptoms, and sometimes ends in death. In these cases it will be proper to administer the salts of Tartar internally in doses of 8 or ten grains in a little water every two or three hours. The wound may be rubbed likewise with a solution of salts of Tartar; but if the symptoms continue to grow serious the same course should be promptly pursued as recommended in the case of bite from the Rattle Snake.—*Which see.*

OF THE BITE OF MAD ANIMALS.

It has been fully proven that men, horses, asses, oxen, pigs, and much more frequently foxes, wolves, cats, and dogs, *become mad without having been bitten.* Many speculations and useless theories have been formed to account for this dreadful malady; but as yet we know nothing more of the cause than that in general it is most prevalent during excessive hot summers and very cold winters. Almost always Hydrophobia is occasioned by the bite of a mad animal; however, it may be caused by the saliva of such an animal, applied to any part where the skin is *abraded or rubbed off.*

Much has been written on the subject before us, and many curious and bold experiments have been made, but they have all resulted in complete disappointment, so far as the ascertainment of the remote or predisposing cause was the object. Those who

wish to know more about the Hydrophobia or *Water-dread*, may be amply satisfied by consulting Fothergill, Sauvages, Enaux, and Chousier, Cullen, Rush, and the celebrated Dr. Good; also a great variety of other equally distinguished Medical men, to whose writings they refer.

SIGNS OF MADNESS IN DOGS.

M. M. Enaux and Chausier say this disease commences in the dog by languor, and more than ordinary dullness. The dog seeks for obscurity, remains in a corner, and ceases to bark, but growls incessantly at strangers, without any apparent cause: he refuses food and drink; his walk becomes vacillating, like that of a person almost asleep; after two or three days he walks like a drunkard, and frequently falls. His hair stands erect, his eyes fixed and haggard, his head hangs down, his mouth wide open, and containing much frothy saliva, the tongue is protruded, and the tail turned inwards; he avoids the water, which even appears to redouble his evils. He suffers from time an increase of furor, and endeavors to bite every object, not excepting his master. The light and vivid colours augment his rage. At the end of thirty or thirty-six hours he dies in convulsions.

Signs of Madness in Man, when arising from the Poison producing the Canine madnes just described.

Languor, dullness, anxiety, disinclination to motion, restlessness, confusion, disturbed sleep, pain in the bitten part, pains in the throat, with a sense of suffocation, occasional convulsions greatly aggravated by water, of which the patient has a very great horror, its very sight aggravating all his sufferings, foaming at the mouth, excessive irritability, general convulsions; an extreme wretchedness of countenance, and at length the patient dies from exhaustion, or perishes in a fit. The time when a person may take

Hydrophobia after having been bitten by a mad dog varies from a fortnight to twelve months.

TREATMENT.

The actual cautery or irons *heated to whiteness*, with which the wound is to be immediately burnt, or cauterized, was first recommended by Diascorides, and subsequently by Van Helmont, Portal, Orfild, Good, and Camerarius, and it has the sanction of Rush, Physic, and Davedge, &c. of our own country, and is especially recommended by Trolbet, whose ample experience entitles him *particularly in Hydrophobia*, to very great weight. If the nature of the part will admit, a ligature should be applied above the wound.

Some Surgeons cut out the bitten part; others use the Lunar Caustic, Potash, or Butter of Antimony, with which they cauterize the bitten part, and direct the plant commonly called the *Scull-cap*, which grows in our country, and is a native, to be used freely in the form of decoction; some have given it in substance, and very great virtues are ascribed to it.

Doctor Marochetti asserts that the poison, after a person has been bitten, collects on each side of the frœnum of the tongue in little vesicles or tubercles, one or two on each side, and that if these are opened and the matter discharged, that the patient is thereby secured from all danger. The time when these vesicles appear he says cannot be exactly stated, but after they appear, if they are not *then* opened, the poison is absorbed in twenty-four hours, and the patient is *certain* to be attacked with Hydrophobia. The course pursued by Dr. Marochetti is as follows:—He examines the *frœnum*, (which is that membranous fold which ties the tongue down in the mouth,) twice a day for forty-two days after the person has been bitten by a rabid animal, and if the vesicles or tubercles do not make their appearance *by that time*, he considers the person safe, or rather that he has *not been*

infected. When however, the vesicles or tubercles appear, he lays them open freely, directs the patient to wash the mouth with a gargle, and then applies caustic to the cuts or incisions. This being accomplished, he next prescribes the Genista, or *Common Broom*, in the form of decoction or powder. To make the decoction, boil a handful of the *Broom-tops* in a pint of water, of this a couple of table spoonsful may be taken every hour. Dr. Marochetti's views and practice in this dreadful malady, are certainly well worthy the attention of the Profession, and of the public. And although his views and practice conflict with those which have heretofore prevailed, they are not the less worthy of consideration *on that account*, and they need not interfere with the practice of immediately cauterizing the wound or bitten part, as already first above recommended. It is asserted the tongue of the dog has a small *white* oblong glandular body, seated in front of the *frœnum*, which under certain excitements begins to grow, and as it progresses produces great disturbance in the system of the dog, and symptoms of approaching madness; and that if this gland or "*worm*," as it is popularly styled, is cut out before it reaches the *end* of the tongue, the disturbance in the system and the symptoms of madness will immediately subside, but that *if this gland* or "*worm*" is suffered to grow on, until it reaches *the end* of the tongue, the dog immediately goes mad, &c. &c. How far these *notions* are correct, it remains for future investigations, and facts to decide. In a case of so much importance, every thing which has been suggested upon the least *plausible* ground, should receive *due* attention and consideration, and when a course of observation and practice is introduced to the attention of the public and the Profession, by as scientific a Professional man as Dr. Marochetti, it *certainly* claims our serious and respectful consideration, although future observation *may* prove its inutility. In concluding this article we

are compelled to remark that heretofore the Profession have not discovered any *antidote* or course of treatment, which can uniformly, successfully, combat this dreadful disease, when the full symptoms of Hydrophobia have once fairly developed themselves.

MILK SICKNESS.

With the present limited knowledge we have relative to the remote cause of Milk Sickness, we are at a loss whether to place it under the head of the Vegetable or Mineral Poisons, or Putrefactive Poisons, *originating* from animals, *poisonous* within themselves, or *becoming so under* the influence of peculiar circumstances. Milk Sickness has been attributed to vegetables impregnated with Arsenic, upon which the cow feeding the disease is consequently shortly produced. The advocates of this opinion say that the ground upon which the various vegetables grow, upon which the cattle and other animals graze in the Milk Sick districts, is impregnated with Arsenic; that consequently the vegetables are impregnated with the same Mineral, and the cattle eating thereof are poisoned. In support of this opinion, many very plausible arguments are adduced. As for instance, the milk from an infected cow emitting the smell of garlic, and when burnt giving off this smell in a much greater degree. That arsenic when placed on hot iron or burning coals, emits the same smell, *the smell of garlic.* And that the symptoms which are exhibited in animals and persons infected with Milk Sickness, are *identical* with those exhibited when Arsenic is *known* to have been taken, &c. &c.

Another opinion is that the Milk-sickness is produced in consequence of the cow eating an immense number of spiders which inhabit the vegetables upon which she grazes. Those who entertain this opinion, assert that on visiting the range, in the Milk-sick dis-

tricts, the vegetation always appears as it were *"alive* and working" with *countless millions* of spiders of all sizes and colours. And that they are the *real cause* of the cow and other animals, suffering from the violent symptoms which characterize the disease called Milk-sickness. Others again ascribe it to certain poisonous vegetables which they say, possess poisonous qualities of their own, *independent* of any Arsenical impregnation. It has also been ascribed to some *peculiar kind of principle* generated by the concoction and *fermentation* of a great variety of vegetables taken into the stomach of cattle and other animals; which process of "concoction and fermentation" it is said combining the *qualities* of a great variety of vegetables, produce *from these combined* qualities, an *active* poison, which contaminating the system, exhibits the fearful disease called Milk-sickness, so well known in certain districts of our country.

These, with a number of other opinions, have their advocates, and are all maintained with a variety of very plausible arguments. We cannot, from the nature of this work, examine them here. This disease has attracted much and anxious attention among the profession in our country, particularly those who reside in and near the Milk-sick districts. Future observations will no doubt throw great light upon the subject of the remote cause of this very alarming affection, which is at present confessedly in very great obscurity.

Symptoms.—The Author has never seen a case of Milk-sickness, but from frequent conversations with a number of his professional friends, who have seen many, he is justified in saying that the symptoms are very similar to those described under the head of Corrosive sublimate, which also includes the symptoms produced by Arsenic. The attack of *Milk-sickness*, is more gradual, and the violence of the symptoms are not at first so great. A burning heat in the stomach; unquenchable thirst; disposition to vomit, and

vomiting. In most cases obstinate costiveness, in a few, looseness at first; coldness of the extremities; extreme anxiety; hiccup; convulsions and death.

TREATMENT.

When a patient is attacked with symptoms of Milk-sickness, beat up the whites of twelve or fifteen eggs and mix them with two pints of cold water, and let a glassful be taken every two or three minutes, so as to promote vomiting. If the number of eggs above mentioned are not at hand, as many as are should be immediately used; in the mean time let others be got. If eggs cannot be got at all, let the patient drink plentifully of Sweet oil, or Flax seed tea, or sugar and water. If after taking the number of eggs prescribed, the symptoms are not removed, the same course should be repeated; after which let the patient take one grain of Opium with fifty grains of Calomel made into a pill or pills. Let frequent injections of soap suds with a small portion of salt be given. After which, if the bowels continue costive, let the oil of Croton be used as directed under the head of Stupefactive poisons, only mixing the drops with a little Sweet oil, which the patient may swallow. The suppository may be used as directed under the head of Stupefactive poisons already mentioned. Let a large mush poultice be applied on the stomach and belly—as warm as it can be borne, and repeated as soon as it loses its heat. Should symptoms of inflammation supervene, they are to be subdued by blood-letting. Lime water should be freely given from the moment of attack.

