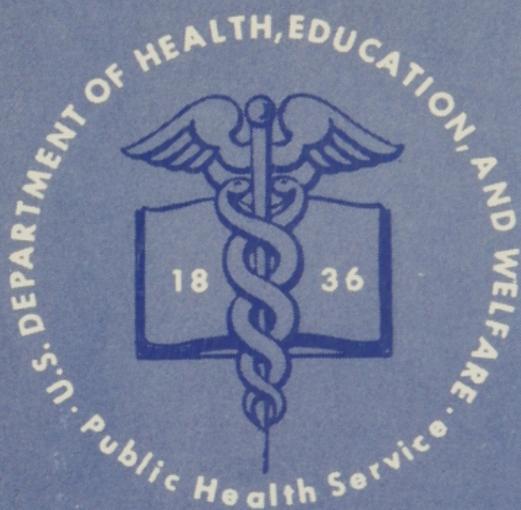


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THE INDIAN DOCTOR'S
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DAILY'S FAMILY PHYSICIAN:
IMPORTANT TO EVERY ONE!

HEALTH THE POOR MAN'S RICHES!—THE RICH MAN'S BLISS!

GIVING THE

SYMPTOMS OF DISEASES,

AND A

VEGETABLE TREATMENT

OF THE

DISEASES

OF

MEN, WOMEN, AND CHILDREN.

BY WILLIAM DAILY, M. D.

LOUISVILLE:

N. H. WHITE, PRINTER, MARKET STREET,
1848.

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UNITED STATES OF AMERICA,
District of Kentucky,

Be it remembered, That on this 26th day of September 1848,
WILLIAM DAILY, of said District, deposited in this office
the title of a book, which is as follows, to wit: "The Family
Doctor's Practice of Medicine. Daily's Family Physician:
Important to every One: Health the poor man's riches the
rich man's bliss! Giving the Symptoms of Diseases, and a
Vegetable treatment of the diseases of Men, Women, and Chil-
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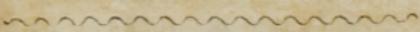
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JNO. H. HANNA,

Clerk District of Kentucky

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P R E F A C E .



The study of health, in opposition to that of disease, is but of modern date. From the remotest period to the present time, men of the profoundest erudition, of unquestionable virtue, knowledge, and laborious industry, have devoted themselves to the study of disease. What is the result? Is mankind more free from pain and misery? Are fixed principles, simple and easy of comprehension, more publicly known and applied? Has conviction on any well founded theory united in one mind and one judgment, men of such laborious study? Alas! we too well know a direct negative to each of these must be given! Diseases, with names unknown to our forefathers, and of awful nature, are constantly presenting themselves to afflicted humanity, baffling the skill of the most learned physicians, and setting at naught all their boasted knowledge; witness the scourge of nations, Cholera Morbus. Instead of any known, fixed principles, by which men are enabled to apply effective remedies to ordinary appearances of disease, and thereby prevent it, all is veiled in studied mystery; from the dissecting-room to the most common prescription, all is darkness, ignorance, and gloom to the people, and that "Doctors disagree" among themselves has become a proverb. How long shall such a state of things continue? When will men open their eyes to their own dearest interests on earth, and reason and act with regard to their health as they would on any other sub-

ject? When will men cease to brand with opprobrious epithets, and treat with contempt, those who dare to tread out of the beaten track! True it is, some (perhaps many) may with mistaken views seek their own interest: but do not all seek this? And are not all, the most regular, as well as the most irregular, acting from the same motive with the same object? Then from whom does mankind suffer most? Let disease and let death answer! But now a brighter day is dawning on the earth; the sun of a simpler system is struggling through the clouds which would in vain retard its beams, and the Science of Health is rising to dispel the darkness of ignorance and prejudice, and to light men on the direct pathway, in their search after happiness. This system will approve itself to all; it veils itself in no mystery; it affects no concealment; it “comes to the light;” it grasps all diseases—and, without distracting by endless diversities, points them at once to the root of all. It does more; it tells all how to apply a remedy; and yet more, it brings in its hand, health and cure, and avows the nature of its medicines.

Let us view the works of Nature for a few hours. Standing on a hill or a mountain in the East, and casting our eyes over the the surrounding valleys, we behold with admiration the different kinds of trees, sending forth their buds and flowers, of different hues and colors—the peach, the apple, the oak, and the pine, and the fields of wheat and corn.

With a second glance of the eye, we view with equal admiration, the water, with its silvery brightness, descending to the centre of the valley. As we pass along the stream, and hear the birds chirping and singing, we are struck with amazement at the melody, and involuntarily exclaim—What is this! A still voice utters—Nature! Nature!! Nature!!! O, Nature, I

will follow you farther, and trace your streams up the Alleghenies, and every thing is glittering: green Nature is here. I travel still farther, to the Western Praries, in autumn, and there I behold beautiful flowers with the richest odour: Nature still. If I travel to the Rocky Mountains, and over them to Oregon, and there I see the valley studded with vegetables: Nature still.

Let us travel from Maine to the shores of Louisiana, and we will find that every fruitful valley has her different diseases. As we have been viewing Nature, let us see if she has not placed there a remedy for every disease. By aiding Nature, she will begin her healthy action as naturally as water rolls over a cleft or down a descent.

We see every science on the advance; and there is still room for improvement in Louisville, as well as elsewhere. In the treatment of Dysentery or Cholera Morbus, we hear of deaths every day. Perhaps our medical brethren do not aid nature, or they would not lose so many of their patients. If they would give a little soda to neutralize the acid, or some mint tea, essence of peppermint, essence of cinnamon, or No. 6, to relieve the cramps, and a strong tea of brier root and cinnamon bark with slippery elm and charcoal, they might in an hour or two cure their little sufferers. I am curing from five to ten each day, without the loss of any, by the above practice. A physician never should destroy the system with strong medicines, while there are so many innocent, yet powerful medicines in Nature's garden.

I give in this little book the names of the diseases that I have treated with a vegetable treatment. I only intend giving my own individual practice.

I wish the reader to bear in mind, after he has examined his

patient in acute forms of disease, that the great object to be accomplished in the treatment of fevers is, to use the most prompt and energetic means to expel the disease from the system.

It is inconceivably important to attend to the skin. The dry, hot, and parched state of the skin points out the necessity of promoting perspiration in all cases. Where debility is great, obstructions exist in some parts of the system, but especially in the skin. Hence the insensible perspiration, by which several pounds are daily discharged from the healthy subject, is checked, and by the matter thus accumulated, retained in the system. Therefore, you must equalize the circulation, and you will expel the disease, and nature will perform her healthy action with the use of milder means, such as tonics, &c.

WILLIAM DAILY, M. D.

SYMPTOMS OF DISEASES.

Contagious—the result of organic actions.

Miasmata—the result of physical changes.

HEAT. Specific temperature of the human body, 98° .

Most agreeable temperature of surrounding air, 65° .

Atmospheric heat not a deleterious agent; *predisposes* to the influence of morbid causes, increases the secretion of bile; indirect cause of disease, by favoring the generation of miasmata.

Dr. Johnson observes, that solar heat only produces the *predisposition*; while terrestrial exhalations, and vicissitudes of temperature, call into action the principal diseases of warm climates.

COLD. No positive existence—a mere relative-degree of temperature; lessens the action of the heart and arteries; causes a shrinking of the surface of the body; diminishes sensibility and contractility; produces irresistible disposition to sleep, and depresses the moral and physical energies of the system, when long and intensely applied. Suddenly or transiently applied, it excites the nervous system. In alternation with heat, a fertile cause of disease; the diseases resulting from its influence, mostly pneumatic, catharrhal, or rheumatic: cold water externally applied, or received into the stomach when the body is heated and in a *free state of perspiration*, often proves suddenly fatal. Always more injurious in its influence when accompanied by moisture.

MIASMATA. Heat and moisture essential to the production of

miasmata.* *Moisture need not be abundant; inundated grounds extricate little or no miasmata; hence the rainy seasons of tropical countries are the most healthy. Miasmata are seldom generated at a temperature below 80°; their precise nature unknown; there is reason to believe that they consist of particles of putrid vegetable and animal matter, dissolved in aqueous vapor. Chemical analysis can detect no difference between the air of marshes and atmospheric air. Gaspard's experiments on putrid matters received into the body, support the opinion that marsh miasmata consist of putrid vegetable and animal matter suspended in the air.*

Miasmata possess greater specific gravity than atmospheric air; they are conveyed to a considerable distance by currents of wind; the distance of which they are capable of infecting, by being thus carried, is from two or three miles (Bancroft says, but one-fourth of a mile;) storms and violent blasts disperse and render them innocuous; more danger in miasmatic atmosphere at night than during day; most danger about the rising or setting of the sun; situations are protected from the effects of miasmata, by interposing articles, as houses, walls, wood, hills, &c.; long and gradual exposure to miasmata, destroys the susceptibility of the system to their more violent influence. Persons unaccustomed to them seldom escape disease, when subjected to their action. They produce intermittents and remittents, of various grades of violence.

CONTAGION. A deleterious agent, generated by the living body in a state of disease. The diseases produced by this class of causes, preserve a determined or specific character; contagious diseases divided into chronic and acute; the latter seldom affect the same person more than once; the former may affect repeatedly; in the acute, there can be no relapse. Contagious matter either a palpable substance, or an impercepti-

*It has lately been contended, that moisture is not essential to the generation of miasmata; but as I believe, without good grounds.

ble effluvium; chronic contagious affections always produced by the former, and by actual contact; some *acute* contagious diseases communicated both by contact and through the medium of the air, that is, both by a palpable virus and an effluvium. Typhus fever, under certain circumstances, contagious; appears to be propagated by effluvia only.

Contagious effluvia extend but a short distance sufficiently concentrated to produce disease. The experiments of Dr. O’Ryan make it but a few feet—four or five feet; currents of air will convey it much further; contagions rendered harmless by diffusion in the air; hence the utility of free ventilation; contagion attaches itself to various substances; the substances most apt to receive and retain it are, wool, hair, cotton, wood, cloth, &c.: contagion influenced by certain occult conditions of the atmosphere; contagious diseases communicated from the inferior animals to the human species.

Disinfecting means—cleanliness; free ventilation; muriatic and nitrous vapors, lime, fumes of sulphur and heat.

SIGNS.

Signs divided into those exhibited by the *countenance*; the *attitude*; the *nervous system*; the *digestive organs*; the *circulatory system*; the *respiratory organs*; the *circular surface*; the *lymphatic system*; the *secretions*.

THE COUNTENANCE. The features to be particularly examined, are: the *eyes*; the *prolabia*; the *nostrils*; the *lips*; the *brows*.

In *acute simple fever*—*eyes* and face red; respiration hurried; motions of the nostrils rapid. In *acute sympathetic fever* these signs are absent.—Hall.

Acute pain from inflammation in the chest; features much contracted; the *alæ nasi* acute and elevated, the nostrils contracted and expanded by the acts of respiration, sometimes a vivid flush terminating abruptly—heat inconsiderable.

Dull pain in the chest: less constriction of the features; an expression of great anxiety; nostrils widely dilated before inspiration.

Effusion into the lungs: countenance livid, anxious, turgid, with great dyspnœa, and dilation of the nostrils on inspiration.

The phthisical countenance.

Acute pain in the abdominal viscera: features acute; forehead wrinkled; brows knit; nostrils drawn up and acute; under lip drawn down, exposing the teeth.

Organic affections of the heart: countenance anxious, vividly flushed; prolabia livid: face turgid, œdematous cold. In hydrothorax, the face has a *pale-livid* aspect.

Soporose affections: flushed, livid, tumid, eyes closed or open and fixed, mouth frequently drawn to one side.

In syncope: pale, shrunk, cold, and death-like.

In chlorosis: pale, exsanguous, icterode; puffy; a peculiar darkness accuyping the eyelids, and extending towards the temples and cheeks, and sometimes surrounding the mouth.

Distinction between the *icterode* appearance, and the different shades of *icterus*, (Hall;) the yellowish tinge in the latter is particularly seen in the albuginia of the eyes; in the former the eyes remain untinged. The tinge of *icterus* depends on bile, that called *icterode*, on a morbid action of the cutaneous capillaries. (Hall.)

Chronic irritations of the bowels: puffy countenance; upper lip pale and swollen; occurs in verminous affections and in scrofula.

ATTITUDE. The healthy attitude:

Advantages to be obtained from position, in the treatment of diseases.

Preternatural determination to a part, diminished by elevating such part; the head to be raised, in apoplexy; the extremities when affected with inflammation.

Supine position, with tremulous motion, indicates much muscular debility.

Fever from acute local inflammation: not attended with muscular prostration.

Characteristic position in hydrothorax: in slight cases, head and shoulders elevated when in bed; in severe cases inability to lie down; the erect position more urgent, when complicated with organic affection of the heart. When sitting up, hands forcibly pressed on the chair on which the patient sits, or leaning back, with the arms and hands placed behind the back.

Thoracic effusion, distinguished from mere organic disease of the heart and lungs by the effects of firm pressure on the epigastric region, and bodily exertion. Effects of pressure, *in effusion*: general agitation, cough and a sense of suffocation; not so, or but slightly in organic affections of the heart and lungs; bodily exertion excites more dyspnoea, and distress in effusion, than in organic affections.