FAINTING OR SWOONING.

Under this head are included the following varieties: 1st, That caused by the fumes of burning charcoal; 2d, That caused by the exhalations from lime

kilns, and cellars, where wine or other liquors are in a state of fermentation, and that which takes place in marshes and mines; 3d, That occasioned by exhalations from privies or sewers or dead bodies; 4th, That arising from want of respirable air; 5th, That from immersion in the water; 6th That from strangulation; 7th, That from heat; 8th, That from cold.

Fainting or Swooning is almost a daily occurrence from some one or other of these causes. They will be considered separately under their respective heads.

1st—*Fainting or Swooning from the fumes of burning charcoal.*—Persons suffering in this way, from this cause, feel a great heaviness in the head; singing in the ears; disposition to sleep; great weakness; inability to stand; dimness of sight; excessive pain in the head; great difficulty of breathing; violent palpitation of the heart, followed by a suspension of respiration and circulation, or the patient swoons away and appears lifeless. The limbs are sometimes flexible or *limber*, and sometimes stiff. The heat of the body is natural, the face is often flushed; sometimes pided, at other times pale and very livid; sometimes the evacuations take place involuntarily. It is not in all cases that every symptom enumerated occurs.

TREATMENT.

Begin by exposing the person to the air without any fear of cold, which can never be hurtful; remove all the cloths and place him upon his back, with the head and breast somewhat elevated, so as to promote respiration. Give a little vinegar and water, one part vinegar and three parts water. Sprinkle the body, particularly the face and breast with cold vinegar; after this rub the body with cloths steeped in vinegar, or camphor, or spirituous liquors. At the end of two or three minutes wipe the parts which have been wetted, with a warm towel, and after an interval of two or three minutes, re-commence the

sprinkling and rubbing with cold vinegar and spirits. These means are to be continued with perseverance.

Irritate the soles of the feet and the palms of the hands and rub the whole courseof the back with a hard hair brush, or a rough flannel or tow cloth. The nostrils should be irritated occasionally with harts-horn, or a feather or a roll of paper.

The lungs should be inflated with a pair of bellows or by blowing into them with a cane or some other tube, or by applying the mouth to the mouth of the patient. The root or base of the tongue should be pressed down and the pipe of the bellows curved if possible, and introduced into the wind-pipe and then the lungs inflated or a curved pipe tied to the bellows pipe may be introduced into the windpipe. The best exertions are to be made to inflate the lungs; if one attempt does not succeed, perhaps another will.

If the patient's face is red, his lips swelled and his eye-balls, as it were, starting from the sockets, he should be bled in the great vein of the neck, or from the arm or foot. The blood must be got. When the person revives, he may be placed in a warm bed in a room with the windows open, and all useless persons excluded. Then the patient may take a little wine, or spirits or toddy. The foregoing means should be promptly and steadily pursued and continued a long time, although the patient *may appear dead.* It has often occurred that five, and even ten hours have elapsed before persons have been restored from a state of apparent death; and it is necessary to insist upon the introduction of air into the lungs. Sometimes the lungs can be inflated, in these cases, by inserting the pipe of the bellows into one nostril and closing the other while the effort is made to introduce the air.

The treatment for Swooning caused by the exhalations from Lime Kilns &c. is the same as the above. This includes the 2d head.

3d *On Swooning occasioned by breathing stagnated air in wells* &c. *and exhalations from Privies and common sewers.*—The *swooning* occasioned by breathing stagnated air, or the exhalations of privies or common sewers, is sometimes instantaneous This occurs when the person either descends into a well long unused, or some other place where he suddenly breathes the stagnated air without being mixed with any portion of pure air. But in ordinary cases of exposure to this air and the exhalations mentioned, the sufferer experiences a general uneasiness accompanied with nausea and sickness; his breathing becomes irregular, but not difficult, and his pulse much agitated; the skin is cold, general convulsions take place; the muscles of the chest and face are particularly effected. In cases where an individual has been long exposed to the action of the stagnated air, or the exhalations we have mentioned, all power of motion and sensation is lost; a frothy saliva tinged with blood, flows from the mouth; the lips and face are livid; the eyes are shut and void of all brilliancy, the pupil fixed and dilated; the pulse is small and frequent, and the respiration short and difficult, and somewhat convulsive; and the extremities are limber. To this succeeds an agitation more or less excessive. On some occasions the muscles are attacked by alternate spasms and convulsions and the body is curved backwards; the individual appears to suffer from acute pain, and utters a cry somewhat similar to the bellowing of a bull.

TREATMENT.

Expose the sufferer to cold fresh air; sprinkle and bath him with cold vinegar and water, and rub him with a hard hair brush or flannel or rough tow cloth. The lungs should be inflated in the manner mentioned under the first head, and the other means mentioned under that head should also be employed in this case.

Should the sufferer not have been *struck* senseless, and there *exists violent palpitations of the heart*, let him be bled in proportion to the violence of the symptoms or the strength of the patient.

4th—*On Fainting or Swooning from the want of respirable air.*—When a number of persons have remained a long time in an apartment which is close, or any other place where the air is not renewed, Fainting or *Swooning* takes place, not only because all the air that is fit for respiration has been consumed; but also from their having been formed during respiration, a quantity of Carbonic Acid Gas, which remains in the place, and acts as an energetic poison. Individuals in a state of suffocation from the above cause suffer from an abundant and continued perspiration, attended with an insupportable thirst, and followed by great pain of the chest, difficulty of respiration and intense fever; they lose their strength and fall into a deep lethargy, to which death quickly succeeds if assistance is not speedily given.

TREATMENT.

The treatment in this species of Fainting or Swooning does not differ from what has been already prescribed in the former species.

☞In our country many sick persons are yearly *killed* by the *idle* curiosity, and *want of common sense* of their intrusive neighbors, who all day long and late at night, *croud around* the sick man's bed and in the room, and thus render the air unfit for respiration; not to say any thing relative to the influence of their presence and unguarded expressions, upon the mind of the patient. Where neighbors pursue this senseless and abominable conduct, they should be *sternly* rebuked, and if they will not voluntarily absent themselves, they should be *thrust out with violence.* If neighbors are *really* anxious about the patient, and *wish* to be of service, let them come to the door, and enquire of the family how the patient

is? and whether they can be of any service? or if any help is needed? And if their last questions are answered in the negative, let them immediately depart, and not go into the house with other idle fools, to *harrass* the patient, *poison* the air, and *be in the way*. The Author has seen so much of this very exceptionable course of conduct to which he is objecting, and has had to *contend* with it *so often*, that he can never think of it, without pain and the deepest disgust. And persons who push themselves in the way, and crowd the apartments of *his* patients, *never* fail to be told in appropriate terms, of the glaring impropriety of their conduct. In a case of this kind, we should never be "afraid of doing right for fear of doing wrong."—The safety and comfort of the patient is the object, and it is always the imperative duty of the physician, and of the friends of the patient, to *exclude* all unnecessary attendants or visitors, and *see* that the patient has a *fair chance*, *at least* so far as a free circulation of pure air can give it. The Author would like to say a great deal more upon this subject, and illustrate his remarks with appropriate facts, and cases that have occurred in his own practice, but in a work of this kind it can only be expected that he will throw out a *few* practical monitions or hints.

5th—*Of Fainting or Swooning or suspended animation from drowning.*—As it is incontestibly proven that a person may remain a long time in the water, without life becoming wholly extinct, it is necessary to employ the following means, however hopeless the case may appear; and it being dangerous to lose a moment, the treatment should be commenced as soon as the body is taken out of the water. As soon as the individual is taken from the water, he should be cautiously conveyed (in any vehicle that can be procured) lying upon straw or a mattress, in as natural and easy a position as possible; the head should be uncovered and a little raised, and the body rather inclined to the side. When no vehicle can be procured

the body should be carried in the arms of two or more persons.

TREATMENT.

1st—In removing the body to a convenient place, great care must be taken that it be not bruised, nor shaken violently, nor carried over the shoulders with the head hanging downwards, nor rolled on the ground, &c. For experience proves that those methods, formerly practised with a view of causing the water to flow out of the stomach and lungs, are not only useless, but highly injurious, and often destroy the small remains of life. For a full *discussion* of these, and collateral points, see the Report of the Royal Humane Society, London, 1821. The body should be immediately wiped dry as soon as removed from the water and wrapt in a blanket.

2nd.—Every part of the body should be carefully examined to assure ourselves whether there be any mortal wound or not; for in such a case all assistance will be useless. But we must not decide upon abandoning the unfortunate object of our care until the existence of such a wound is really certain.

3rd.—All the wet cloths being removed, and the body well dried as already recommended, it should be placed on a low bed, and on the right side, the head and shoulders being raised in a small degree. The windows and doors should be left open, and no more persons admitted into it, than are absolutely necessary; *as the life* of the patient greatly depends upon having the benefit of pure air. Great care must also be taken that the body be not heated too suddenly. The warmth most promising success, is that of a bed or a blanket properly warmed; bladders, or bottles of warm water, should be laid upon the stomach, at the bottom of the feet, in the joints of the knees, and under the arm-pits; hot bricks or hot rocks wrapped in cloths, or bags of hot ashes or sand should be rubbed over the body, particularly in the

direction of the spine or back bone. The natural and kindly warmth of a healthy person lying by the side of the body, has been in some cases, particularly those of children, very efficacious. Hartshorn, the fumes of burning Sulphur, or other stimulating substances, should be applied to the nostrils, or they may be irritated with a feather or other light body.