Position assumed by the patient in abdominal inflammation, with acute pain: fixed, carefully avoiding all motion and pressure; generally on the back, knees drawn up, and head and shoulders a little elevated.

Positions assumed of spasmodic pains in the abdomen: constantly changing posture, desirous of pressure on the abdomen, recumbent on the belly, &c.

Position on the back, with knees constantly elevated in the latter stage of acute diseases, a sign of retention of urine.

THE TONGUE. Attention to be paid to its color, its surface, its shape, and the manner in which it is protruded.

A white and slightly loaded tongue, indicative of slight gastric derangement and moderate febrile excitement.

A clean, deep red, smooth tongue, indicates inflammation or high irritation of the mucous membrane of the stomach and intestinal canal.

Tongue seldom much affected in acute symptomatic fevers, from wounds or external inflammations.

Florid papillæ, protruding through a layer of white fur, characteristic of scarlatina. (Hall.)

Diagnosis, from the appearance of the tongue, between phthisis, and hectic with cough from hepatic and gastric affections : tongue natural in the former, covered with brown fur in the latter.

A pale and tumid tongue, with large papillæ, indicative of gastric debility—met with in *chlorosis*.

A contracted and pointed tongue, frequently an attendant on cerebral or meningeal inflammation.

A flabby and dilated tongue occurs in congestive states of fever. (Miner.)

A yellow and bitter tongue, indicative of biliary derangement.

MORBID STATES OF THE NERVOUS SYSTEM.

Disturbed Sleep. *Coma* always denotes oppression of the brain.

Wakefulness, a sign of great irritation or exhaustion.

Sudden starting in sleep—intestinal irritation from worms, &c.

Hurried wakings, with a horrid sense of suffocation, a sign of organic diseases of the heart.

Strabismus, double-vision, signs of cerebral affection.

Torpor of the sense of touch.

Morbid sensations.

PAIN.

PAIN may arise from inflammation, from spasm, and from nervous irritation. They have each their peculiar character.

Inflammatory pain : tenderness of the part, increased by pressure ; throbbing or burning continuous, and attended by febrile excitement.

Spasmodic pain : paroxysmal, not throbbing nor burning, relieved by pressure, and seldom attended with fever.

Neuralgic pain: transient but violent paroxysms, darting along the nerves with the rapidity of lightning; no swelling, no heat, and readily renewed by the slightest touch.

Inflammatory pain, modified by the nature of the structure in which the inflammation exists. Diagnostic inferences. Pain referred to parts remote from that in which the primary affection resides.

ALIMENTARY CANAL.

Nature and appearances of the alvine discharges. Clay-colored fæces indicate deficiency of bile—met with in jaundice. Diagnosis between infantile remittent and hydrocephalus—the alvine discharges in the former are a dark brown, or mud-like and very foetid—in the latter, *glairy dark-green*, like *chopped spinage*. (Cheyne.)

Watery and reddish stools, like the washings of flesh,

Mucous and bloody stools.

RESPIRATORY ORGANS. Accelerated respiration always attended with frequency of the pulse. Irregular and unequal respiration indicates cerebral oppression: slow, irregular, and stertorous breathing attends a high degree of cerebral compression.

Abdominal respiration, indicates pneumonic inflammation.

Breathing with the intercostal muscles, without the accessory action of the abdominal muscles, indicates abdominal inflammation.

Peculiar respiration in hydrothorax: inspiration quick, and with *great effort*; respiration slower, *without effort*. (Hall.)

The effects of corporeal exertion on respiration produces great dyspnœa in hydrothorax, and still more in organic cardiac affections.

Wheezing respiration—in asthma, cyananche trachealis. Hurred, panting, and heaving respiration, with sighing, often attends intestinal irritation and exhaustion from hæmorrhage. (Hall.)

COUGH. When the efforts of coughing are anxiously repressed, there is probably inflammation in the chest or abdomen.

Spasmodic cough—in pertussis—sometimes from irritation of the stomach.

SPUTA. White cream-like, in chronic bronchitis.

Effects of full inspiration and expiration, as a diagnostic

CUTICULAR SURFACE. Its temperature; its color; its state of dryness or moisture; its fullness or construction; its roughness or smoothness.

A *yellowish tinge* indicates biliary derangement, not to be confounded with the sallowness which occurs in cancer and chlorosis.

A *purple or blueish* color occurs in infants, from previous foramen ovale.

Dark colored or purple spots—extravasations of blood.

A *pale, semi-transparent skin*, particularly of the prolabia and face, manifests paucity, or very serous, blood—after profuse bleedings and from *anæmia*.

Cold skin, with a feeling of internal heat, denotes internal digestions.

Calor mordax—in typhus.

Permanently dry and husky skin, indicates torpor or chronic disease of the liver.

URINE. Small in quantity, and red in inflammatory affections; copious and limpid in nervous diseases.

Bilious urine.

The various sediments—lithatas; phosphates; the former are red or purple—the latter, white or pale yellow.

THE PULSE.

The pulse varies with the age of individuals; at birth it beats from 130 to 140 in a minute: mean rate for the first month, is 120; limits during the first year, are 106 to 120; for the second year, from 90 to 100, for the third, from 80 to 90—nearly the same for the fourth, fifth, and sixth years; in the seventh year, pulse about 78; from the twelfth year, it differs but little from that of adult age, which is estimated from 60 to 80, according to individual constitutions, &c. (Heberden.) The common standard of frequency may be placed at from 70 to 75 beats in a minute. (Falconer.) From the 45th to the 6th year, the pulse gradually becomes slower; after this period, it again rises in frequency. (Floyer.) Generally more frequent in women than in men. (Falconer.) *Climate* influences pulse; more frequent in hot than in cold countries. *The time of day*: slower in the morning than at other times; most frequent soon after dinner; slower during sleep than in the waking state. Bodily exercise accelerates the pulse; varies according to the *position* of the body; slowest while lying down; slower when sitting than when standing. (Dr. Robinson.) Mental excitement influences the pulse; joy, and anger, render it fuller and more frequent; grief, sorrow, and fear, depress it.

Mode of examining the pulse. [Celsus, Rush.] Not to be examined immediately on entering the patient's room;—the examination to be repeated at short intervals; should be felt in both wrists, the arm having its muscles relaxed by proper positions; two or three fingers to be applied to the artery; thirty or forty pulsations are to be felt at each examination; examined in different positions of the body: talking must be forbidden.

PATHOLOGICAL CONDITION OF THE PULSE; considered in relation:

1. To the force of pulsations.
2. To the rhythm or mode of the pulsations.

The most prominent and useful pathological states of the pulse, consist in : *frequency*, *quickness*, *strength*, *fulness*, *hardness* and *irregularity*.

A FREQUENT PULSE is one in which the pulsations succeed each other with preternatural rapidity ; a pulse beating more than 160 in a minute, is scarcely to be counted ; great frequency of pulse always connected with great prostration of the vital energies ; *frequency*, with *fulness* and *strength* of pulse, more dangerous than the *same* degree of *frequency*, with *softness* and *moderate fulness*. When it rises above 120, in inflammatory fevers, much danger is to be apprehended. (Heberden.)

SLOW PULSE : occurs from cerebral compression—internal venous congestions, and impairment of the vital energies ; as in apoplexy, congestive fevers, and malignant fevers.

QUICKNESS OF PULSE : often confounded, improperly, with *frequency*. *Quickness* refers to the suddenness with which *each individual pulsation* is made—*frequency* has reference to the number of pulsations in a given time. *Quickness*, however, is generally attended by *frequency*.

A STRONG PULSE is one which gives the sensation of preternatural resistance to the finger, during the *diastole* ; not to be confounded with a *hard* pulse. It is *hard*, when the artery is felt firm under the finger like a *tense cord*, both in its systole and diastole—sometimes called corded. *Strength* and *great frequency* never united, a strong pulse seldom exceeding 115 beats in a minute ; a *strong* pulse indicates energy of the vital powers, and is therefore favorable.

A FEEBLE PULSE, the reverse of a *strong* pulse : it is *feeble*, when the artery produces a weak impulse against the finger, during its diastole. *Feebleness* and *softness* of pulse, not synonymous—the artery may resist pressure, and yet pulsate very feebly. The pulse is soft, when the artery appears to be filled, and yet offers no resistance, vanishing by slight pressure.

A VERY SOFT PULSE seldom attended with *great frequency*, or with *irregularity*; occurring in advanced stages of fevers, favorable, when joined with great difficulty of respiration, and suffused countenance, in pneumonic inflammation, indicative of much danger.

FULL PULSE. Never very *frequent*; sometimes much *slower* than natural.

SMALL PULSE—the diameter of the artery is smaller than natural; in inflammation seated above the diaphragm, the pulse is generally full—when seated below it is small. (Borden.)

DEPRESSED PULSE: *small*, and apparently *feeble*, and occasionally *quick*, does not depend on actual debility or exhaustion, but on intenal venous congestion; small and obscure in the *beginning* of acute diseases, we may presume it is depressed.

INTRMITTENT PULSE: when not attended by other alarming symptoms, not in general a dangerous sign; pulse sometimes habitually intermits; it is said to be of dyspeptic origin; occurs frequently in old age, and then probably depends commonly on some affection of the heart; occurs also in affection of the brain; a very unfavorable sign, in the advanced stage of fevers, with great prostration; is said frequently to precede a critical diarrhœa. (Senac, Solano, Coxe.)

UNEQUAL PULSE: synonymous with *irregular* pulse.—Characterised by a constant variation of the pulsations, in frequency, quickness, size, hardness, &c. More dangerous than an intermittent pulse. *Dicrotus pulse*, twice-beating.

GASEOUS PULSE: *tumid*—*inflated*—*soap-bubble*: always indicates much prostration.

UNDULATING PULSE: a wave-like rising and falling of the pulse; generally large, soft, and feeble. When very small, it is termed *creeping*; highly dangerous.

A MORBIDLY NATURAL PULSE: occurs in malignant fevers; exceedingly unfavorable; can only be distinguished from a healthy pulse by the concomitant symptoms.

SHATTERED PULSE: pulse feels like a shattered quill under the finger—occurs in opium eaters.

OBSTRUCTED PULSE: artery remains equally full during its diastole and systole.

THE COMPOUND PULSES. The principal are the *synocha*; *synochus*; *synochula*; *typhoid*; and *typhus*.

1. *Synocha*: hard, full, frequent, and strong; indicates high inflammatory excitement.
2. *Synochus*: full, round, active, but *not* hard; occurs in the hot stage of intermittents; in remittents, &c.
3. *Synochula*: quick, tense, small, hard, vibrating; occurs in sub-acute rheumatism—inflammation of the intestines, peritoneum, &c. *It is the hectic pulse.*
4. *Typhoid*: quick, small, slightly tense, *not hard*, and somewhat frequent; in the advanced stages of bilious fevers—the result of irritation in an exhausted state of the system.
5. *Typhus*: small, very frequent, somewhat quick; occurs in the advanced stages of jail, hospital, and other varieties of typhoid fevers. (Eberle.)

THE evidence of a *single* symptom not sufficient to give a *decisive* prognosis; the causes, the concomitant phenomena, the temperament and habits of the patient, &c. must be carefully estimated.

The Countenance. The more it varies from its natural expression, the more unfavorable. *Hippocratic Countenance*—nose pointed, eyes sunk, temples hollow, ears cold and shrivelled, the lobes everted; skin on the forehead hard, tense, and dry, countenance pale, livid, or leaden: a fatal symptom in the

last stage of acute diseases. One eye becoming smaller than the other, a bad sign; still worse (Stoll) when objects appear less to *one eye*; lividity of eyelids, lips, and *alæ nasi*, unless in chills, very unfavorable;—pointed nose, and much motion of the nostrils during inspiration, bad.

Attitude. Constant position on the back, and sliding towards the foot of the bed, unfavorable; it betokens great prostration: same position, with open mouth, dilated pupils, or involuntary discharges, still worse. Insensibility, with mouth firmly closed and eyes fixed, a forerunner of convulsions; great desire to sit up, with dyspnœa, and livid countenance, fatal in pneumonic diseases; still more certainly fatal, when attended with a *good pulse*. (Baglivi.) Most favorable posture, that which approaches nearest to health; reaching into the air, and picking the bed-clothes, bad; always unfavorable when visceral inflammations supervene to simple fevers; tumefaction of the abdomen, and tenderness to pressure indicate danger; laborious breathing, with short, irregular, and interrupted acts of *inspiration*, is a bad sign; a still more dangerous sign, is exclusive abdominal respiration, attended with strong motion of the *alæ nasi* by the respiratory act; stertorous breathing, attended with a rattling in the upper part of the chest, is highly dangerous, though not invariably a fatal sign; short and very accelerated breathing, always a bad sign; free and easy respiration, favorable; hiccough, in the advanced stages of fevers, indicates danger.

Constant wakefulness, or somnolency, is unfavorable—when great pain in the head, pulsation of the carotids, and a puffed red countenance attend the latter, there is much danger. Unequal distribution of temperature—a sensation of cold externally, and of heat internally, are bad signs; still more unfavorable, when a sense of *burning* heat on the surface is attended by a feeling of cold internally.

Intellectual and moral habits. When these are changed; when old associations are interrupted; new antipathies formed; when the moral become profane and loose in their language, it is a dangerous sign.

Partial insensibility of the sensorial functions, more favorable than great acuteness in this respect. Intolerance of light, with involuntary flow of tears, filmy, protruded, or very sunken eyes, very bad.

The excretions. Urine: black, chocolate-colored, fetid—or watery and fetid, highly unfavorable; a good sign, when after having been crude and watery, it deposits a reddish sediment—still more favorable, when attended with a moist skin, of natural warmth. Suppression of urine, in protracted and violent cases of fever, a very bad sign.

Perspiration: when general, with no very low or high temperature of the skin, favorable; profuse and cold sweats, about the head, face, and on the arms and legs, highly dangerous; partial sweats, appearing in large drops, a bad sign; profuse, clammy and cold, always dangerous; and when attended with a very small and frequent pulse, fatal.

Alvine discharges: very liquid, frothy, green—bad signs; watery, reddish discharges, resembling the washing of flesh, and attended with tympanitic swelling of the abdomen, a most unfavorable sign. The expulsion of wind *with crepitus*, a good sign. (Rush.) Bloody stools without tenesmus, in the latter periods of bilious, malignant, or other violent typhoid fevers, highly unfavorable; less dangerous in strictly *inflammatory* fevers. Involuntary discharges of fæces, among the most unfavorable signs.

Vomiting. Black *flocculent* discharges, from the stomach, exceedingly dangerous;—less dangerous, when the black or porraceous matter is not flocculent but uniformly mixed with the other fluids thrown up. A rumbling noise in the stomach, when liquids are swallowed, a bad sign—never occurs in the early periods of fever, and generally attended with *meteorism*. Sudden and very forcible ejection from the stomach is unfavorable—it occurs in yellow fever. (Rush.) Very frequent vomiting, with great tenderness in the epigastrium, in fevers, a very unfavorable sign.

The tongue: covered with a brown or black crust, with deep

cracks in it, dangerous; black and dry, with black sordes adhering to the teeth, highly unfavorable; a dark brown, contracted, hard and shrivelled tongue, almost always fatal; tongue soft, moist, and light red, favorable; secretion of saliva, a good sign; difficulty of putting out the tongue, and then keeping it between the teeth a long time, without retracting it, is a bad sign—a total inability to protrude it, alike unfavorable; a red, smooth, and shining, or a pointed, dry and red (round the edges) tongue, indicates considerable danger—it is a sign of strong gastro-enteric inflammation, Total absence of thirst, with a dry and rough tongue, is a bad symptom. (Eberle.)

Besides the appearances enumerated above, a variety of other circumstances demand attention, in forming an opinion as to the probable event of diseases. Thus, inflammatory fevers are generally less dangerous than remitting fevers; and these latter, less dangerous than typhus and malignant fevers. In general, the more a fever is connected with local inflammations—or rather, the more serious the local inflammations are, from the importance of the parts they attack, the more danger is to be apprehended. The type, too, must be taken into view. As a general rule, intermittents are less dangerous than remittents, and remittents less than continued fevers. The more irregular the type of typical fevers, the more unfavorable. The appearance and progress of what are termed the *crises* will also aid in forming a prognosis. Unusual or contradictory phenomena are unfavorable; when a patient declares himself well, at the same time that the symptoms indicate considerable disease, it is a bad sign.

CRISES—CRITICAL DAYS.

The ancients observed certain regular periods in the course of many febrile diseases, at which prominent changes are wont

to occur, accompanied by *certain evacuations*, and followed generally by temporary or permanent abatement of the symptoms. These evacuations, and their associated phenomena, are termed :

Crises: No febrile or noxious matter, as was once supposed, thrown off by these critical evacuations. Critical discharges, *the effect*, not the *cause* of the melioration of disease which follows, or attends their occurrence. The doctrine of critical days generally discredited at present; their is probably good foundation for the doctrine. Crises divided into *simple* and *compound*; in the simple, the evacuation is made through one emunctory only—in the compound, through several. The most prominent precursory phenomena (*perturbationes criticæ*) of crises are: an increase of all the symptoms—watchfulness, chills and rigors—tremor of the whole body—anxiety and jactitation—quick and irregular respiration—obtuseness of hearing—vertigo—coma, &c. There are certain days in the course of fevers, upon which crises are particularly apt to occur. These are the critical days; crises occur, however, occasionally on other days. The critical days, according to Hippocrates, are the 3d, 5th, 7th, 9th, 11th, 14th, 17th, 21st, 27th, and 34th. According to Cullen, the 20th, not the 21st day, is the critical day—he acknowledges no critical day beyond the 20th. Critical days divided into *perfect*, *secondary*, and *intercurrent*. GALEN regarded the 7th, 14th, 21st, 28th, or the *septenary* periods as the *true* critical days;—the *secondary*, are the intermediate days between these septenary periods, *i. e.* the 4th, 11th, 18th, 25th, &c. The intercurrent days are the 5th, 9th, 13th. (Galen.)

All forms of fever appear to have a tendency to some one of the principal types. A *single tertian* may be regarded as fever in its elementary form. In this form a paroxysm and crises occur on every odd day. Now if we consider a *continued* fever as made up of tertian paroxysms, protracted and running into each other, we perceive from its tendency to the original

type, how the phenomena of crises should occur on the odd days.

Salutary may be distinguished from *insalutary* discharges by the following circumstances.

To be salutary, they must be neither too copious nor too scanty; they must correspond with the nature of the fever—hæmorrhage is most salutary in inflammatory, and diarrhœa, in bilious fevers—perspiration is more beneficial in *catarrhal* fevers than diarrhœa. A discharge from *one* emunctory only, seldom beneficial; perspiration is never salutary unless the urine at the same time becomes charged with a sedimentious matter; and *vice versa*.

The evacuations (critical) which usually attend the commencement of convalescence, are:

Critical hæmorrhage: generally preceded by increase of arterial action; and salutary, partly from the loss of the blood, and chiefly by the new arterial excitement by which they are attended.

It is owing to the previous excitement of the arterial system, essential to this kind of critical evacuation, that it cannot be substituted by an artificial abstraction of blood. This fact proves, that such evacuations do not, strictly speaking, produce the amendment which follows, but that they are *effects* or manifestations, of a previous salutary change in the vital actions.

Crises by hæmorrhage is chiefly confined to inflammatory fevers; occurs sometimes in typhus fevers; epistaxis, the most common critical hæmorrhage—usually preceded by flushed face, red and suffused eyes—sneezing, ringing in the ears, &c.

Critical sweat. The most common crises; must be general over the body, attended with a warm skin and turbid urine. Its approach indicated by: a soft, full, wave-like pulse; a stinging, or itching sensation on the surface, red, warm skin, and scanty urine.

Critical discharge of urine: must be copious: the morning urine best for inspection; critical urine exhibits at first, a cloud, floating in the upper part of the vessel—then a globular body about the middle—and finally a sediment; (Vogel, Richer, &c.) should be attended with a soft or moist skin; preceded by pains in the loins; frequent inclination to urinate; uneasy or burning sensation in the genital organs, dry, harsh skin; thirst, and a soft and active pulse.

Critical alvine discharges: most frequent in bilious fevers—occur during the remission of fevers—are copious; signs of approach, a peculiar trembling of the under lip—stammering—a full, active pulse, pain and noise in the bowels; discharge of wind—moist tongue—paucity of urine. (Ritcher.)

Critical emesis, very uncommon. (Eberle.)

By crises, in the most general acceptance of the term, is understood that period in the course of a fever, at which a determination either to death or convalescence takes place, and in which therefore the fate of the patient is determined. This decision must necessarily always occur in the ultimate point of violence in the disease.

OF THE GENERAL COURSE, TYPE, AND STAGES OF FEVER.

Fevers divided in relation to their course into :

Acute, and
Chronic.

The former generally make their attack suddenly, and proceed through their course in a comparatively short period.

The latter commences less violently, and pass slowly through their course.

In general, the more violent the disease, the more rapid its progress.

The course of a fever may be divided into five periods.

1. *The forming stage*—the period between the impression of the febrific cause and the developement of the fever ;—distinguished by certain phenomena, called *premonitory* symptoms. Its duration very various ; not always attended by signs of deviation from health. In general, the more protracted the premonitory signs, the more protracted, or slow, will be the course of the subsequent fever, &c.—It is during the struggle between the system and the morbid cause—while the former is gradually yielding to, and passing under the dominion of the latter, that the premonitory symptoms occur

The most common premonitory symptoms are : loss of appetite : irregular bowels ; yawning, stretching ; *malaise* ; interruption of ordinary habits and appetites, such as disgust for tobacco, coffee, &c., thirst, nausea, eructations, dry skin, slight chill, healing up of old ulcers, &c. These symptoms show that the nervous system, the digestive organs, and the skin, are the first to suffer in the evolution of fever.

Some diseases have peculiar premonitory symptoms, as the measles. A morbid cause may produce the *premonito-*

ry symptoms, without being adequate to the full development of the disease.

The cold, or second stage: a sensation of cold almost invariably produces a febrile reaction; frequently no real subduction of temperature in the febrile chill; it depends therefore often on an altered state of sensibility to heat. Symptoms attending this stage:—skin pale, contracted, dry—shrinking of the surface—respiration irregular, oppressed, anxious—a small dry cough—tongue dry—head confused, pulse small and frequent—nausea and vomiting; the sensation of cold may be generally or partially diffused over the body. The relation between the violence and duration of the stage, to the ensuing stage of reaction, is direct; the former being violent and short, the reaction will most probably be vigorous; weak and protracted chills usually followed by feeble reaction.

A chill occurring in an advanced period of a *remittent*, indicates that it is about altering its *type* or form; occurring in the advanced period of visceral inflammations, indicates the occurrence of suppuration; crises and metastases sometimes preceded by chills.

Hot, or third stage of fever: characterised by increased heat of the skin; return of the natural fulness and color of the surface; pulse full, vibrating, and vigorous; pain and throbbing in the head; eyes prominent, and very sensible to light; a dry skin; urine small, and high colored.

The fourth period or sweating stage: profuse and general perspiration; sedimentious urine; diminution of pains in the head, loins, &c.; pulse soft and full, &c.

The fifth period or the period of convalescence:

The course of every fever is either:

Continued: very slight evening exacerbations, and morning remissions. Total absence of remissions and exacerbations very rare, if ever.

Remitting: prominent and regular remissions and exacerbations.

Intermitting: regular paroxysms and perfect intermissions.

One paroxysm, with its intermission, constitutes its *revolution*. According to the *duration* of the *revolution*, fevers are divided into :

Quotidian, occupying 24 hours.

Tertian, do. 48 do.

Quartan, do. 72 do.

The *form* which fevers assume in this respect, is called their type. There are, therefore, three principal types: *i. e.*, the quotidian, the tertian, and the quartan types. Quotidians generally come on in the morning; tertians about noon; and quartans in the afternoon.

Tertians divided into *simple* and *double*.

Double tertians: paroxysms occur daily; but the paroxysms of the alternate days are similar in violence, time of occurrence, and duration, and differ in these respects from those which occur on the intervening days.

Intermittents rarely are of the *double tertian* type, *from their commencement*: they generally commence as *simple tertians*, and duplicate their type afterwards; the new or accessory paroxysms generally milder than the original; double tertians generally return to the simple type, before they terminate; a change from the simple to the double type, is unfavorable.

Other variety of compound types: *tertiana duplicata*; *hæmitritæus*;—*tertiana triplex*.

The quartan type is also susceptible of duplication. The double quartan has two paroxysms every fourth day.

Authors mention triple quartans, three paroxysms occurring on every fourth day—these are very uncommon.

The difficulty of arresting the course of an intermittent, in general, is proportionate to the time occupied by each paroxysm.

Intermittents are said to be *anticipating*, when the paroxysm comes on earlier every succeeding recurrence—and *post*.

poning, when it occurs later at each return. When the paroxysm is postponed to about eight o'clock in the evening, it frequently does not come on until the next morning. In like manner, the paroxysm of an anticipating ague, occurring at eight o'clock in the morning, will have its next paroxysm on the evening of the day preceding that on which it should happen. (Wilson.) Favorable, when the paroxysms are *postponed*; unfavorable when *anticipated*.

Atypic, or erratic fevers: no regular type; rheumatism—catarrhal fever.

Fevers often change their type—the conversion of type seldom suddenly effected.

ON INTERMITTING FEVERS.

General Character. A succession of regularly recurring febrile paroxysms—commencing with chills, and terminating in profuse perspiration, with intervals of perfect remission from fever.

Types: the quotidian, the tertian, the quartan, and complications of these primary types.

Stages: the cold, the hot, and the sweating stages.

Symptoms—Of the cold stage: lassitude, yawning; skin pale and shrunk; pulse small and frequent; rigors more or less strong; mind confused and inattentive—when violent, comatose; urine pale and crude; thirst great; respiration quick and anxious; lasts from fifteen minutes to several hours.