4th.—But above all, endeavors are to be used to inflate the lungs. The means to be employed are described under the head of *Fainting or swooning from the Fumes of burning Charcoal.* Physicians are usually in possession of *appropriate* instruments for this purpose, viz: of getting air into the lungs or *inflating* the lungs. In the mean while, the *gently* rubbing the patient with hot rocks or bricks wrapped in cloths, or bags of warm ashes or sand should be diligently continued. After having employed these means for some time, a flannel may be steeped in Camphorated spirits, or Vinegar, or whiskey or brandy, and rubbed over the object of our care, a few times, and the former methods should be resumed.

☞The artificial breathing or inflating the lungs is to be constantly kept up.

5th.—If the person remains senseless, his face red, livid, or black, and his limbs warm and limber, he should be bled from the great vein of the neck, or arm, or foot. The neck vein is to be preferred; but if the body is cold and the limbs stiff, this remedy, *blood letting*, is by no means to be resorted to.

6th.—If there be no signs of returning life, such as sighing, gasping, twitching, convulsive motions, &c. small pieces of cork, linen, or paper, should be lighted (or set on fire,) and placed upon the pit of the stomach, the arms and thighs. As the stomach is a highly sensible part, and intimately connected with the heart and brain, the introduction of some moderately warm and stimulating liquor into it, will be well calculated to raise the dormant powers of life.

This will be very easily done by means of a syringe

and flexible tube: such as are constantly kept by regular bred Physicians. And until the power of swallowing is pretty well restored, it will be dangerous to attempt getting fluids down the throat in any other way. The quantity of fluid, thrown into the stomach ought not to exceed half a pint, and may be either warm toddy, or good wine, with the addition of a little spirits of Hartshorn, Mustard, or essence of Peppermint, or a mint julep, moderately strong may be used.

7th.—If there still be no signs of returning life, a pint of warm Whiskey or Brandy with red pepper steeped in it for a few minutes, should be thrown up the fundament with a strong air-tight glister-pipe, or syringe; if, however, a syringe or glister pipe cannot be procured, a bladder with a cane or quill attached to it may be used.

8th.—If, notwithstanding the employment,—and diligent *continued* use of all the foregoing means, there are still no signs of returning life, the skin of the soles of the feet, and palms of the hands, should be split through, with a sharp knife or razor. On the foot begin the incision about the middle of the heel and carry it out, to the point of the big toe. On the hand commence the incision about the middle of the ball of the thumb, and carry it out to the point of the middle finger. Each incision *must* be deep enough to go quite through the skin, and made in both the feet and both the hands. Now *fill* each incission or gash with a mixture *of salt, red or black pepper, and vinegar.* After waiting a few moments, let an iron *not quite* hot enough to burn be applied to each of the gashes or incisions, and as fast as the vinegar dries out, let it be renewed, and occasionally renew the salt and pepper. In the mean time continue the inflation or introducing of air into the lungs.

9th—In the last place, *we shall* not give up the point yet; but we *will still* be encouraged, and not abandon the unfortunate object of our care *until there*

remains not a shadow of a doubt that life is completely extinct. Let this conviction remain firmly on the mind, that eight or ten hours are hardly sufficient to restore animation.

6th—*Of Fainting or Swooning from strangulation or hanging.*—In this case we should use all the means just above recommended for persons drowned; remembering however: 1st, That the head and shoulders be raised higher, and that the cord or ligature be removed from the neck—2d, That it is not necessary to take measures to heat the body, unless it has been exposed to a great degree of cold—3d, That bleeding is much more requisite in these cases than in drowning.

7th—*Of Fainting from heat.*—1st, In this case place the individual in a cool situation. 2d, Remove all the cloths, provided the body has not become very cold; in which case we must confine ourselves to loosening every part which may at all obstruct or prevent the free circulation of blood. 3d, Dash cold water in the face with considerable violence, and give a mixture of equal parts of vinegar and water, or a little spirits and water. 4th, If the breathing is difficult, and the circulation obstructed, let the patient be bled. If the patient does not now recover, pursue the treatment recommended in fainting from the fumes of charcoal.

Of Fainting or Swooning from Cold.—When cold has long operated upon the system it produces a general numbness, and a sort of intoxication; the sufferer quickly falls asleep, and at length becomes quite insensible. It sometimes happens that he returns to his senses without any assistance; but much more frequently persons thus exposed fall a sacrifice.

TREATMENT.

1st.—The sufferer should be removed to a convenient place where the necessary means can be used. If the body is naked it should be covered, leaving the

head bare, and the same care taken in the removal that is recommended under the head of drowned persons, as the least violent handling of the body, *may* destroy the little remains of life.

2nd.—When the body has been brought to a proper place, it should be laid on a blanket, with the head slightly elevated, and rubbed gently all over with snow, directing the rubbing from the stomach towards the extremities. This should be continued for a few minutes and then the body should be rubbed gently with cloths steeped in cold water, the temperature or heat of which should be slowly or gradually increased. ☞ *Great care must be taken that the body be not heated suddenly,* but slowly and by degrees.

3rd.—If neither ice nor snow can be procured, we must place the body in a bath of cold water, gradually raising the temperature and continuing the rubbing as above directed. Water may also be occasionally sprinkled upon the face and wiped off.

4th.—The lips and nostrils should be irritated with a feather or other light substance.

5th.—The lungs are to be inflated in the manner described under the head of *fainting or swooning from the fumes of burning Charcoal.*

6th.—A pint of spirits with a small quantity of soap, and powdered pepper should be injected up the fundament with a glister-pipe or syringe, or bladder with a cane or quill properly attached to it.

7th.—When the body is restored to a degree of warmth, and the limbs become limber, it should be placed in a dry, but not warm bed, and be rubbed with a brush.

8th.—When the power of swallowing is restored, we should give some vinegar and water, or mint-water, and after a little while a small quantity of thin broth, or water with a small quantity of wine, or a very little weak toddy or weak mint julep.

9th.—Solid food should not be allowed until several hours after complete restoration.

TREATMENT OF FROZEN LIMBS.

Persons whose limbs are frozen, ought to be treated in the same manner as just directed for those in a state of fainting or swooning from cold, *except* that only the parts effected are to be rubbed with snow, or placed in a cold bath, and the frictions or rubbing confined to them.

BURNS.

In cases of burns, the part should be immediately plunged into cold water, or cloths steeped in cold water applied to the part. This course should be continued, (occasionally renewing the cloths as they lose their coldness,) for half an hour or an hour. The part should then be carefully dried and fresh Tar applied to the burn. This course of treatment in most cases will be found almost incomparable.

GENERAL OBSERVATIONS.

We have now in as brief a manner as possible, concluded the subject of Poisons. And in this short treatise we have endeavored to exhibit as clearly as we could those antidotes and measures that are to be employed in the several cases described, without the least delay. These measures will be found sufficient in most cases, to rescue the patient from immediate death, and when continued, and diligently used, will in all *curable* cases be found completely efficacious. But although the patient may escape immediate death from the poison, and reach a state of convalescence, by the employment of the means laid down, yet he is not to be considered out of danger, *by no means*. He is still to be guarded against *inflammations*, &c. by the regular employment of judicious medicines

and regimen, relative to which there will be ample time to consult a skilful Physisian, which while it is the only safe resort, will give tranquility and ease to the mind of the patient, and lessen the risk of losing the advantages already gained from the use of previous means.

A TREATISE,

On the causes, character and cure of the Summer and Autumnal Complaints, peculiar to the climate of East Tennessee.

The causes of disease in our own country, must always be a subject of deep and peculiar interest to our people. It is alone by a knowledge of these, that we will be enabled to avoid those dangerous infections, and secure ourselves against the ravages of those violent diseases, which every year, in a greater or less degree, invade our families.

In discussing this subject, the Author will briefly exhibit those causes which have been considered by scientific men as productive of disease; then take a summary view of the Medical Topography and climate of our country; examine to what extent those causes exist and produce disease in our climate; consider how far it is practicable to remove them, and the means to be employed for this object, and point out the preventative measures which should be resorted to, and give some general views of treatment.

1st—*Causes which have been considered by scientific men as productive of disease, Epidemic and Endemic.*—The variety and contrariety of opinions which have been maintained upon this subject, have produced no little stir in the Medical world. The progress of science however has at least, in a great degree, settled the question relative to that *combination of circumstances* productive of the Summer and Autumnal complaints peculiar to the climate of the

United States; and these, with modifications to a greater or less extent, *are the same* throughout all our States.

Those diseases whose incursions are the most frequent among us, and whose ravages are the most dreadful, are always of a feverous character, and belong to that family of diseases termed by medical men, *Malaria*; either making their appearance *during* the hot months, or *infecting* the system *at that time* to be exhibited during the colder months in Epidemic terrors, through the influence and assistance of winter vicissitudes.

Some medical men with no small share of learning, and great ingenuity, have endeavored to account for the existence of feverous and all epidemic diseases, from certain supposed *influences* (acting upon the atmosphere, and the animal system) emanating from comets, meteors, volcanoes, earthquakes and other natural phenomena. These *notions* however have found their proper level, and are appropriately classed with the exploded vagaries and superstitions of older times.

The existence of those diseases have also been attributed (with much greater plausibility) to certain influences emanating from the moon, which, beyond all doubt, exerts some influence upon vegetation, and the tides. Without entering into an examination of either the first or last opinion named, it will be sufficient here to remark that neither of them stands upon such ground, nor are they supported by such facts as to entitle them to very grave consideration.

The continued, or even the occasional use of impure water, has been assigned as the cause of feverous diseases. And while it is true, that impure water does sometimes produce sickness of stomach and irregularity of the bowels, it is equally true that febrile disease has never been legitimately traced to the use of *impure* water, *as its cause.* But we find it equally rife, no matter whether the individuals are in the habit of

using *pure* or *impure* water. And again, if *impure* water be the cause, would not the use of *pure* water be a constant and sure preventative? Most certainly it would. But the evidence before us is, that it has no such effect; for in every district of our country, where the water is good and where the water is bad, these diseases have alike prevailed.

Febrile diseases have sometimes been traced to eating putrid flesh, fish and vegetables, but instances of this kind are very rare, and confined to peculiar circumstances with which other causes have no doubt co-operated.*

It has been ascribed to Mineral exhalations, and also to Mineral exhalations and heat combined, and to heat alone. Cold and moisture have had their advocates; and sudden changes of weather have been considered sufficient to account for their appearance and all their phenomena. Intemperance and debauchery have also been deemed the fruitful causes. But it must be confessed we have no foundation in facts to support the opinion, that the existence of febrile epidemic diseases, is at all dependant upon them as the *primary* cause. For every day furnishes abundant evidence that the temperate and chaste are liable to suffer from those diseases, in common with the drunkard and debauchee. Though the system of the drunkard and debauchee will sink beneath the attack of a febrile disease, that would *scarcely derange* the system of a temperate and chaste individual.

While it is a fact of general notoriety that the diseases under consideration frequently occur in the mountain and in the valley, it is also a fact of equal notoriety, that they *most* frequently occur, and for the most part in much greater violence on *water courses, on low grounds*, and in the vicinity of *marshy places*. These facts are every year brought to the notice of the most superficial observer, and find am-

*See Lind on Climates. See Jackson and Blane.

ple corroboration in the united testimony of Scientific Physicians, who have given this subject, their close and diligent attention. From these facts medical men were led to believe that those diseases were caused by some principle or *miasm* evolved during the process of putrefaction, and that putrefaction in some shape or form was necessary in every instance to their existence. This produced closer observation, and more careful and accurate investigation, which has resulted in the complete confirmation of the opinion, that this class of diseases have their origin from vegete animal putrefaction.

From the observations and researches of the Profession upon this subject, the Author is enabled to deduce the following summary:

That Putrefaction may take place requires a certain degree of *moisture*, and a *temperature* above 32 degrees.

The extent of Putrefaction depends altogether upon the proportions of moisture and heat. The inundation of marshes immediately renders the vicinity healthy. A dry air moderates Putrefaction, and *excessively* dry air suppresses it altogether. But this if connected with extreme heat, dries out the water on water-courses, and in marshy places, and *exposing their beds*, renders Putrefaction more rapid and general, and is attended with a consequent increase of fevers in their vicinity.

See Rush, Bancroft, Pringle, Johnson, and others to whom they refer.

And thus in proportion to the increase of Putrefaction, so is the increase of Fevers; and, the duration of the sickly season will always depend upon the length of the continuance of heat, moisture, and putrefaction.

As observed by Dr. Rush and others, frost always arrests or lessens the process of Putrefaction, and consequently arrests or mitigates the fevers in a corresponding degree; frequent showers of rain moderate

the air and suppresses *miasmatic* exhalations, and consequently produces a more healthy atmosphere.

The violence of fevers is always in proportion to the degree of the heat, and the extent of the putrefaction. This we see very strikingly exemplified in proportion as we recede from the *temperate*, and approach the *warm* and *hot* climates. Sudden changes of weather in all climates always modify the types of disease, or the forms of fever. But no matter in what climate, whether within or without the tropics, or what form or type the disease may wear, whether clothed in the symptoms of the mildest ague and fever, or wearing the garb of the bilious remittent or congestive fevers, or exhibiting the fearful phenomena of the yellow fever, *the cause* that produces it is *identical*, differing only in the degree of its intensity.

Excessive and frequent rains, during their continuance, and for a while after their cessation, render the atmosphere healthy; but they ultimately contribute to produce greater sickness than would have occurred, had they not fallen, if they are succeeded by an *increase* of heat; for with the increase of heat, there is an increase of putrefaction, and a consequent re-appearance and increase of intermittent and remittent bilious fever; but if excessive rains are *followed* by frost, and continued cold weather, those fevers do not appear. From 32 degrees, and upwards to 100 degrees, the process of putrefaction and the increase of fevers is simultaneous. Summer and autumn, are the seasons in which those diseases appear most extensively; because at that time vegetation, moisture and putrefaction are most abundant. The duration of the sickly season, is dependent entirely upon the character of the climate. In cold climates the sickly season is short, in temperate climates longer, in warm climates still longer, and in hot climates longest.

*See Cleghorn, Rush and Pringle.

The *principle* evolved during putrefaction, and producing disease, has been variously named, *miasm, miasmata and marsh effluvia.* Chemistry has fully demonstrated, that this noxious principle or emanation from putrefaction, be it what it may, is *not a gas,* and consequently it must be conveyed through the atmosphere, floating in its vapour. And observation has amply shewn that its influence and power, is *greatest* at those times at which there exists the greatest degree of *condensation* of vapour; as for instance, at sunset, when the dews begin to fall.* Winds frequently convey this noxious principle to a great distance and particular localities which are otherwise healthy, thus become the seats of disease.

So on the contrary particular localities, in which those exhalations take place, or from which they proceed, remain healthy in consequence of winds dispersing the noxious agents. And it is shown by observation and the same process of reasoning, that a calm in the air, or a still close atmosphere renders those noxious agents more baneful.

Observation and investigation had scarcely settled the question of the *primary cause* of the diseases under consideration, and *decisively* referred it to putrefaction, before two other questions were started, which for a while greatly divided, and in some degree yet divides the profession. The first question was, are those diseases contagious? The second, do they proceed from vegetable and animal putrefaction? or from one of them only and to the entire exclusion of the other? These questions were discussed on both sides with great ability and no small degree of warmth.

Facts and partial statements made on both sides of these questions were *confidently* appealed to, and as *confidently denied.* And while in many parts of our country, those questions were discussed with the most

*See Johnson, Rush, Lind, Cleghorn, and Cartwright.

perfect decorum, and on the pure principles of philosophy, it is to be lamented, that in others it became acrimonious, and at length, to the disgrace of the profession, *or more appropriately* speaking, to the *disgrace of the parties concerned*, degenerated into low, gross personalities. The result of these various discussions, the facts exhibited, have evidently proved both parties in the right and both parties in the wrong. For submitting all the facts and arguments exhibited by both sides, to the most rigorous logic, we cannot by any fair means come to a different conclusion.

On the first of those questions we fairly infer that those diseases "are *not* contagious unless a number of patients are confined together under peculiar circumstances, when the effluvia may render them so;" as for instance in close or ill ventilated apartments; but a single individual laboring under this disease in the most violent form, will not communicate it to the attendants, although they sleep in the same room, if *cleanliness and ventilation is observed.* Those persons who may be desirous to see these subjects fully discussed can refer to Rush, Davidge's Physical Sketches, Bancroft and Johnson; Lind, Balfour, Blane, Chisholm, Mosely, Hossack, and the various Medical Journals of the years 1819, 20, 21, 22, 23, 24, &c.

From the facts adduced in the various discussions upon the subject of the second question stated, we fairly infer that vegetable and animal putrefaction are often *conjointly* productive of the diseases under consideration; and that vegetable putrefaction, and animal putrefaction often *seperately* produce them. It is believed that no other conclusion can be fairly reached from the numerous well authenticated facts that have been adduced on both sides, without doing violence to reason and common sense. As far as the Author knows, the conclusions he has drawn on the questions as stated are at this time, embraced by a great majority of the profession, in our country.

2nd—*Medical Topography.*—Situated between thirty five and thirty six degrees of North Latitude, East Tennessee has been considered as enjoying a climate of uncommon salubrity and pleasantness.—The Thermometer one year with another, generally ranges from 20 to 92 degrees, the mean heat being about 59 degrees 5 minutes. Our climate is very appropriately denominated *temperate.* The highest degree of heat which has been observed in the country *at any time* is 98, and this for only a few days. It has, however, in a few instances, for a short time been greater in the towns. Our atmosphere for the most part, is one of great dryness, but differing in density and moisture as we recede from the mountains and approach the less elevated ridges, valleys and water courses.

The peculiar structure of our country, its rolling, and uneven surface favor sudden vicissitudes of weather, but these are *seldom* in great extremes. Mountainous itself, it is situated within larger mountains, which in a great degree shelter it from those successive winds, and sudden *extreme* vicissitudes which are more or less common to all the country which surround it, and particularly to the states north and east, west and south west of us. Sometimes however, those tremendous winds, common to the countries just enumerated, breaking over the tops of our mountains, blow upon our country with considerable violence, but diminished in force and velocity. Also an *oppressive, enervating* wind from the south not unfrequently invades our land, but these are seldom violent, and generally not of long continuance. The general atmosphere of our country varies from an eddy to a brisk breeze. A state of calm of long continuance is very *seldom* seen.

The general face of the country presents us here and there, tolerably extensive vallies, which run off gradually into more elevated lands, and these rising still higher, present a more uneven and hilly country,

interspersed with spots of *table land.* Overlooking these are larger ranges of more elevated ridges sprinkled here and there with small tracts of gently rolling land. These continue to rise until they become still more irregular and hilly, and at length break off abruptly into lofty mountains, passable only at their gaps.