Hot stage: at first, nausea and bilious vomiting; skin hot and dry: face flushed and full: pulse, full, frequent, and strong: respiration free and regular; head-ache—urine, high colored and scanty.

Sweating stage: profuse perspiration; pulse soft and moderately full; urine copious and *sedimentous*; a gradual abate.

ment of all the symptoms of the previous stage, until it terminates in the state of *intermission*, or *apyrexia*.

Anomalous symptoms: the cold stage has been absent; sweat sometimes absent in the third stage, being substituted by other evacuations.

Masked Agues, (Febres Intermittents Larvatae.) Intermittents under various, assumed forms: as epilepsy, mania, hemicrania, tooth-ache, cramp in the stomach, dysentery, cholera, &c. *Diagnosis* of masked agues; their periodicity; the contemporaneous prevalence of intermitting fevers; slight sensations of cold, preceding the attacks; gentle perspiration, with *torbid* urine attending their disappearance.

In infants, the paroxysm sometimes commences with *convulsions*. *Distinct rigors* are not common in infants. Intermittents divided into the :

Inflammatory intermittents: of frequent occurrence: quotidians more apt to assume this character than tertians, and tertians than quartans. Occur most commonly in young and plethoric subjects, and in the spring and winter seasons; rigors strong in the first, and action intense in the second stage; intermission imperfect, the pulse retaining a preternatural quickness and tension, and the thirst and heat of the surface remaining greater than natural; often slight pectoral affections. The *primæ viæ* seldom much loaded with bile and saburral matter; little or no manifestation of intestinal irritation.

The congestive variety: not common; occurs in persons of debilitated habits of body—in the irritable and nervous. *Cold stage*, very protracted, attended with deep-seated pain in the head, vertigo, syncope, a sense of weight in the breast, coma, and a small, trembling, weak pulse. *Hot stage*, imperfectly developed—the system remaining oppressed; the surface cool; the breathing confined and anxious; countenance pale;

pulse frequent, small, and somewhat tense, and a sense of heat internally.

The Gastric variety: the majority of our autumnal intermittents are of this character; they are attended with strong marks of irritating matters in the *primæ viæ*; there is nausea, bilious vomiting, bitter taste; weight and fulness in the epigastrium; great pain in the forehead; foul tongue; quivering of the upper lip; countenance, and tunica albuginea, tinged with yellow; urgent desire for acid drinks.

Malignant Intermittents. Rapid in their course—sweat, in the third stage, generally very copious and fetid; hæmorrhages from the nose, bowels, gums, &c.; petechia; and other symptoms denoting malignity. (Alibert.)

In relation to the natural duration of intermittents, it would appear that quotidians, when left to themselves, have a tendency to terminate on the 14th; tertians on the 21st; and quartans about the end of the 6th week.

Prognosis. When simple intermittents prove fatal, it is generally in the *cold* stage—death then occurs in the way of apoplexy; most dangerous in *weak* and *cachectic* habits of body. Postponing more favorable than anticipating agues; scabby eruptions, re-appearance of suppressed discharges, &c. favorable; integrity of the digestive functions, a good sign; change from the quotidian to the tertian favorable. *Delirium* more unfavorable than mere *coma*; occurs in the worst forms of the disease. Tumid and painful abdomen, with oppressed respiration, hiccough, &c.; colliquative diarrhœa; bloody urine, red and suffused eyes—are bad signs. Great debility during the intermission, with œdema of the legs and feet, restlessness, languor, sighing, dry tongue, or bilious vomiting, very unfavorable.

Circumstances peculiar to the various types: *Cold* stage longer in tertians than in quotidians—hot stage longer in the latter than the former; &c. &c.

CAUSES OF INTERMITTENTS.

The principal—almost exclusive—cause of intermittents, is *marsh miasmata*, called by the Italians, *malaria*.

Intermittents are the first grade of miasmatic fevers—most common during the autumnal months, in the marshy districts of temperate climates. The operation of miasmata is favored, by sudden changes of weather, dampness, and whatever debilitates the body.

TREATMENT.

Treatment divided into that which is proper during *paroxysm*, and that which is to be used in *the intermission*.

The former is *palliative*, the latter *curative*.

Treatment in the paroxysm. Cold stage: mild and warm diluent drinks. In debilitated and nervous subjects, external stimulants, particularly artificial heat. In vigorous subjects, however, such practice is by no means proper. *An emetic* given in this stage, one of the best means to shorten its duration.

Treatment in the hot stage. The object is to moderate the violence of the febrile reaction, and to hasten the super-vention of the sweating stage. The remedies employed for this purpose are: cool diluent drinks; washing the body with warm vinegar; ice or cold applications to the temples and feet. Emetics not proper in this stage: vomiting best checked by peppermint or soda.

Treatment during the Intermission. It is in this stage, that the *radical* cure of the disease is to be attempted. In prescribing with this view, attention must be paid to the four modifications described above.

In inflammatory intermittents, the febrifuge tonics are not to be used, until the phlogistic state of the system has been reduced by a strict antiphlogistic treatment.

In congestive and malignant modifications, stimulants and tonics must be resorted to, early and freely.

In the gastric modification, emetics and cathartics are important and preliminary remedies.

CINCHONA—the most efficacious tonic febrifuge we possess—must be employed during the *apyrexia*. Not to be employed where a phlogistic diathesis prevails—that is, where the pulse is tense and quick, with a sense of general uneasiness, headache, dry and warm skin, are present in the intermission; in such case, antiphlogistic measures must be premised. The bark to be promptly and largely given, in cases of great weakness, or in such as are of a malignant character. Authors express contradictory opinions, with regard to the necessity of purgatives and emetics, as measures preparatory to the use of the cinchona. They are very generally useful, and should be premised; not always indispensable, however—more essential in the young and plethoric, than in the infirm and aged. The cinchona has no peculiar tendency, as was once, and by some is still supposed, to produce visceral indurations; these are the consequences of the *improper* use of the bark—in other words, of its employment in a prominent phlogistic state of the system—other tonics will do the same. The existence of visceral obstructions form an objection to the use of the bark; a mild physic must be premised—or the bark may be given in conjunction. From an ounce to an ounce and a half, will in general suffice for a cure.

When much acidity exists in the *primæ viæ*, combine it with an alkali. The bark often advantageously combined with aromatics, as *serpentaria*, *cloves*, *calamus aromaticus*, black pepper, capsicum, &c. &c.

Sulphate of Quinine, a most valuable preparation of cinchona; given in doses of from one to three grains, every one or two hours; sometimes purges, for which essence of cinnamon is the proper remedy. A variety of other

vegetable tonics have been recommended in this disease; as *Agustura bark*, *cornus florida*, *Leriondendron tulipifera*, *aristologia serpentaria*, oak bark, the various species of willow, horse chestnut, and the officinal tonic bitters.

The power of the imagination over the system, is often strikingly illustrated in its effect on this disease;—the source of the occasional efficacy of all the various charms, amulets, &c., so frequently resorted to against this disease, by the ignorant and superstitious.

Intermittents exceedingly apt to relapse; relapses particularly favored by exposure to a damp and cool air; by errors in diet; the depressing passions, &c.

Intermittents apt to give rise to secondary affections, the most common of which are: œdema of the feet; enlargement and induration of the spleen and liver; jaundice, dropsy;—sometimes hemicrania, vertigo, epilepsy and phthisis. (Eberly.)

REMITTING FEVER.

Character. Fevers whose symptoms suffer regular *exacerbations* and *remissions*, but no perfect *intermissions*.

Symptoms: Symptoms of the forming stage, similar to those of intermittents. When the disease is fully developed, there are pains in the head, back, and lower extremities; an icterode tinge of eyes; nausea; sometimes bilious vomiting; fulness and tension in the præcordia; pulse full, frequent, and rather soft; tongue foul, at first white, afterwards brownish; taste bitter. In the course of about twenty-four hours, a *remission* of these symptoms takes place; after a short remission, the febrile symptoms rise again; and after a certain period, again suffer more or less remission. This answers to the mild form of the disease.

The Type of remittents is generally the double *tertian*; some-

times the quotidian. The exacerbations; of quotidian remittents commonly begin about nine or ten o'clock in the morning; those of tertians considerably later.

Remittents sometimes assume a very violent and even malignant character: the febrile heat is intense; thirst excessive; head-ache, and pains in the loins, very violent: great anxiety of feeling; distressing sense of fulness in the epigastrium. In twenty-four hours, nearly a complete intermission ensues. A second and more violent paroxysm soon comes on; the eyes become red and watery; the epigastric distress is horrible; there is nausea, with constant retching or bilious vomiting. Another remission occurs, followed by a third exacerbation, which often terminates in death, or a favorable crisis. The disease sometimes assumes more of a chronic character; and in this case, great prostration ensues, with almost constant delirium, a quick, irregular, and frequent pulse: in some instances, the pulse becomes almost natural—a sign of great danger. Besides the foregoing symptoms, the following occur, in violent cases of this form of fever: tongue clammy, fetid, black; eyes red, watery, or dry; urine brown, blackish, offensive—sometimes wholly suppressed; alvine discharges watery, red, black, or bloody; abdomen tympanitic, petechiæ, hæmorrhages.

In the temperate climates, and in situations not abounding in materials for the production of miasmata, remittents are generally mild and regular in their course. In proportion as we approach the tropical regions, we find the disease assuming a more violent and anomalous character.

REMOTE CAUSE. Marsh miasmata the principal cause of this form of fever; other causes may produce it—as worms, and other irritants, acting on the alimentary canal.

PROXIMATE CAUSE. Irritation, or sub-acute inflammation of the mucous membrane of the intestinal tube, with prominent hepatic derangement.

In some cases, prominent intestinal irritation is connected with an abundant secretion of bile; in others, the intestinal irritation is connected with great congestion and *torpor* of the liver, little or no bile being thrown into the bowels during the early period of the disease. To the former class of remittents, we may therefore apply the term GASTRIC; and to the latter that of HEPATIC.

GASTRIC MODIFICATION; characterised by: bitter or putrid taste: tongue covered with a thick yellowish slime, which by degrees becomes dry, cracked and blackish; disgust for every kind of food; urine *jumentose*; distress and weight in the stomach; abdomen tense and tender; pain in the loins and knees; intense pain in the *forehead*; distinct remissions and exacerbations.

HEPATIC MODIFICATION: the most rapid and dangerous form of the disease; characterised by: intense febrile heat during the exacerbations; delirium, fulness, tension, and pulsation in the right hypochondrium; tongue at first clean, great irritability of the stomach; continual vomiting of a glairy fluid; the skin becomes *icteric*; towards the termination of the disease, the liver, in most instances, pours out an abundance of dark colored bile, which is evacuated by stool, and sometimes by vomiting. The stools, in such instances, are black and pitchy.

The diathesis of remittents always essentially *inflammatory*, though in some violent instances much nervous depression and debility exists.

There are no remedies more useful in the treatment of remittents, than purgatives; and yet there are perhaps no other medicines so frequently employed to an injurious extent. *Violent* and *irritating* cathartics, when frequently administered, seldom fail to excite a degree of irritation in the mucous membrane of the alimentary canal, which but too often brings on a train of symptoms of the most dangerous and fatal character. The thin watery stools, of a muddy or

reddish color; the tympanitic state of the bowels; the abdominal tenderness; the suppression of urine, &c., which are sometimes observed in the advanced stages of this disease, are generally the result of the imprudent employment of *active* cathartics. Although I would strenuously protest against the frequent employment of active cathartics during the course of remitting fever, I would by no means proscribe them wholly (as is done by Broussais) as remediate means in this form of fever. In the commencement of the disease, one or two active purgatives are not only admissible, but according to general experience, decidedly useful. Subsequently, however, the *milder laxatives* only ought to be employed; and these are indispensable, throughout the whole course of the disease.

SANGUNARIA: An important remedy in remitting fevers. In the commencement given with a view both to its purgative and constitutional effects; should be early and regularly given, until its specific operation becomes manifest; never to be continued until ptyalism comes on; strong excitement, injurious. In the advanced periods of the disease, the influence generally detrimental.

In the high or malignant grades of this disease—that which I have termed *hepatic*, from the engorged and inactive state of the hepatic system—emetics, emeto-cathartics, and strong purgatives, useful in the commencement of the milder forms of the disease, are altogether inadmissible. The first object is to allay gastric irritability, which is generally very great. For this purpose, sinapisms to the region of the stomach, are good; a draught of cold water has been recommended; the warm bath after.

When the irritability of the stomach is in some degree subdued, B. Root is an important remedy; it should be given in doses from ten to twenty grains every four or five hours, until the evacuations become bilious. If the B. Root do not prove purgative, mild laxative must be occasionally given with it. Two or three alvine evacuations daily are

indispensable, so soon as the liver has been excited to action by the *Sanguinaria*. Acidulated drinks are salutary. Physicians do not agree with regard to the propriety of using tonics during the remissions. Lind, Clark, Balfour, and others, strenuously contend for the vigorous employment of *bark*. Johnson, Burnet, and others, condemn this practice as pernicious.