Gushing from the sides of these mountains, and hills, are thousands of fountains and rivulets, which rushing downwards, unite their waters in the lower lands, and there gurgling on their course, fall gently into the still lower valleys, and mingling here with other streams, wind on their way and at length unite and form large and beautiful rivers, which again combine their floods, and create the majestic Tennessee.

The more elevated and rolling country presents a dry land, covered however, in a greater or less degree with a grey vegetable mould, and again in this region is seen more or less extensive glades, which are often inclined to be wet, and when of a dry surface, have still beneath a damp sub-soil.

The vallies also for the most part present a dry surface, consisting most generally of a thick vegetable mould, mixed with iron in various states of oxydation, and here and there we see a marsh, and again small tracts of low damp ground, sometimes *becoming marshy.* In some places "*sinks,*" containing water, which remains until the autumnal months, when it becomes putrid, and at length drys out, and again in the vallies are seen "ponds" of stagnant water, which abide all the year, and in the hot months become green, and emit a nauseous smell. In the creeks which water the vallies are large quantities of dead timber, and innumerable small drifts of rotten wood, leaves, weeds, grass, and feculence from farms and farm houses.

On the margins of the rivers are frequently extensive *bottom* lands, which are sometimes elevated, but for the most part lay low, and are cut up in a greater or less degree with marshes and lagoons, of a greater

or less extent. The banks of the rivers in many places are covered with dead timber, and here and there may be seen dead animals of various kinds, sometimes horses, sheep, hogs, cattle, dogs, &c. and in some places the stench arising from the putrefaction of thousands of insects which inhabit the banks and bottom lands is exceedingly offensive. The sand bars and low points of Islands, are covered with drifts containing vegete-animal putrefaction in very considerable quantities. The beds of the rivers about the shoals on which grows a long grass, become more or less exposed every year in proportion to the heat and dry weather, and emit a disagreeable smell.

In the *higher*, or *more hilly* parts of the country, are many *blind* hollows, and in the mountains extensive *coves*. The surface of the earth, in the blind hollows is always cold and damp, and the soil composed of a black, and sometimes of a dark grey vegetable mould. In the coves the soil varies, in some places having the appearance of the land in the valleys, and in others, resembling that in the blind hollows, and in a few instances, exhibiting the dark soil of the river bottoms.

The water of the country is principally limestone; in a few places slate, and here and there free stone, and in some instances a combination of all these. Mineral Springs are found in the mountains, and in some instances, among the ridges and hills, and in a few places, in the vallies. Some of these springs are Sulphur, but for the most part Chalybeate. The most noted of the Mineral Springs are the following: Lea's Springs in Grainger county, the Yellow Springs in Sevier county, the Sulphur Springs in Jefferson county, the Chalybeate Springs in Carter county, the Yellow Springs in McMinn county, twelve or fourteen miles from Athens; and the Belle-View

Springs* in Roane county, situated on the east side of Waldron's Ridge, 10 or 15 miles below Kingston. East Tennessee is well timbered, and often presents extensive heavy forests of Oak, Hickory, Beach, Walnut, Chesnut, Pine, Sower-wood, and a great variety of other kinds of timber; the forests are filled with an under-growth comprising great varieties of vegetation. With this passing sketch upon this part of the subject, we come now to enquire to what extent the causes of disease exist in our country.

3rd.—*Causes of disease, &c. in our climate.*—From the passing view we have taken of the Medical Topography of the country, it will be seen that we possess within our bosom, abundant sources of disease. In the mountainous and *hilly* parts of the country, the vegetable mould which composes the soil, is constantly exhaling the *miasmatic* principle, and the dead timber, and small drifts, (from occasional hard rains,) about the blind hollows, and in the *coves*, are constantly undergoing decomposition, and evolving

*The Belle-View Springs are situated on the East side of Waldron's Ridge, in Roane county, near the great road leading from Knoxville on by Kingston and Brown's Turnpike, to Nashville. There is perhaps no place in the United States which can at all compare with the Belle View Springs, in point of natural beauty, facilities, and inducements as a watering place. The salubrity of the air, and the tonic powers of the water are unsurpassed. The admirable condition in which the Turnpike is at this time, and will for the future we are assured, be kept, render those springs very easy of access. The ascent from the base of the mountain by the way of the Turnpike to the springs is so gentle that a horse can be driven in a gig all the way up in a trot. From the springs to the top of the mountain the ascent is nearly as easy. From the top of the mountain, the view is picturesque and sublime beyond description. Here, and in the vicinity are presented the sports of fishing, fowling, and the chase, which the very nature of the country forbids should ever become exhausted. In the neighborhood of the springs is a cascade, where the water of a considerable creek has a perpendicular descent of more than a hundred feet. There are also in the vicinity of the Springs several curious caves; also petrefactions, and many other natural curiosities, among which not the least attractive, are Mr. Kimbrough's Stone-Coal Mines. The plants and flowers which deck the mountain with their beauties, and fill the air with their fragrance, are innumerable. In the hottest days of summer and autumn the atmosphere is cool and refreshing, a gentle breeze playing constantly along the mountain. The Springs are Chalybeate. In the vicinity there are also Sulphur Springs, likewise lime stone and free stone water. In a word, the Belle View Springs, either for health or pleasure, present unsurpassed natural attractions.

the miasmatic principle in still greater abundance; but as the temperature is lower here than on the ridges, decomposition is consequently not so rapid, and the *febrile bilious* diseases are much milder, and of rarer occurrence. Another cause of the greater health enjoyed in the mountainous districts may be traced to those brisk currents of mountain air, which blowing from the mountains, carry much of the miasmatic principle to the ridges, and lower lands, and thus greatly diminish the *amount* of the infectious principle.

On the ridges and all the lower lands (contra-distinguished from the valleys) there is an increase of temperature, and vegetable and animal decomposition is more rapid than in the more mountainous districts; yet not so much so as in the *valleys* and on the water courses; consequently the diseases are milder than those on the water courses and in the valleys and not so mild as those in the more mountainous districts. The extensive vegitable mould, of which the soil is composed, and the wet glades, or where they are not wet, their *damp sub-soil*, under the influence of an ardent sun exhales much of the miasmatic principle, which aided with occasional winds from the vallies and water-courses, bearing on their wings ample loads of the infectious effluvia, thus *occasionally* produce as violent bilious diseases in those parts as ever occur in the valleys, and on the water-courses. And again, in the vicinity of the glades where there is much moisture, and the miasmatic principle becomes more *condensed*, the highest grades of bilious fever are often produced, independent of any adventitious aid.

The soil of the vallies in consequence of the greater warmth, gives off the miasmatic principle very rapidly, to which is added the exhalations from the lone damp, and more perfect marshy grounds, combined with the miasmatic emanations from the "sinks" and stagnant ponds of water often filled with putrid animal

and vegetable matter. And super-added to all these sources of infection are immense quantities of decayed and decaying timber, which line the branches and fill and obstruct the various creeks; and thus, in particular localities, collect immense beds of feculence consisting of animal and vegetable matter putrefied and putrefying, which as the summer and autumnal heats prevail, send forth their pestilential vapours, to produce disease and death. Millponds in which there is dead timber, &c. become, during the hot months, double sources of contagion. These are often very remarkable for the immense quantities of putrefied and putrefying vegetable and animal matter they contain, and for the exceeding nauseous smell they emit.—While the valleys from their locality are *seldom* exposed to *additional* infection, through the medium of the winds, *from* the sources of disease in the surrounding country; yet this very locality, while it in a great degree secures them from without, confines for the most part, their own infections to their own bosoms. For it is in the valleys that peculiar kind of atmosphere we have termed an *eddy*, and which is composed of gentle currents, and counter currents of air, principally exists, and which while it circulates the miasmatic principle within its own bounds, never, or at least very seldom carries it beyond them. Yet sometimes a very strong *rushing* wind kindly springs up, and relieves them of a great deal of the infectious *miasm*, and discharges it upon the surrounding ridge country; but this is sometimes however replaced with interest by effluvia from the water courses, borne upon winds which break into the valleys, and which also extend to the ridge country. In consequence of the existence and operation of all these causes, we perhaps as often meet with as many violent diseases in the vallies, and especially the larger vallies, as on the water courses.

On the water courses the sources of disease are as abundant as they are in the vallies; and when the

rivers are not *disengorged*, by frequent freshets, of the immense drifts on their sand bars. Island points, and along their banks, the sources of disease are much more abundant than in the valleys. While frequent common freshets act the part of scavengers in carrying off the feculence alluded to, *uncommon high* freshets, for the most part, operate injuriously, or at least do as much harm as they do good. They do harm by throwing drifts high up on the banks, bars and island points, beyond the reach of *succeeding common* freshets. And as in our country the interval between *uncommon freshets* is frequently many years these immense drifts are left all the while, with all their noxious agents to become dreadful sources of infection. They do good by washing away the drifts thrown up by previous uncommon freshets.

The decomposition going on in the marshes, and lagoons, and exposed shoals described in the Medical Topography, together with the decomposition constantly going on upon the banks of the rivers, are the permanent sources of the miasmatic principle, which every year in a greater or less degree produce in their vicinity the various grades of bilious fevers.

During those seasons in which the atmosphere is agitated with frequent winds, and the miasmatic principle is dispersed, the cases of sickness on our water courses are not very numerous; and these winds being prevalent to a greater or less extent every year *on the water courses* in a great measure secure the inhabitants generally from any very wide spread fatality. But *occasionally*, in particular places violent febrile diseases appear and produce alarm and dismay among our people. They are however for the most part confined to those settlements on the water courses, where the bottom lands are *low* and much cut up with lagoons and marshes. In these particular localities the fogs are immense and the decomposition very rapid. And the atmosphere in these sections espe-

cially in the close of the day, is heavy and damp, producing a very great condensation of the miasmatic principle and rendering it thereby most effective. And when this state of atmosphere is of long continuance, the violence of the fevers is greatly augmented and the number of cases increased in a corresponding degree.

In this brief survey we have taken of the causes of disease in our country, we have hitherto considered only those which arise from the natural features or construction of the country. There are other causes however which are brought to operate more destructively in some particular localities than those which arise from the natural features of the country. The effluvia from the bodies of dead animals as horses, cattle, hogs, sheep, dogs, cats, turkies, geese, chickens and the thousands of smaller animals both domestic and wild, and the millions of insects that yearly perish and putrefy, contribute perhaps more than the vegetable putrefaction to contaminate the atmosphere and charge it with the miasmatic principle. For earth, vegetation, water and air teem with myriads upon myriads of living creatures, possessing various gradations of animal life, from man to the four footed beast, from the four footed beast to the insect, from insect to the animalcule, from the animalcule to *living* creatures seen alone through the microscope, and from these to others which the microscope cannot detect, all of which, from *first* to *last*, live as it were, but to perish and putrefy, and contaminate the air with *febrile miasm*. The evidence of this continued extensive *animal* putrefaction going on with the *vegetable*, we see exhibited in a greater or less degree in the drift, and the exposed shoal, on the river banks, in the marshes and low grounds, in the "sinks" and stagnant ponds, in and under every rotten log, on and under every decaying leaf that we turn and every handful of vegetable matter we collect.

To these general sources of disease are added others

purely of a local or domestic origin. These consist in collections of animal and vegetable matter about our dwellings, which are suffered to remain and putrefy, and thus infect our families with the miasmatic principle, and produce fearful bilious diseases. These *domestic* sources of disease are found in our cellars, in our yards, in our gardens, and about our barns and stables. Some of our small towns are conspicuous for these collections of filth, which are suffered to remain until they poison the atmosphere and sicken the inhabitants; and all our towns in a greater or less degree suffer from these local causes.

The *miasmatic* or infecting principle is taken into the system through the lungs, and into the stomach, with the saliva, and through the *absorbents with the vapour of the atmosphere.*

Having said thus much upon the subject of the primary cause of our summer and autumnal diseases, it remains only to enumerate those causes which may excite or pre-dispose the system to take on disease. They are as follows:—Debility from any cause, night-watching, fatigue, intemperance, the heat of crowded assemblies by day, and more particularly by night, suppression of the natural evacuations, a poor diet, passions of the mind, as fear, anger, hatred, love, grief, anxiety, cold and moisture combined, cold alone, moisture alone, excessive evacuations, repulsion of eruptions on the skin, previous sickness, wounds, bruises, falls, keeping on or sleeping in wet clothes, heating medicines, excess in venery, sudden suppression of profuse perspiration, high living, a full habit, and enormous eating. These, with many other causes of a like character, have been classed by medical men as *exciting* causes. Leaving these without commentary, we come now to consider how far it is practicable to remove the primary causes, and the means to be employed for that object.

4th.—*Consider how far it is practicable to remove the primary causes of the diseases peculiar to our*

own country, and the means to be employed for that object.

By recurring to the preceding examination, and to the Medical Topography of our country, it will be seen that the miasmatic principle, *or infecting cause*, is evolved during the process of putrefaction, and that the seats of putrefaction are principally in the vegetable mould, which covers the earth in the glades,—ponds, "sinks," low grounds, marshes, lagoons, exposed shoals, dead timber, in the creeks, drifts on the banks of rivers, on their island points and sand bars, and besides these there are other seats of putrefaction of *domestic* origin, which have been already particularized.

From these facts it will be seen that the most bane ful sources of infection are entirely within our competency to remove. The drifts spoken of may for the most part be very easily burnt, and the various collections of dead timber and other decaying vegetable and animal matter, along the banks of the rivers and creeks, could, with a very small amount of labour, comparatively speaking, be collected and burnt, and the glades, marshes, and lagoons drained by ditching. Those double sources of infection, mill ponds, could be let off and cleared of the dead timber, and the animal and vegetable putrefying matter which they always contain in abundance, could also be removed and destroyed or floated off.

The "sinks" and stagnant ponds of water might be either filled up or drained, as their peculiar localities might indicate.

Thus by removing those great sources of infection, and preventing the accumulation of domestic filth, namely, in our cellars, about our yards, gardens, barns and stables, and in the streets, &c. of our towns, the residue of the sources of the miasmatic principle would be so trifling in amount, that they would seldom be capable of producing disease, and when it did occur, it would not be of a serious and alarming

character. And although there would still be some of the miasmatic principle given off from the *remaining* sources of putrefaction, yet the atmosphere being unimpregnated from the *many* which now evolve, it would dilute and dissipate the remainder to such an extent as to render it almost entirely innoxious.

The Author might here make an appeal to a great many well authenticated facts in support of the efficacy of the course he suggests as proper to be taken to render our country, (comparatively speaking,) completely healthy. But from what has been already said, its correctness will be so perfectly manifest to his countrymen, as to render such an appeal unnecessary. It needs no labored argument to prove its vital importance to the community. It is sufficient to point out the sources of disease, and show that they *can* be *easily* removed, which has been already, though imperfectly done.

It remains for our people to direct their Legislature to establish a judicious system of Medical Police, whose *business* it shall be to ascertain the seat, and superintend the removal and destruction of all the sources of disease in our country, wherever it is practicable. It does not properly come within our present survey to point out what particular system of Medical Police would be most eligible, but leaving this matter to be discussed and decided by our people. We come now to speak of those preventative measures which should be resorted to in order to secure the system against the invasion of disease.

5th—*Preventative Means.*—Where persons are compelled to be exposed to an atmosphere charged with the *miasmatic principle*, they should carefully avoid all those exciting causes which have been enumerated under the third head. In addition to this the bowels should be carefully observed and their natural daily action maintained. Should they be disposed to be sluggish, or inclined to be *costive*, they should be aided, or kept regularly open, with a little

rhubarb, or magnesia, or the two combined, 5 grs. rhubarb and ten magnesia, rubbed together and taken in a little water; or small doses of senna tea, or four or five grains of the extract of white walnut may be taken in the form of pill, or in any other convenient way. The passages should be carefully examined, and if they are of an uncommon high yellow colour, and produce disagreeable sensations such as heat, &c. when they are discharged, the individual should immediately purge with large doses of senna tea, or magnesia and rhubarb, or the extract of white walnut, of this last ten or twelve grains may be taken. The purgative should be taken every other day until the passages become of a natural yellow colour. If they should be dark or green the same course should be pursued, except that the purgatives should be taken every day for 2 or 3 days, and then every other day until the passages become of a natural yellow colour. If the passages should at any time appear *white* or *pale yellow*, or a *pale watery* colour, a dose of calomel of 10 or 12 grains may be taken at night on going to bed and worked off next day with senna tea or the extract of white walnut 10 or 12 grains. The diet should be light; as for instance soup, or bread and tea, or coffee, or boiled milk and such like.

If notwithstanding the use of the means in the respective conditions of the system pointed out, the passages should still continue of an unnatural appearance, and the system be affected with any degree of fever, the individual should lose no time in procuring the advice of a competent physician, as this will now be his only safe resort.

If the stomach should appear foul every morning, with a bitter or rotten taste in the mouth, one grain of Tartar emetic, with twenty five or thirty grains of Ipecac, should be taken in a pint of warm water, and in order to promote the vomiting, the patient may drink freely, occasionally, of warm water. When the vomiting has ceased, a little tea or water gruel, or

chicken soup may be taken. Afterwards the bowels should be cleansed with senna tea, or magnesia, or extract white walnut, given as already above directed.

If upon getting up in the morning the head swims, and the stomach is foul, with a bad taste in the mouth, and the person is slightly feverish, and wants water, blood should be drawn from the arm in proportion to the strength. Afterwards one grain of Tartar emetic and 25 or 30 of Ipecac should be taken in a pint of warm water. To promote the vomiting the patient may drink freely occasionally of tepid water. When the vomiting has ceased, and the stomach becomes quiet the person may take a little chicken soup or water gruel, or tea or coffee. Afterwards the bowels should be cleansed with senna tea, magnesia or the extract of white walnut. If the passages are dark or green, the purgatives should be repeated every day, or every other day until the passages become natural. In the mean time the patient should live on a very light diet. Sometimes Ipecac cannot be procured. In that case the patient may dissolve three grains of Tartar Emetic in a pint of warm water, and of this take a gill at first, and then a table spoonful every ten or fifteen minutes until vomiting is produced. To promote the vomiting warm water may be drank occasionally.

If there is at any time weakness, languor, and oppression about the stomach with depression of spirits, a Physician should be consulted without any delay.

It will always be a good general rule for our people to avoid the night air as much as possible, particularly during the prevalence of our epidemic diseases.

Diet, &c.