My own views on this subject are, that the *cayenne*, may be used with advantage during the remission, when there are no violent visceral congestions, and where the liver has resumed its proper action. As long, however, as the liver remains engorged and inactive; after the bile makes its appearance in the alvine evacuations, and a complete remission occurs, the liberal use of the sulphate of quinine will generally prove decidedly beneficial, or any of the tonics I will give a list of.

TREATMENT OF REMITTENT AND INTERMITTENT FEVERS.

The indications are—1st. To moderate the action of the heart and arteries. 2. To remove the irritating contents of the bowels, and moderate intestinal irritation. 3. To restore the healthy functions of the liver to answer those indications. If the fever is high, pulse full, vigorous and hard, the skin very hot and dry, and head ache intense, my plan is first to apply cold applications to the head and feet, spunging the whole surface with diluted warm water, warm vinegar, soda, or saleratus. Apple vinegar is the best, as the vinegar made in cities is principally made of muriatic acid, and oil of vitriol. By these applications, applied every ten or fifteen minutes, the fever will abate in from forty to ninety minutes: then, when the surface becomes moist, you may commence the second by an emetic to cleanse the stomach, and to operate on the bowels until the stools present a healthy appearance: three—*tonic*—sulphate of quinine twenty grains; capsicum ten grains; pepperine fifteen grains in a

two ounce vial, in solution, given in teaspoonful doses each hour.

Being confident that this Book will find a home in many families, in new settled countries, I therefore give a number of compounds that I have used in my practice, so that if the reader cannot procure one he can another.

TONIC PILLS FOR THE CURE OF CHILLS AND FEVER.

Extract of dogwood,	1 ounce.
Extract of boneset,	1 “
Oil of sassafras,	1-2 “
Gum goacum,	1-2 “
Sulphate of quinine,	1-2 “

Roll out into pills, size of a sugar pea. Dose—one pill each hour.

TONIC PILLS.

Extract of blood root,	1 ounce.
Best gum myrrh,	1-2 “
Extract of wild cherry,	1 “
Oil of sassafras,	1-2 “
Extract of anthemis cotula	
Mayweed,	1-2 “
Quinine,	1-2 “

These pills will act on the liver, and may be taken before taking medicine, to cleanse the stomach, as they will operate mildly on the bowels, and may be taken with full confidence of a perfect cure. In case the extract of blood root cannot be obtained, use the powder of the root finely pulverized. Roll into common size pills. Use from one to two pills each hour, according to the age, temperament, or strength of the user.

INDIAN TONIC

For the cure of Chills and Fever, Ague, and Dumb Ague and Fever.

Serpentaria,	1 ounce.
Wormwood, leaves and stem,	1 “
Blue flag root,	1 “
Sassafras, bark of the root,	1 “
Rattle weed root,	1 “

Put the above into an iron, copper, or brass pot or kettle; add five pints of water; boil down to one pint; clear the pot, and strain the liquid; put it in the pot and bring it to the boil; skim off the light part that rises to the top: then take three ounces of alcohol from 76 to 90 per cent.; add just as much of the oil of sassafras as it will cut; then add the essences to the pint of liquid to preserve it any length of time; then put it into six ounce vials. Dose for an adult, one tablespoonful each hour in the absence of the chill. The rattle root will sometimes affect the head; if it does, give it in less quantities. Have the stomach well cleansed before giving this tonic.

RECEIPT TO CURE CONTINUED FEVER.

Take pulverized poplar bark (of the root,) 2 ounces, and 4 drachms of cayenne pepper; add a proper quantity of water, stew it for ten minutes, give it freely, and the patient will be invigorated in thirty or forty minutes, and it will strengthen the most feeble patient. N. B. Where the patient has a distaste for pepper, roll the mass into pills with the extract of boneset, and use from one to five pills each hour according to the patient's age and strength.

TO CURE THE HEADACHE.

Take 15 drops of alum oil every other night before going to bed. It never fails to cure chronic headache.

PREVENTATIVE BITTERS.

These bitters will keep off an attack of fever, and prevent a return of fever after a cure.

Blood root,	1 ounce.
Cherry bark,	3 “
Bark of spinnel wood, or waughoo,	2 “

Black root will answer in place of blood root—pulverize and add one quart of spirits. Dose—from one to three wine glasses full each 24 hours. If black root is used, take 3 ounces.

A Tonic much used among the Indians for Chills and Fever.

Water willow bark (of the root,) best,	1 ounce.
Prickly ash,	1 “
Rattle weed root,	1 “
May weed, gathered in bloom,	3 “

Draw the strength like store tea—drink freely five or six hours before the expected chill.

A TONIC PILL.

I have used much in my practice—

Extract of Peruvian bark,	20 grains.
Quinine,	10 “
Gum myrrh,	5 “
Oil sassafras,	20 drops.

Roll into 20 pills. Dose one pill each hour: the extract of boneset will answer in place of the Peruvian bark extract.

FEVER BITTERS.

Cream tartar,	1 ounce.
Peruvian bark,	1 “
Extract of black pepper,	1 “
Cloves,	1 “

Add spirits one pint : use freely, before the chill, for five or six hours. These bitters will cure Eastern ague, as I know from experience.

DUMB AGUE PILLS.

Extract of iron weed root,	1 ounce.
Mussel shells or oyster shells, pulverized,	3 “
Oil of black pepper from 1 to 5 drachms.	

Roll into common size pills. Dose from 2 to 4 pills each hour, after the stomach is well cleansed. This receipt may appear strange to some, but the oyster shells will cure chills, given in teaspoonful doses three or four times a day.

TONIC PILLS.

I have used much in my practice—

Quinine,	20 grains.
Pepperine,	5 “
Extract gentian,	10 “

Roll into 20 pills. Dose from one to two pills each hour, after the stomach is cleansed.

These are the different compounds I have used in my practice in the treatment of fevers of different grades, and found each of them to have the desired effect. But remember—after all the different tonics—you must use medicines to act on the liver from ten to thirty days after you cure the chills, if you want to be successful in curing chills and fever.

YELLOW FEVER.

Synonymes. *Typhus Icterodes*; *Maladie de Siam*; *Bulam Fever*; *Vomito Prieto*; *Causes*.

Symptoms. First stage: faintness, giddiness, slight chills; then sudden evolution of intense febrile reaction, with severe pain in the head, inflamed eyes; intolerance of light; dry and burning skin; great thirst: pain in the loins and lower extremities; tongue covered with a mucus, or but little altered from its healthy aspect; nausea and vomiting; transient and partial sweats. This stage lasts from twenty-four to sixty hours.

The disease sometimes commences with sudden loss of muscular power, and depression of nervous energy: the patient falling down as if stunned by a blow.

Second Stage. With the exception of vomiting, all the symptoms abate; the pulse sinks to the natural standard, the heat of the skin becomes reduced, and the patient expresses himself much relieved. The vomiting however continues, the fluid ejected containing membranous flocculi; the desire for cold water is urgent, but when swallowed, is *immediately rejected*; the albuginia, and the skin of the neck and breast, acquire a yellow tinge. This stage lasts from twelve to thirty-six or forty-eight hours.

Third Stage. Pulse sinks; frequent and forcible vomiting; matter thrown up of a black color, resembling coffee-grounds suspended in a glairy fluid; *an acrid or burning sensation in the stomach*; diarrhoea of green or black matter; whole surface of a dirty yellow;* hæmorrhages violent; delirium; hiccough, coma, insensibility, convulsions, death.

“Soreness in the œsophagus; heat and acrid sensation in the stomach; urgent thirst; hunger; violent delirium; despondency; enlargement of the blood-vessels and red-yellow color of the white of the eye,

* Many cases are not attended by this yellow hue of the skin.

either singly or collectively, indicate extreme danger." (Johnson.)

Appearances on dissection. A black viscid fluid in the stomach; mucous membrane of this organ inflamed, and covered with angrenous spots; sometimes large portions sphacelated; small intestines inflamed; colon generally sound, but often contracted; concave surface of liver inflamed.

Cause. The effluvium generated by animal and vegetable matters, in a state of putrefactive decomposition, its common remote cause—hence its almost continued prevalence in the marshy districts of intertropical regions.

This opinion is disputed by many; but a great majority of those whose knowledge on this point is derived from personal observation, maintain its correctness.

Europeans arriving in hot climates, where the disease is endemic, almost exclusively obnoxious to it. Persons having once had the disease, lose in some degree their susceptibility to a subsequent attack.

The influence of the remote cause is promoted by intemperance, excessive fatigue in the sun; exposure to the damp and cool night air, &c.

Not contagious. Many assert that under *certain* circumstances, this disease is not contagious:—some maintain its unconditional and essentially contagious character.

Black Vomit: not bilious matter;—appears to proceed from sanguineous transudation in the stomach. The *liver* is torpid and congested, the biliary secretion being deficient. The *yellow color* of the skin is probably the result of a vicarious secretion of a bilious matter into the subcutaneous texture. Different opinions on this subject.

TREATMENT.—There is a diversity of sentiment in relation to the treatment of this disease. It appears, however, that the weight of good authority is in favor of emetics. I treated only four or five cases of this disease while I resided in

Arkansas. I gave first a prompt emetic; then from eight to ten grains of sanguinaria, with from a tea to a table spoonful of spirits of turpentine, with the same quantity of castor oil. The operation was quick. I mix all together before administering. The turpentine discharges the bile quickly. I then give from five to ten grains of sulphate of quinine each hour, until I give from forty to sixty grains. In the second stage, I administer mild aperients, diaphoretic and cooling drinks, with tonics and stimulants if the pulse becomes feeble. In the third stage, stimulants and tonics—enemata, quinine, or eupalorium extract. This is an excellent treatment in bilious fever.

INFLAMMATORY FEVER.

Synonymes. Ardent fever; febris irritativa; synocha; febris vasorum.

Character. Vascular excitement vigorous; pulse full, hard, and strong; heat of the skin intense; urine scanty and high colored: thirst great; eyes red, incapable of bearing the light; pulsating pain in the head; sensorial powers little affected.

This form of fever is seldom introduced by a long train of premonitory symptoms; and in this, it differs essentially from typhus. The heat of the surface, of the kind called *burning*. Delirium not a common symptom. The pulse seldom beats more than 110 in a minute. The blood, when drawn, separates rapidly into its constituent parts—the crassamentum contracting into a firm mass, on the top of which a yellowish mass of febrine collects, forming what is termed the buffy coat, or inflammatory crust,

Inflammatory fever never very protracted in its course; generally terminates in some manifest critical discharge; hæmorrhage from the nose, and increased flow of sweat the most common. Most apt to occur in persons of robuſt,

and vigorous constitutions, and between the ages of twenty and forty.

Cause. The most common causes are; Atmospheric vicissitudes; violent passions; wounds and other injuries; a *peculiar atmospheric constitution*. Sudden suppression of perspiration by cold, is however the most common sporadic cause. Hence inflammatory fevers most prevalent in cold and variable climates, or during the spring of temperate latitudes; more prevalent also in elevated, dry, and sandy situations, than in localities of an opposite character.

Diagnosis between sthenic and asthenic fevers sometimes very difficult.

The constitution and habits of the patient, the nature of the predisposing and exciting causes, will aid us in the diagnosis. In very doubtful cases, we must have recourse to the *indices ex nocentibus et juvantibus*—the indications drawn from the effects of immediate agents.

Prognosis. Simple inflammatory fever, the least dangerous variety of continued fevers; when attended with visceral inflammation, dangerous; the danger being proportionate to the violence of the local inflammation, and the importance of the organ inflamed. When protracted it is apt to assume a *typhoid* character. A sudden and copious discharge of *limpid* urine, or thin watery alvine discharges, are unfavorable. Slight hæmorrhage from the nose, a moist and soft skin, pale and *turbid* urine, are favorable signs. Delirium not generally a bad sign.

TREATMENT.—The principal indications are to moderate the heart and arteries, and to restore the healthy functions of the cutaneous exhalants. Emetics of eupatorium, and ipicac cathartics useful, not only by evacuating the irritating contents of the bowels, but also by their direct depletory effects. They should be combined with maloes, slippery elm, charcoal, nitre, capsicum, hops or yeast. The plan of treatment consists not only in the application of such

remedies as are calculated to reduce the action of the system, but also in the careful removal of every thing which has a tendency to vitiate or excite in an inordinate degree. Some will spurn at the idea of capsicum in this disease. But those who do not understand its power in inflammation or hæmorrhage, are behind the intelligence of the age.

CATARRHAL FEVER.

Character. A sthenic fever, with prominent irritation of the mucous membrane of the respiratory passages.

Symptoms. At first lassitude and slight chills; then more or less febrile reaction—attended with a frequent, quick, and somewhat tense pulse; severe pain in the head, face, or jaws; sneezing, dry cough, and hoarseness; a watery discharge from the eyes and nose; eyes red and painful; transient stitches through the chest; often rheumatic pains in the back and extremities. There are considerable remissions in the morning, and exacerbations in the evening. During the first three or four days, the urine is high colored and free from sediment. About the fourth or fifth day, the febrile symptoms begin to decline; the urine then becomes pale and turbid, and the skin uniformly moist; the discharge from the nose and the bronchia becomes thicker and yellowish.

The existence of the latter cause is inferred from the circumstance of this form of fever occasionally prevailing epidemically—extending itself over whole continents, and even passing from one continent to another.

Causes. Atmospheric vicissitudes—a specific miasma, or a peculiar constitution of the atmosphere.

Prognosis. Not in general a dangerous form of fever; most dangerous in infants and in very old people; apt to excite *phthisis* in those who are predisposed to it.

Proximate cause. Irritation and inflammation in the mucous membrane lining the respiratory passages, with disordered action of the cutaneous capillaries.

TREATMENT.—Moderate emetics of lobelia, with large or teaspoonful doses of ginger, powder of Canada snake root, eupetorium, sage, or camomile, with mild laxatives of sangunaria powder in teaspoonful doses. This will free the lungs. *Local*—When the pneumonic symptoms are severe, rub the breast with a strong tincture of cayenne and lobelia seed, and vinegar expectorants: to relieve the cough, eupetorium, Indian turnip, hoarhound, skunk cabbage, cayenne, asarum canadense, two grains of lobelia seed every two hours with four grains of capsicum. This fever needs emetics every day till the lungs are free of mucus. Sangunaria and May weed will cure this fever. Hot rocks, or bricks, or boiled ears of corn should be placed at the back and feet; warm bath good, with an alterative treatment.

ACUTE ENTERITIS.

Symptoms. Fixed, burning pain in the abdomen, generally about the umbilical region; obstinate constipation, nausea and vomiting, the latter being sometimes so severe, as to communicate inverted action to the intestines, and produce stercoraceous discharges by the mouth; fever, with a small, frequent, and tense pulse; very rarely, the pulse is full and hard; dry and red tongue, urgent thirst; dry and hot skin; urine high colored, and small in quantity; respiration short, and performed by the intercostals exclusively; position on the back, with the knees and shoulders elevated.

When the upper part of the colon is affected, acute enteritis is often attended by symptoms of pleuritic or hepatic inflammations.

Diagnosis. In pleurisy, the pulse is *full and hard*—in en-

teritis it is small and tense; abdominal respiration in pleurisy—not so in enteritis; abdomen tender, and painful to pressure, in enteritis—not so in pleurisy.

Spasmodic pain distinguished from enteritis, by: the paroxysmal character of the pain; the constant change of position; the ease obtained by pressure on the abdomen; natural temperature and moisture of the skin, and the want of thirst, which characterise spasm of the intestines. The reverse, in all these circumstances, obtains in enteritis.

The only favorable termination is in resolution; suppuration is rare, gangrene is more common, and is always fatal. The disease would seem sometimes to prove fatal, without any of the usual terminations of inflammation.

Prognosis. Always very uncertain; an almost imperceptible pulse, with cold hand and feet, indicate great danger; diffusion of the pain throughout the abdomen dangerous; tumid and tympanitic abdomen, a bad sign; frequent vomiting, in the latter stage, highly unfavorable.

TREATMENT.

Equalize the circulation by stimulants—hot rocks or bricks to the feet, jugs with boiling water to the back and umbilical region. Begin brisk operations on the bowels—two pills each hour, of gum myrrh and capsicum. *Local.* Rub the breast and umbilical region, with a strong tincture of cayenne, essence of horsemint or essence sassafras: mild diluents, of the mucilaginous kind, very useful. Great attention to the diet necessary during convalescence: the most unirritating food is admissible. Infusions of catnip, or essence of horsemint, or peppermint, in teaspoonful doses, agitate over the pain with the oil of horsement and oil of annis. This oil, with the horsemint, is a great pain lever. Apply mustard to the wrists and feet.

I give here a few receipts for the treatment of some diseases so common, that to occupy space with the various symptoms is deemed superfluous.

FROST-BITE OR CHILL-BLAIN,

1. Place the frost-bitten part in cold water, and hold it there till the pain is removed. Spring or rain water is best. If any pain remains, rub with the tincture of cayenne, gum myrrh, and lobelia seed.
2. Should the parts be likely to slough or mortify, poultice with potatoes, cayenne or red pepper, salt, and the yellow of eggs.
3. Take balsam of Canada or fir tree one third, and two thirds of sweet oil, and anoint the parts: the fir will heal it.

BURNS.

1. Apply a poultice of wheat or rye flour with a proper quantity of sweet milk; mix hog's lard or rather butter with the poultice, and apply it to the part, and it will prevent the poultice from sticking.
2. Poultice with soft soap.
3. Take oil of annis seed and olive oil, equal parts, and rub every two or three hours.
4. Poultice with hops and onions.
5. Apply the balsam of fir.

WHITLOW.

1. Bathe with the tincture of cayenne or lobelia, or hold in hot water, or a poultice of ashes and vinegar. 2nd form needs nearly the same treatment, with a poultice of eggs, table salt, and beef galls. 3rd form is called *felon*, is much deeper, and very painful: poultice with red pepper, beef galls, white oak bark, or any of the very bitter herbs—lance it very deep; it ought to be laid open to the bones—if fungus flesh appear, apply burnt alum: heal the sore with beeswax, rosin, and mutton suet.

RING WORM.

1. Take table salt, soft soap, and boiled potatoes—poultice two or three nights.
2. Take tincture of blood root, and tincture of cantharidis: three or four rubbings will be sufficient for a cure.
3. Take caustic potash, apply three or four times: then wash with soap and warm water.
4. Take the juice of sheep sorrel: two or three rubbings will cure.

SCALD HEAD.

To cleanse the blood, use a syrup composed of sarsaparilla root and burdock root, in equal parts: extract the strength by boiling in water. When the syrup is used, add sugar to preserve. Apply to the scald head the extract of red clover or sheep sorrel: wash with castile soap. I have cured with a liniment composed of linseed oil, beeswax, mutton tallow, oil of pennyroyal, oil of cloves, oil of cinnamon, oil of sassafras, and oil of peppermint: new tar, with table salt, is excellent: poultice twice a day; the oil of corn cobs is a good remedy.

TETTER WORM.

There are five varieties of this disease of the skin. 1: the miliary tetter. 2: the eorrosive tetter. 3: the ring worm tetter. 4: the rainbow worm tetter, and 5, the local ring-worm or tetter. I here pass along to the treatment. 1. Keep the bowels regular with mild cathartics, with the best of the tonics—such as boneset, dogwood, Indian arrow root, sarsaparilla, burdock root, sassafras bark: extract the strength by boiling—then add sugar, or molasses, or spirits, sufficient to preserve. Salt petre and charcoal are good, given in spirits, three or four times a day. Tetter will make its appearance nearly all over the whole system in red spots, itching after going to bed. When it is in the

blood, medicines must be used to purify the blood. I most generally use the above named roots in the form of pills made from the extracts, using from three to ten each day.

Local Applications—Take the extracts of blood root, red clover, sheep sorrel, and swamp ash: apply at intervals from one to five hours at a time, washing with castile soap.

Tincture of blood root and tincture of Spanish flies apply three or four times a day. When the disease is on the fingers, hands, or feet, it is only necessary to keep the bowels open, and apply the local applications to the parts. Take equal parts of muriatic, sulphuric and nitric acids; apply three or four times a day; follow with sweet oil; wash with castile soap. Boil the root of yellow dock to thick syrup; apply two or three times each 24 hours, leaving it on from one to two hours each time: a sure cure for tetter: wash with castile soap.

A SURE CURE FOR BED BUGS.

Take two drachms of corrosive sublimate to one pint of alcohol—or even four drachms will dissolve if the alcohol is 90 per cent. One pint is sufficient for three pair of bedsteads—two or three rubbings will answer each year: the smell of the poison will kill them in two or three minutes.

A CURE FOR THE ITCH.

There are five different kinds of this disease. I need not give the symptoms, as every one that has the itch, will know it by the itching sensation; therefore, I pass to the treatment. Take flour of sulphur (brimstone,) and stew it for five or six hours in a proper quantity of hog's lard, and anoint with the top of the mixture after it settles: rub for three or four evenings on going to bed. 2. Take yellow dock root, tincture the root in alcohol, and rub with the tincture—or stew the root in hog's lard, and anoint with the mixture—or soak the root in sweet milk, and a-

noint with the milk. 3. Break a small hole in the end of a hen's egg, or any other kind of an egg, and pour out the white of the egg, then fill up the egg with table salt and brimstone, then stop the end with dough, then put the egg in hot ashes, pour on some water next the egg, then cover up for three or four hours, then pulverize the hard substance to a powder, then spread the powder on the affected part, and a cure is certain : wash the parts with castile soap.

MUSQUITO BITES.

1. Rub three or four times with the tincture of lobelia. 2. Rub once or twice with equal parts of spirits of camphor and spirits of hartshorn.

BRUISES.

Take essence of pennyroyal, tincture gum of myrrh, and tincture of cayenne; rub two or three times a day : the leaves of burdock or colt's foot are excellent remedies—the burdoc will draw the bruised part white and extract the pain. Ginseng seed will answer a good purpose : the leaves should be bruised before applying them.

STRAINS.

Take the tincture of lobelia seed, cayenne, spirits of camphor, spirits of hartshorn, sweet oil, and laudanum, in equal parts : rub the parts three or four times a day. Oil of pennyroyal, cut in alcohol, is a good remedy.

PUNCTURED WOUNDS.

Punctured wounds are made by small instruments, as penknives, splinters, pins, nails, &c. Wounds from nails are very dangerous, causing the lock jaw : take the tincture of lobelia seed, cayenne pepper tincture, and tincture of stre-

meniem—keep the parts well bathed with equal parts of the above tincture : poultice with beef gaulds, cayenne pepper, lobelia seed, stremeniem leaves or the seed well pulverized. If the lock jaw should appear, use lobelia tincture or seed as an emetic : as the lobelia tincture is given the jaws will open in five or six minutes : keep the bowels free.

FRESH CUTS.

If the cut be a clean cut, it should be dressed by applying balsam of fir : bring the edges of the wound together : the bandage should draw the parts closely together : if it swells much, use a tincture of cayenne to reduce the fever : fresh or new milk should be applied : not best to remove the bandage under 24 or 48 hours : if bad flesh spring up, use burnt alum : ginseng leaves are good to poultice with : Carpenter's square is excellent to heal up a fresh cut.

BITES OF SERPENTS.

People in newly settled countries are very liable to be bitten by rattle snakes. Master, grown in the western parts, is a good remedy : cukkel burr is good, stewed in sweet milk, applied in the form of a poultice. The Indians that I visited used ash leaves and sampson snake root : the sampson snake root will kill a snake in ten minutes, by chewing the leaves or root, and placing the spittle on the end of a stick, and letting the snake bite at the end of the stick. Use the snake root by a tea, and the ash leaves by a tea, and poultice by the same. They also cured by drinking or chewing a tea of yellow poplar. Poultice with indigo and vinegar ; the indigo being very poisonous, it counteracts the poison of the serpent : if the indigo is used give a good physic, or an emetic, which is better. Nearly every body has heard that an Indian would let a snake bite him for a quart of whiskey. I know this to be a fact. The Indian must have the whiskey on sight. I

can relate a case. A white man gave an Indian a quart of whiskey to let a snake bite him; he let it bite him, and commenced drinking the spirits, and started across a small hill. The man attempted to follow the Indian; the Indian told him if he did he would shoot him. When the Indian came back, he told me it made no difference whether he used any thing but the whiskey, as it would cure in 20 minutes; but he would not satisfy the man who gave him the whiskey, by telling him that. I can find people in the western country who have tested its power: the patient can drink from a pint to a quart in from twenty to thirty minutes, without being in the slightest degree giddy headed, and thus cure the sting. When a person finds himself stung, and has none of the above named remedies, he may scarrify the part, and if he can obtain 20 or 30 grains of calomel, he may apply it to the wound: it will extract the poison in twenty or thirty minutes if applied in season, and no mistake. Remember, one poison will counteract another poison. If the calomel is used give some medicines to cleanse the stomach, either a physic or an emetic. Sweet milk is good: drink freely.

TO CURE POISON:

Such as poison oak, or any of the poisonous weeds or stings of bees: take the tincture of lobelia, and add to each ounce of the tincture 1-4 ounce of sugar of lead: if applied in time, three or four rubbings will cure.

The above receipt will cure hornet or bee stings: table salt is also a good remedy: calomel will cure any sting in a few minutes, even a cat fish snag, which is the greatest of all stings or bites, as they are very poisonous.

RECEIPT TO MAKE VERMIFUGE.

Take one ounce of castor oil, 50 drops wormseed oil, 10 drops spirits of turpentine, and 10 drops oil of bare foot root. Dose—a teaspoonful each hour. Before using the vermifuge, it is best to give plenty of sugar.

RECEIPTS TO MAKE TOOTH-ACHE DROPS.

1. Take of pellatory root 6 drachms; pepper, long, 4 drachms; capsicum 4 drachms; opium 1 drachm; gum camphor 2 drachms: add one pint alcohol—apply in the tooth with cotton, or rub on the part that aches: the pellatory is an European root.
2. Take of opium 2 ounces; add 1 pint alcohol tincture, for five days: pour off the tincture into another bottle; add 2 ounces nut galls pulverized—tincture five days: put the tincture into another bottle; add 2 ounces gum camphor and 4 ounces pure tar—then the drops are ready for use. Apply in the tooth with cotton or lint: this preparation cures in one minute.