As a general rule the diet during the warm season should be light and nourishing, and fresh meats in moderate quantities should be preferred. It will however be salutary to use salt meats in small quantities occasionally. Vegetables which are not flatu-

lent should be always preferred. And milk and bread should compose a large portion of our diet. Ripe fruits in moderate quantities will greatly contribute to preserve the health. Full meals should never be taken during hot weather, and enormous eating should always be avoided. All spirituous liquors are always hurtful in a state of health, but at this season of the year they are totally inadmissible. Pure wine and well digested cider may be taken in small quantities with manifest advantage, and *home-made* beer is an excellent drink during the whole of the hot season, also lemonade, and molasses and water.—Cold bathing is an *incomparable* preventative against the feverous diseases of our climate, but in some persons it produces debility, &c.—in these cases, of course, it should not be resorted to. Regular and moderate exercise is highly necessary, and should be constantly observed. The mind should always be kept quiet, in a lively mood, and free from trouble or irritation.

Persons who are habitually bilious or of a very full habit. should resort to the various springs of the country, during the whole of the hot season. Children suffering from chronic cholera, or flux, or diarrhea, or who are predisposed to become bilious, should be taken to the mountains or springs. The influence of the cool and refreshing atmosphere of the mountains, and the use of the Chalybeate waters, will in most cases speedily restore their health. This course will be equally salutary if they are troubled with worms.

Cotton clothing is to be preferred for summer use to all other kinds unless it be silk. Flax clothing is at no time a healthy dress, *but it is better to use it than to go naked.* Summer clothing both for children and adults, should be made loose and airy. As has been already observed, exposure to dews and night air is at no time healthy, and is *peculiarly unhealthy* during the warm season.

Persons who are not in the habit of being exposed to the heat of the sun during this season of the year, should never go into it without being defended from its ardent rays by an umbrella, or some other appropriate article, such as a large paste board on the hat. Farmers and other persons who are necessarily habitually exposed to the sun during the hot season, should wear broad brimmed hats of straw, or some other light material. "Early to rise and early to bed," is a very appropriate maxim at all times, and is peculiarly appropriate at this season of the year. As in our climate the changes of weather are sometimes sudden, additional bed clothes should always be thrown across the foot of the bed, to be drawn on in case the weather becomes cool during the night.—Straw beds or hair mattrasses should be used during the hot season. Feather beds at this season are very unhealthy, they are enervating, heating, and relaxing and seldom afford refreshing sleep.

6th.—*Summer and Autumnal diseases with their character and varieties.*—In investigating the causes and character of diseases, there are difficulties to be encountered of very great magnitude; but these can be met and in a great degree overcome. But when the question is put, in what does fever consist? we are at once presented with a subject that eludes all enquiry, and baffles all speculation; and, relative to which there has never yet been given a correct and satisfactory answer. The author does not mean to attempt this question here, or to amuse the reader with the history of the refined and learned speculations of the medical men of by-gone times, upon this most mysterious and difficult subject. There are perhaps few medical men, who upon mature reflection, have been entirely satisfied with the systems they have erected, or the theories they have promulgated in relation to the proximate cause of fever; and, it is most probable there are but few who have been entirely satisfied with their *definitions* of fever. For after they have

been all drawn out in the most comprehensive language, there appears to be something wanting to render them clear and complete. And when we see such discordancy of opinion upon the subject of the *proximate* cause of fever among the most learned and experienced of the profession, we naturally conclude, it is either a subject of amazing difficulty, or in *reality, one not within the compass of human intellect to solve.*

Thus we see the *most distinguished* medical men *of our day* reject *with merriment,* the fanciful theories, and fine spun speculations upon this subject, that were gravely taught by the *most eminent* medical men of *the last half century.* And while their *views and speculations* are merely mentioned as matters of *amusement,* our modern practitioners with confident boldness, present their own as the *true lights* upon this subject!! *Exclusive* systems are adopted, and zealously advocated now as in former times. Facts give place to theories, or are trimmed and modified to support particular doctrines. Or blind partiality overlooks whatever opposes its favorite notions; or *pride of opinion* rejects all opposing facts and arguments. Therefore it can be plainly and painfully seen that the discordant systems of the profession from age to age leave us *almost* in a state of perpetual doubt, and unyielding despair of ever reposing on the summit of certainty. And these *exclusive* systems so far from being decreased by the discoveries of modern times, have been greatly multiplied. In support of this fact we have abundant evidence every where. For instance, in France at this time we see the sagacious Broussais collecting his disciples around him, and teaching that Fever consists in an inflammation of the mucus membranes of *any of the visura,* and *particularly* of the mucus membranes of the digestive organs, and his fever is *Gastro enteritis.* In England the penetrating Clutterbuck instructing his students that it consists in an *inflammation of the Brain,* and to this

action in this organ is to be attributed every variety of Fever. And in our own America, the keen vision of some of our public teachers in Medicine, has discovered that fever *consists* in deranged Hepatic function in particular, and of the digestive organs in general, and that this derangement is a *congestion*. And besides these, both in Europe and America, a multitude of other Hypotheses upon this subject as ingeniously constructed, as plausibly supported, and as eloquently taught, have been introduced by other medical men of equal reputation with those already mentioned, and these like all the rest claim to be the *true lights* upon this subject! But these are difficult abstruse points upon which we do not intend to enlarge, much less critically examine. It may not be amiss however, to indulge in a few passing remarks. The theories of Broussais, of Clutterbuck, and the theory that fever consists in deranged Hepatic function, &c. are all founded upon, or connected with certain Physiological and Pathological facts of great practical importance. But neither of them, nor indeed all of them taken together, come near solving the question they attempt. A single fact will make this clearly manifest. Dissections have abundantly proven that cases of Fever have frequently terminated fatally, without exhibiting the slightest evidence of Inflammation of the brain, or of the stomach, or Intestines, or leaving a single trace of Congestion of the liver, or of inflammation or congestion of any other organ or part of the system. And while this fact clearly shows that those theories fall very far short of reaching their object, it abundantly proves that fever is a primary disease of the whole system, and not dependent for its existence upon inflammation or derangement of any *particular organ* or *part* of the system whatever. "A fever, therefore," in the language of the elegant Forebyce, "is a disease that affects the whole system: it affects the head, the trunk of the body, and the extremities; it affects the circulation, the absorption, and the

nervous system; it affects the skin, the muscular fibres, and the membranes; it affects the body, and affects likewise the mind. It is therefore a disease of the whole system in every kind of sense. It does not however affect the various parts of the system uniformly and equally; but on the contrary, sometimes one part is much affected in proportion to the affection of another part."

There is perhaps no country in which fever assumes a greater variety of forms than in ours. The bilious epidemic Fevers of Summer and Autumn are often of *doubtful* character, exhibiting *no open* excitement, nor assuming *any* particular type;—again, they exhibit almost endless varieties, and require as various modifications of treatment. It is seldom indeed, that our febrile diseases affect the whole system uniformly and equally. At one time we see it invading the nervous system, and prostrating its powers at once. At another, bold, regular, and inflammatory, suppressing the secretions. Now ushered in with symptoms of the most violent congestion. At one time clothed in all the symptoms of inflammation of the brain, at another exhibiting excessive gastric derangement and intestinal irritation; and again changing its form and rushing with violence on the liver, greatly increasing and vitiating its secretions, or suspending them altogether. Sometimes we see it exhibiting symptoms of Rheumatism, and at others displaying all the phenomena of the most vehement pleurisy. Its varieties are as numerous as age, sex, constitution, and habits, and its variableness as great as atmospheric vicissitudes. In a word, it assumes all forms, all types, all shades. And there is perhaps no other class of diseases, *particularly* when they appear in an *irregular form*, whose successful management, or favorable termination depends *more*, or *so much* upon the judgment and skill of the Physician.

The symptoms of those diseases have been already

described under their respective heads as follows, to which the reader can refer.

1st—Intermittent Fever.
2d—Remittent.
3d—Bilious Congestive.
4th—Flux.
5th—Cholera Morbus.
6th—Bilious Colic.
7th—Diarrhea or Looseness.
8th—Cholera of Infants.

Although Cholera of Infants has been already described in another place, yet as the notice was brief, we propose now to give it a more enlarged and particular survey.

This disease is one which is often attended with dreadful fatality. The prominent symptoms are, a vomiting and purging of bilious matter, most frequently ending in a constant purging. There are cases however in which there is no *bilious* matter either *vomited* or *purged*. The matter evacuated and thrown up having the appearance of *curd and whey combined*, and at length becoming more thin and watery and very fœtid. This constitutes the very worst case of Cholera that occurs in our country, and is most generally connected with teething or worms.

Although Cholera *often* comes on very slowly and insidiously, yet for the most part its invasions are abrupt and rapid.

In our climate this disease sometimes appears about the middle of May and continues until November. It is most violent in July, August and September. It is rarely seen after frost; though it is of occasional occurrence *at all* seasons of the year. But the epidemic form of this disease shows itself most frequently *in its greatest* violence, during the months of July, August and September.

At this season of the year the attacks of this disease are often so violent as to cut off the little patient at once; sometimes its existence is prolonged to a few

hours. This severe form of Cholera is most frequently seen on our water courses, and occasionally in our towns and larger vallies.

Causes of Cholera of Infants.

The causes of this disease are very numerous. Excessive heat is however the immediate cause of Epidemic Cholera. In addition to this, filthy and unaired situations occupy the next most conspicuous place. The debilitating *teas* with which children in this country are so often drenched, prepare their already delicate systems to take on this disease. A damp heavy atmosphere; all kinds of green fruit, either cooked or *uncooked*, though the last is least hurtful. Children are much more liable to take this disease, when weaned during the hot months. For this reason a child should never be weaned or deprived of its mother's milk during hot weather. Any time after frost sets in is proper to wean children. If mothers indulge themselves in eating pickels while the child is at the breast it will almost to a certainty be attacked with Cholera. Unwholesome food, such as greens, collards, turnip-tops, raddishes and grapes, are very powerful exciting causes. Cantalopes, muskmellons, watermelons and currants, *unless in very moderate quantities*, frequently induce an attack of Cholera. Worms are often the exciting cause of this disease, and if the practitioner overlooks this fact, he will almost to a certainty lose his patient. This remark equally applies to cases of Cholera connected with teething. The number of cases of Cholera are always increased after a rain, and the disease always becomes more violent if the air becomes very hot immediately succeeding a rain.