RECEIPT TO MAKE STIMULATING LINIMENT.

Gum camphor 1 ounce, oil cloves 1 ounce, oil horsemint 1 ounce, aque FF. 1 ounce—apply by flannel or the hand: this liniment will stimulate in 5 or 10 minutes, and blister in 20 or 30 minutes.

RECEIPT TO CURE CORNS.

Wash the feet in warm water; peel the corn as close as you can without making it bleed: then use wilted cabbage leaf the usual way of dressing blisters—apply three or four thicknesses of the leaf at each dressing every evening for one week, and the corn will not hurt for 5 or 6 months.

RECEIPT FOR TAKING OUT CORNS.

Take of oil spike 1 ounce, muriatic acid 1-2 ounce, and nitric acid 1-2 ounce: put in a 4 ounce vial, add 1 or 2 drachms of common pot ash, shake it well, and let it stand for two or three days—then pour off the oil and apply it to the corn and you can lift the corn out: then apply healing salve.

RECEIPT FOR TOOTH POWDER.

Bayberry, opium, kircuma, golden seal, and snuff, finely pulverized : rub the teeth with the powder ; let it stick to the teeth over night, and wash off in the morning : this is a sure cure for scurvy on the teeth.

RECEIPTS FOR EYE WATER.

1. Take green ozera water willow bark 1 pound; scrape or pound fine ; pour on one pint boiling water ; let it stand two hours ; strain, and add 3 grains pearlash, 3 drachms table salt, 10 drachms refined sugar, and 1 glass French brandy : rub three or four times a day.
2. White vitriol 1 ounce, and ground alum salt 3 ounces : put them in an earthen crock ; put it on hot embers, stirring the vitriol and salt till they become of a grey color ; add one quart of rain or soft water ; boil for five or ten minutes ; then add three tablespoonsful of lump sugar, and strain and bottle for use : rub the eyes three or four times a day—for children, add one half water.

For inflammation of the eyes or eyelids—Use the eye water, and poultice each night with ground ginger and slippery elm : use the tincture of lobelia seed and cayenne pepper, by rubbing near the eyes two or three times a day.

For inflammation of the eye—Take one pint of vinegar and one pint of sweet milk ; boil, add equal quantity of slippery elm, and poultice : if the inflammation is very high, add a small portion of lobelia seed and cayenne pepper.

RHEUMATIC LINIMENT—*good for pains generally.*

Take of spirits of turpentine 1 gill, gum camphor 1-2 ounce, oil of sassafras 1 drachm, oil of origanum 1 drachm. Mix and keep in close stopped bottle : apply to parts affected, by the hand, several times a day.

RECEIPT FOR ELDER SALVE.

Take of elder bark 2 ounces, mashed well; fresh butter 6 ounces; stew for five or six hours on embers; strain, and add 2 ounces beeswax, and one ounce balsam fir.

RECEIPT FOR A MIXTURE

That is infallible for the cure of sprains in man or horse.

Camphor 1 ounce, pennyroyal oil 1 ounce, sweet oil 1 ounce, and half a pint of spirits of wine: mix these well by shaking, and it is fit for use: rub the parts affected two or three times a day for five or six days.

A CURE FOR BOTS.

Many a fine horse is lost by bots. Take tartar emetic 1 teaspoonful, and add 1 pint water: drench the horse: it will not puke, but the system will relax, and the bots will yield. Give aloes to discharge the bots.

FISTULA.

Fistula is a disease well known as an ulcer on the rectum.

The tube through which matter passes penetrates deeply into the flesh, its direction being inward and upward.

TREATMENT. Poulitice with white oak bark, beef galls, and slippery elm bark; inject with a small syringe castile soap; then inject with a strong tea of beach drops, or sheep sorrel, or oxalis acetocella; burn sea grass to ashes and make a ley combined with strong alum water and the juice of sassafras leaves, and inject three times a day for eight or ten days. Heal with a salve composed of sperm candle, balsam fir, beeswax, and the extract of gypsum leaves; introduce the plaster and salve to the bottom of the ulcer by a small probe. The cancer

plaster that I can furnish is excellent for this form of disease. Cleanse the blood with the best medicines for that purpose.

A CURE FOR BLIND PILES.

Annis seed one ounce, aloes 4 ounce, and brandy one pint.

Dose—A table spoonful three times a day. 2. *For blind piles*—the oil of ear corn, given in from 20 to 30 drops a day, say 10 drops three times a day.

PILE OINTMENT.

Extract of stremeniun, sperm candle, snuff—mutton tallow will answer, though not so good as the sperm: take equal parts, with a sixth part of balsam fir. *Directions*—For piles, rub three or four times a day till a cure is performed. If the piles extend up the fundament, you may cut nicks in a tallow candle and extend it for 10 or 20 hours, with the ointment on the same.

TO MAKE EXTRACTS FROM ROOTS OR BARKS.

This is the way I prepare my medicines, and give them in the form of pills or syrups, which is the best way to give medicines. Three or four pills of pure extract will have more power than a quart of tea. You will hear the patient remark, that he had rather have a new school doctor attend him, only he did not like to take a gallon of tea, or even a quart of tea at a dose. Well, this obstacle can be removed by using the extracts; and I strongly urge every doctor to use his medicines in this form, and every family can procure them, and use them when they need them. Take the herb when in bloom, or in seed, or when the seed are ripe. Barks may be taken when they will peel, as they can be much more easily procured. You may prepare for tonics, dogwood, boneset, waughpoo, yellow poplar, wild cherry, iron weed, willow, sassafras,

and May weed; for physic, elder flowers, rhubarb, butter nut, blood root, mandrake, black root, milk weed, and blue flag. *Directions to make the extracts*—Boil the roots or barks from thirty minutes to two hours. Roots and barks need to be boiled much longer than leaves. After boiling a sufficient time, let your liquid settle; then strain, boil down to the consistency of molasses, skimming the light part that rises to the top: then put the extract into a vessel, and set it into a larger one of boiling water, and boil; your extract will thus become thicker, and not be so apt to get burned. It should be nearly thick enough for pills, and will keep for any length of time; if it is not thick enough it will sour, to prevent which, add alcohol. If you mean to use in the form of syrup, add as much alcohol as will preserve it.

WHITE SWELLING.

The first form of this disease may be cured by cleansing the stomach, poulticing with bare foot root, and applying the oil of bare foot to the part, bathing it in by holding a hot iron near it, or holding it to the fire. When the bone is diseased, the Indian treatment is, first, to poultice with May apple, the green root, which will eat out the fungus flesh: poultice with table salt, hen's eggs, and corn meal; then make a caustic, with a dough of eggs, salt, and corn meal, baking it to a hard crust, and sprinkling the powder on the diseased part: keep the orifice open for some time, so that the diseased part of the bone may slough off: purify the blood with waughpoo and sasarparilla, and then poultice with light bread and slippery elm. There should be no healing salve applied, as it will heal up too soon, and break out again: keep it running for months, and by the blood becoming full, the bone will become healthy, granulation will take place, and a cure will be performed. The general practice of healing up the sore too soon and letting the fungus flesh remain, causes it to break out again. Dregs of number 6 are good to poultice with.

HYSTERIA NERVOUS.

Take the tincture of castor tincture of nervine, tincture of myrrh, spirits of camphor, equal parts: give in teaspoonful doses each 30 or 60 minutes, or as often as the case may require.

HYSTERIA PILLS.

Take the tincture of shell bark (hickory bark,) 1 ounce, beaver castor 1-2 ounce, capsicum 1-2 ounce, asafoetida 1-2 ounce, extract of nervine 1-2 ounce, lobelia seed 20 grains, gum myrrh 1 ounce: roll into pills—give from 3 to 6 a day, or according to age or temperament.

UTERINE HEMORRHAGE.

Give a strong tea of red raspberry and witch hazel, with the application of jugs, filled with boiling water, to the back, and flannel cloths rang out of boiling water, renewed every 20 or 30 minutes, and warm applications to the feet. If this treatment has not the desired effect, give a teaspoonful each hour, for three or four hours, of pure capsicum. If the patient has a distaste for the pepper, roll it into pills with a few drops of the oil of annis seed or sassafras oil: you may roll the pills in cinnamon bark, finely pulverized, or wheat flour, to avoid the taste. I have cured, after all hopes had fled, with pure pepper.

FEMALE BITTERS—to regulate the catamenia.

Take asarum canadense 2 ounces, caulophyllum chalictrades 2 ounces—extract the strength by boiling down to four ounces; then take 4 ounces 90 per cent. alcohol; add 60 drops oil pennyroyal, and 60 drops oil of winter green. *Dose*—A teaspoonful each hour; three teaspoonsful of the tincture of blood root each 24 hours to regulate the bowels—one in the morning, one at noon, and one in the evening.

HEMORRHAGE OF THE LUNGS.

If the lungs are much affected with phlegm, give ipicac to discharge it : then take equal parts of cayenne, witch hazel, red raspberry, bayberry, and crane bill—give a strong decoction of the above : alum water gives relief.

MOTHER'S CORDIAL

For the cure of flour albus, whites, weakness in the small of the back, or debility of the system.

Take yellow poplar bark, dogwood bark, golden seal, sampson snake root, burdock seed, and hemp seed, 4 ounces each ; add 1-2 ounce cayenne pepper ; make into syrup, say 10 ounces ; add sugar and spirits to preserve. *Dose*—three wine glassfuls each day, with two pills of the common size, of turpentine, from a pine tree, the yellow pine best. N. B. Best way is to take the extracts of these roots and bark, add the pepper and turpentine to the extracts, and roll into pills, and use from 3 to 6 pills each 24 hours, once, twice or three times a day.

LINIMENT—to reduce swellings.

Take rosin, tallow, salt and soft soap—stew all together : this liniment is good to reduce swellings. I use this liniment much on women before delivery, as it relieves.

RHEUMATIC DROPS.

Rattle root, sulphur, prickly ash bark, polk root, and horse gentian one ounce each, hydriodate of potash 20 grains, blood root 1-4 ounce : add one pint good brandy. *Dose*—A wine glassful three times a day.

CANCER.

Before the cancer commences to discharge, and when there is considerable hardness in the part, drink the tea of yel-

low dock root and skunk cabbage root, equal parts—drink freely : this tea will make the patient very weak, but it will destroy the cancer, and the parts will become soft and natural. Should the cancer break and commence discharging, boil down the same roots, and the extract will eat the cancer out : then you may cleanse the blood with the root of burdock, Indian arrow root and cucumber tree bark : rub in the commencement three times a day with rattle snake's oil over the cancer.

CANCER PLASTER,

Used by the Indians, which is the most sure caustic for their removal—even rose cancers. Take of the root of crane bill, beach drops, sheep sorrel, white oak acorns, and the bark of parcimon tree, equal parts—boil and extract the strength to a plaster : apply the plaster twice each day till the cancer, with the roots drop out, with a little lifting round the edges. Remember to wash with castile soap every time the plaster is applied. Cleanse the blood, and give tonics, or combine together burdock root, cucumber tree bark, boneset, and Indian arrow root, sufficient to relax and act on the liver. I use poultice instead of healing salves to heal the sore, as they will heal as soon as the blood is purified.

2. *Cancer Plaster*—Take the extract of blood root, beef galls, rattle snake's oil, and lobelia seed, equal parts—renew this plaster three times a day till the cancer yields. Remember to cleanse the blood.
3. *Cancer Plaster*—Make a caustic or extract by boiling the ashes of swamp ash to the consistency thick molasses—add one half rattle snake's oil : apply the plaster once a day; use a little ginger when the plaster is removed; poultice with slippery elm or molasses; give medicines to cleanse the blood, as no cancer will ever be cured while the blood is impure.
4. *Cancer Plaster*—Take the the extract of dogwood bark, sassafras bark, white sumach, black haw and green par-

cimons or the bark of the root of the tree—boil and get the extracts, and apply twice each day : commence by leaving the plaster on one hour at first, and continuing it longer each succeeding day.

5. *The French wash for foul ulcers, old sores or cancers—*
Take nitric acid and muriatic acid, equal parts : put the acids into a vial or bottle three times the size of the acids; add to each two ounces one copper cent, and let them dissolve the copper : then apply it to the sore or cancer—this is an excellent remedy for foul ulcers, as it will change the smell in an hour or two : apply twice a day till the fungus flesh is destroyed.

COUGH LOZENGES.

Take hoarhound leaves 1 ounce, bark of the root of spinnel wood 1 ounce, boneset leaves or flowers 1 ounce, Indian turnip 1 ounce, and blood root 1-4 ounce, (all finely pulverized.) oil of annis seed 1-4 ounce, skunk cabbage may be added to it (if it can be had) one ounce : add 2 pounds lump sugar, finely pulverized, and from 3 to 6 ounces of slippery elm, with a sufficient quantity of boiling water to make a mass—roll out with a roller: and with a piece of tin in the shape of a blowing horn; cut with the little end; they will then roll out of the other end easy—use according to the violence of the cough.