Very few children are attacked with Cholera after seven and eight years of age. Cold winters are very powerful predisposing causes, and if followed by a damp summer, or a very hot one, the number of cases of Cholera are always increased in a corresponding degree.

PREVENTATIVE MEANS.

Cold bathing two or three times a day, is entitled to the precedence over all others, as a preventative against Cholera. Flannel clothing is perhaps the next most salutary. All the exciting causes above enumerated, should be carefully avoided. As soon as children are attacked with Cholera, and the vomiting and purging has been, in some degree, suppressed, they should, if possible, be removed to the mountains or taken to some of the Chalybeate springs of the country. This course should be particularly observed, especially if the child has suffered from a previous attack of Cholera, or is laboring under chronic cholera. Children attacked with this disease in town, should *at least* be removed into the country; but *if they can be taken* to the mountains, or to some one of the Chalybeate springs in the mountains, it will be far better.

GENERAL REMARKS.

The first case of Epidemic Cholera that occurred this year, (1830) in the Author's practice was as early as the 10th of May. This Epidemic prevailed until the 10th of November. Most of the cases that came under the Author's treatment, yielded very speedily to cold and tepid bathing. In all cases where the passages were green, or in other words bilious, senna tea was first used, and afterwards rhubarb and magnesia triturated together. In all cases where the passages were *white*, indicating a suppression of the biliary secretions, *minute* doses of calomel were prescribed, and followed by cold or tepid bathing as the cases indicated. When *the belly of the little patient was disagreeably hot*, the cold bath was used. When this was not the case, but the heat of the surface appeared about the natural standard, the tepid bath was used. No case occurred, this year, in the Author's practice, in which the heat of the surface was *below* the natural standard; it is however believed that in

such cases the warm bath would be salutary. In every instance the foregoing practice proved most satisfactory. It is to be remarked that this treatment was variously modified. In some cases anodynes *frequently* repeated, were found necessary.

For the symptoms of this disease the reader can refer to the head "Cholera of Infants" in the first part of this work. In the same place is pointed out the course that should be taken on the accession of this most fearful annual visitor.

Flux of Infants.

This disease in the opinion of the Author differs in no respect from the flux of adults—*which see.* It is to be remarked however, that in children it is often aggravated by *teething* and by *worms*; important facts which the judicious practitioner will never fail to detect. This terrific disease in children like the flux of adults, always requires the prompt attention of a skilful Physician.

7th—In the first part of this essay, under the *first head*, we passingly observed that those diseases whose incursions are the most frequent among us, and whose ravages are the most dreadful, are always of a feverous character; either making their appearance during the hot months, or *infecting the system at that time to be exhibited during the colder months, in more dreadful epidemic terrors, through the influence and assistance of winter vicissitudes.* In recording this sentiment it was not intended to lay the ground work for any doctrinal discussion, a point we have for the most part endeavored to avoid; but it was intended to exhibit an important fact, which our citizens have painfully realized in the terrific invasion and overwhelming march of a winter epidemic, not inferior to the yellow fever either in *violence* or *fatality.* This disease has been denominated in popular language Cold Plague. It has been supposed by some of our medical men to be the Inflammatory Typhus of Arm-

strong, and by some, the Pneumonia Biliosa of other medical writers. But we will treat of it under the head of its popular name.

Cold Plague.

The Author avails himself of the following description of this disease contained in a letter to him from Doctor William Moore of Dandridge, a gentleman of high profecsional reputation and well known ample opportunities, accuracy of observation and scientific attainments. He says:

"As you requested, I will give you an account or description of the disease commonly called by our people *Cold Plague*. The first cases I witnessed was in the winter of 1817–18. It then came on with a cold stage, which was soon followed by a fever, high pulse, pain in the head or side, and sometimes in both; a sickness at the stomach, and sometimes vomiting, and whether the vomiting came *voluntarily*, or was excited by art, the first ejection from the stomach was green, resembling the juice of green-grass. This symptom occurred in all the violent cases that happened in the following years of which I write. The progress of the disease was rapid and the sufferings of the patient very great. In the more violent cases, during the cold stage the skin became of a dark purple, a stupor and insensibility came on, sometimes followed by a low muttering delirium. In many cases black specks appeared under the cuticle from the size of a pin head to that of a six and a fourth cent piece. These spots resemble very much those that we often see in putrid fever. The cold which first introduced the disease often continued to increase, so as to produce very great depression of the vital powers, which seemed gradually to sink, until at length they *quickly* gave away, and in 12 or 24 hours, in the midst of weeping and astonished friends, the soul took its eternal flight. In some cases the patient became cold and gradually sunk in the arms of death. Other cases less violent and much more common, came on with cold chills, frequently very slight and of short duration, was soon followed by a violent fixed pain, most frequently in the head or shoulders, but no part of the body was exempt from this attack. I have seen it in the foot, leg, hand and arm. It was common when any part of the extremities were attacked with this pain, for the place to *become black* the size of a quarter of a dollar or a dollar. The pulse would rise about this time to a height far exceeding anything I had ever witnessed. In a word the reaction was *excessively* violent: delirium or complete madness would soon follow. If the head was not first attacked, *it became* affected *as soon* as the reaction came on. If now the proper remedies were not soon applied, all the symptoms of cerebral depression speedily followed and the patient would die in a few hours. But if this violent reaction was timeously subdued, the patient would then be

found laboring under all the symptoms of bilious fever. Sometimes the symptoms of bilious fever prevailed from the first. In some cases all the symptoms of a common cold were present for a day or two, and were succeeded by a violent attack. In those cases the attack was very sudden when it did come on. The patient complained of violent pain in the head and sickness of the stomach; delirium quickly followed, and in many cases a violent spasmodic affection of the whole muscul r system. In all those cases in which the inflammatory symptoms ran high and were most prevalent, and those symptoms were subdued by appropriate measures, the patient recovered at once. But those cases in which the bilious symptoms prevailed were more lingering. I have given you an account of this disease as it appeared in the winters of 1817-18, 1823-4 and in the spring of 1826."

The author saw a great many cases of this disease as it appeared in Jefferson, Cocke, and Greene counties, in the winter of 1823–4, and in the spring of 1826, and can subscribe to the entire accuracy of the foregoing description, and to the following additional remarks, contained in the same letter from Doctor Moore, the author can also give his entire concurrence:

"In the winter of 1823-4, this disease made its appearance at a time when the weather was extremely cold. It is more fatal in cold than in moderate or warm weather. And those persons that live in a low, wet, or damp situation, are most subject to its attacks."

This disease is no doubt occasioned *by cold* acting upon a system *previously* infected during the summer and autumn with the *miasmatic* principle. This is a point however which we leave for discussion at some future period.

PREVENTATIVE MEANS.

The system is to be protected against this disease by warm woollen clothing, and by avoiding exposure to cold, and all those exciting causes enumerated under the third head. Upon the first appearance of this disease a skilful Physician should be called without any delay. Attention to the general functions of the system, as laid down under the 5th head, to be observed during the prevalence of the summer and autumnal epidemics, will be found highly salutary during the *prevalence of the winter epidemics.*

It has been remarked in another place that the summer and autumnal diseases of our climate, exhibit almost endless varieties, and consequently require as various modifications of treatment. But unfortunately an *empirical practice* has obtained in our country, which *disdains to ascertain the types of diseases, and rejects all the indications of nature.* The inordinate and indiscriminate use of calomel, *is at this time* practised to an amazing and alarming extent, and it is difficult to tell whether under the present system of practice, *as pursued in this respect* by the great majority of *our Physicians*, it is not safer to trust to the unaided powers of nature, than to run the risks of *Mercureal shocks, disastrous salivations, and dangerous calomel ulceration and exhaustion?*!— It is to be greatly lamented that a practice *so absurd* has obtained in our country, and finds so many *zealous* advocates. And here let it be remarked, that while the Author's general views of treatment of our summer and autumnal diseases, are entirely adverse to the system of practice alluded to, yet he would by no means be understood as wishing to *exclude* Mercurial medicines. *Far from it—he fully appreciates their value*; but he most earnestly deprecates that *inordinate* and *indiscriminate* use which is at present the dominant practice. *Too much* reliance has been placed upon mercury. Large doses are indiscriminately administered—the bowels are not moved, the dose is repeated with no better success, a third is given, and at length an evacuation is produced. Thus from the length of time the *calomel* remains in the system, the patient is exposed to a double risk.—1st, to an inconvenient, painful, and dangerous salivation, and 2d, the disease rapidly progresses, and in consequence of the tardy operation of the medicine, the *most* favorable opportunity of discussing the malady, is forever lost. This state of the bowels occurs in conse-

quence of the large doses of calomel, as administered, diminishing the susceptibility of the intestines to so great an extent, as to render them incapable of acting. But this is not all, the whole system suffers *from debility*, in a degree corresponding with the diminished excitement or susceptibility produced in the stomach and intestines. But it is not intended *now* to pursue this subject further. To exhibit all the dreadful evils arising from this practice, it would be necessary to write a volume. These remarks are only thrown out passingly, in order to arouse the attention of our people to this subject, and to admonish them of the nature and extent of the danger to which they are exposed under a practice so absurd, it might almost be said *iniquitous*.

THE END.

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