COUGH LOZENGES—*made with extracts.*

Take the extract of blood root 1 ounce, extract boneset 2 ounces, extract of hoarhound 2 ounces, extract of waug-poo bark 2 ounces, extract of unicorn root 1 ounce, extract of spikenard 1 ounce, extract of elcampaigue 2 ounces, powder of the root of skunk cabbage 1 ounce, 2 ounces of Indian turnip pulverized—add 3 pounds refined sugar and a sufficient quantity of boiling water, and pulverized slippery elm bark as will make the mass : roll out, cut and spread them until they dry—then preserve in a glass

jar. *Dose*—according to the violence of the disease, age, temperament, and strength: the blood root acts on the liver, lungs and bowels, and on the whole system, and is hard to be beaten in croup.

WORM LOZENGES.

Take the extract of lobelia cardenales 1 ounce, extract of the root of black haw (of the bark of the root best) 1 ounce, seed of Jerusalem oak 1 ounce, and finely pulverized pink root 1 ounce: add spirits of turpentine 2 drachms, and lump sugar 1 pound: roll, and give a common sized one each hour; then give elder flowers or oil to start the worms. If you cannot obtain all the articles, use what you can obtain; the powder of the root of black haw will answer a good purpose to destroy worms.

N. B. Take melted pewter, and pour it into a goard by cutting a hole at the small end; shake the boiling pewter until cool; it will be in a fine powder; give the powder for the removal of worms—20 grains two or three times a day, giving physic after a day or two.

A small quantity of copperas, given three times a day, say 2 grains at a dose, is a good remedy for worms.

CRAMP CHOLIC MIXTURE.

Take oil of annis seed 60 drops, oil of pennyroyal 90 drops, oil of cinnamon 50 drops, oil of peppermint 50 drops, oil of catnip 80 drops, and oil of cloves 50 drops—add 1 pint of alcohol 76 to 90 per cent., gum camphor 2 drachms, tincture of myrrh 4 ounces, tincture of rhubarb or blood root 2 ounces, tincture of cayenne 1.2 ounce, laudanum 2 ounces, spirirts lavender 2 ounces, and spirits æther 2 ounces. *Dose*—a tablespoonful in one of water.

N. B. If all the articles cannot be obtained use what you have of them.

A CURE FOR FOUL ULCERS OR SORE LEGS,

Very common at the present day. Take pure extract of stremoniem leaves as a common salve. If this fails, use the extract of the bark of beach tree, by boiling the bark; it will be clear as crystal, by pulling it like shoemaker's wax. Apply this as a common salve, or take the leaves of the beach tree, which is excellent to heal old sores, and to cleanse the blood.

TO STOP VOMITING.

Take cayenne pepper, poultice the stomach, and the puking will cease in 20 or 30 minutes. 2: take one spoonful of vinegar, one spoonful lump sugar, one spoonful of the white of hen's eggs, and beat them together: give a spoonful each 20 minutes. 3: take chicken gizzards; cast off the inside of the gizzard, boil, and give the tea. 4: take 2 of the berries of blue, or rather the white on the top of cohash—it grows near the blue cohash: three or four of the berries are a sure cure for puking. The above are used by the Indians in Iowa.

FEVER IN THE FEET.

Leaves of bitter root and dog's bone will cure burning hands or feet by using the tea freely: they will also cure bowel complaint: the leaves an astringent—the root a cathartic.

WORM SYRUP.

Take yellow poplar bark 1 ounce, black haw root, 1 ounce, wormwood leaves 1 ounce, and spice bush bark 4 ounces: reduce to a syrup by boiling; add sugar and spirits sufficient to preserve; then add to each ounce three grains of copperas. *Dose*—A teaspoonful three times a day; give oil after using a day, or add to your syrup the tincture of

rhubarb or the tincture of elder flowers sufficient to move the bowels.

DRY BITTERS.

Take pulverized unicorn root 1 ounce; poplar bark 1 oz.; myrrh 1 ounce, cloves 1 ounce, ginger 1 ounce, cayenne 1-4 ounce, golden seal 1 ounce, all finely pulverized: add 1 pound lump sugar. *Dose*—A teaspoonful three or four times a day, taken dry or in water.

BOX LINIMENT.

Take linseed oil 1 pint, cayenne pepper 3 ounces, mutton tallow 1 pound, beeswax 4 ounces, or just as much as will make it stiff enough to preserve: add oil of annis seed 2 ounces, oil of pennyroyal 2 ounces, oil of horse-mint 2 ounces, oil of cloves 1 ounce, oil of cedar 1-2 ounce, extract of lobelia 2 ounces, gum camphor 4 ounces, and oil of sassafras 1 ounce—stew and mix all together, box, and use freely on the diseased part.

N. B. I find nearly all, if not all the liniments need spirits of turpentine to make them penetrate; if you want plenty of pains, rub with spirits of turpentine: the extract of lobelia relaxes sufficiently.

CURES FOR DROPSY.

Take mustard seed, juniper berries, horse radish, elder bark (of the root,) mandrake root, and bitter sweet root, in equal parts, say one ounce each: add 3 quarts hard cider, 1 drachm copperas or 5 drachms iron rust, well pulverized. *Dose*—A wine glassful three times a day, less or more, according to the patient.

2. Take the inner bark of white pine tree 5 pounds, shumach roots or bark best 1 pound, prickly ash bark 1 pound, barley seeds 1 pound, rusty nails 5 or 6 pounds—

boil in four gallons water to three pints; add spirits and sugar to preserve. Dose—from a teaspoonful to a wine glassful three times a day: bathe the feet each evening for one hour, before going to bed, in bitter herbs, mustard, or weak ley.

3. Take the express juice of elder bark, burdock roots and leaves, prickly ash bark, and green leaves cucumber tree or the bark—pulverize or pound equal parts of each, press out the juice by means of a press or screw, such as a jack screw: add one quart of whiskey to one quart of the juice—add 3 ounces of the tincture of bitter root. Dose—from a teaspoonful to a wine glassful 3 or 4 times a day: bathe the feet in mullen leaves: boil the leaves and bathe in the water, with bitter herbs, from thirty to sixty minutes each evening.

CROUP MIXTURE.

Take express juice of green garlic and onion juice 1-2 ounce each, castor oil 1 ounce, spirits turpentine 1 ounce, spirits camphor 1 ounce: mix well. Dose—For children one year old a teaspoonful each ten minutes till the disease is checked. This compound answers when an emetic cannot be obtained in a few minutes: there is no time to be lost, as this disease is fatal in an hour or two.

GRAVEL.

A tea of silks of corn—drink freely: preserve the silks when the corn is in the roasting state.

COUGH DROPS.

Take blood root 1 ounce, spinnel wood bark 1 ounce, each, skunk cabbage 1 ounce, Indian turnip 1 ounce, el-campaigne 1 ounce, comfrey root 1 ounce, hoarhound 1 ounce, boneset 1 ounce: extract the strength by boiling

in one gallon water down to a pint—strain, boil and skim: add sugar and spirits to preserve. Dose—from a teaspoonful to a tablespoonful six or eight times a day if required.

MORTIFICATION POULTICE.

Take allum, gun powder, flour of sulphur and cayenne pepper: poultice, and drink tincture of cayenne and gum myrrh: hop tea and cayenne are the most powerful: elder blows, sassafras bark, ginger, camomile flowers and slippery elm are good.

ANTI-BILIOUS DROPS.

Take senna leaves 6 ounces, turbeth or blood root 2 ounces: extract the strength by boiling in water—strain, boil, and skim; then add lump sugar 1 pound, scammonia 1 ounce, gum gamboge 1 ounce, and 1-2 pint fourth proof brandy or sufficient to preserve: this compound is sufficient to make three pints. Dose—A teaspoonful every hour until it operates freely: the dose may be regulated from a teaspoonful to a tablespoonful.

ANTI-BILIOUS POWDER.

Take jallap 6 ounces, senna (pulverized) 1 ounce, cloves 1 ounce, rhubarb 1 ounce, and aloes 1 ounce. Dose—A teaspoonful in one half cupful of water—repeat in three hours: if bilious fever, two or three teaspoonsful at a dose till it operates freely.

PILLS FOR PHYSIC.

Mandrake 4 ounces, ginger 1 ounce, pleurisy root 1 ounce, cayenne 14 ounce, all finely pulverized: mix well, and add honey, oil of pennyroyal and annis seed sufficient to

mix into pills—oils 2 ounces. Dose 3 to 6 pills for an adult; 1 to 3 for under age.

POLYPUS.

If in the uterus, use a ligature; if in the nose, use a ligature or the powder of blood root snuffed three or four times a day till a cure is effected.

FAMILY PILLS.

Take the extract of blood root 1 ounce, extract of black root 1 ounce, extract of boneset 1.4 ounce, extract of waughpoo root 1.4 ounce, oil of pennyroyal 1.2 ounce, and oil of sassafras 1.2 ounce: add rhubarb sufficient to make into pills. Dose—from 2 to 6 pills; in bilious fever larger doses.

CURE FOR THRUSH.

Take golden seal 1 ounce, sage leaves 1 ounce, borax 1 drachm: extract the strength by boiling—then add honey and wash every two or three hours.

EMETIC.

When you intend to give an emetic, first give freely of some stimulating teas, such as ginger, pennyroyal, peppermint, or boneset. By giving warm teas to relax the system, or even to expand the stomach, the patient will not cramp. It is true, that in the case of children with croup, the emetic should be given as quickly as possible, as there is no time to be lost.

Take of lobelia seed from 1 to 2 teaspoonsful, ipicac 1 teaspoonful: add a common teacupful of milk warm water, and give a table spoonful every ten minutes until it vomits freely: the extract of lobelia is best for an emetic, giv-

en in pills the size of a pea, in three parts, ten minutes apart : give plenty of teas before and after it operates to make them puke freely and with ease.

Emetic by tincture.—Take of the tincture of lobelia seed or leaf 1 ounce, tincture of blood root 1 ounce, tincture of boneset 1 ounce : this is the best form for children ; use as before directed in from teaspoonful to tablespoonful doses every ten minutes.

SOUNDS OR BISSING IN THE EAR.

Take tincture of cayenne, tincture of lobelia, spirits camphor, and olive oil, equal parts : apply with cotton in the ear every three or four hours. 2. Fill a jug with boiling water, and introduce a goose quill through the cork, and lay with the ear near the quill.

A GOOD REMEDY IN TYPHUS FEVER.

Take poplar bark (finely pulverized) 2 ounces, flour of sulphur 1 ounce, cream of tartar 2 ounces, and quinine 2 drachms : mix well—give in teaspoonful doses at intervals of from one to two hours ; it may be given in warm water : a pill each hour of the extract of boneset.

SCUM ON THE EYE.

Take double F refined loaf sugar ; grind fine by rolling a glass bottle over it ; put the sugar in the eye twice a day, and use the eye water that I have described with the salt in ; use four or five times a day ; if you do not cure by this treatment, take the tincture of blood root—touch with a feather on the eye twice a day ; then use the sugar.

VENEREAL.

Take of sarsaparilla root 3 ounces, mandrake root 3 ounces, blue flag root 2 ounces, sassafras bark 2 ounces, polk root 1 ounce, white sumach root 3 ounces, blackberry root 3 ounces, burdock root 4 ounces, bark of cucumber tree 4 ounces: pulverize or pound the roots, and the strength will be extracted with less boiling; put the roots in an iron, copper or brass pot or kettle; add one gallon of water; extract the strength by boiling to one pint; clean the pot, strain your liquid, and put it in the pot; bring the liquid to a boil, skim, and then add one pound sugar and one pint best Holland gin. Dose—a wine glassful three times a day, more or less, according to the strength of the patient; it should operate on the bowels from three to five times each 24 hours: this is a sure cure. If there are any ulcers, wash with castile soap; then drop 3 or 4 drops of nitric or silver lunar caustic—dissolve it in water, say from 10 to 15 grains in an ounce vial: then you can heal with the extract of gimpsum leaves or any good healing salve, or by sprinkling calomel on the sore. Beach leaves pulverized and stewed in tallow, adding beeswax and balsam of fir, is excellent.

2. *Receipt for Venereal.*—Take lobelia sificilica, of the leaves, (this species of lobelia grows in wet land from 3 to 6 feet high, pods near the stock,) 2 ounces, blue flag root 2 ounces: add one quart of Holland gin. Dose—From three to five wine glassesful a day, less or more, according to the patient's strength, &c.
3. *Receipt for Venereal.*—Iodine 10 grains, hydrodate of pot ash 10 grains, in an ounce vial of water. Dose—a tea spoonful three or four times a day.
4. *Venereal Pills.*—Extract of May apple 1 ounce, extract of blue flag root 1-2 ounce, extract of burdock root 1-2 ounce, copperas 1 drachm, salt petre 2 drachms, extract of blackberry root 1 ounce: take the powder of May apple root and thicken: roll into pills. Dose—from 3

to 3 pills, according to age and temperament. Use the pills so as to operate from 3 to 6 times each 24 hours.

GONORRHOEA.

Take blackberry root 3 ounces, May apple root 3 ounces, bark of sassafras root 1 ounce, and white oak bark 4 ounces: extract the strength by boiling water to 6 ounces; then add 4 ounces lump sugar; then take 8 ounces of 90 per cent alcohol, and add 2 ounces of oil cubebs. Dose—3 wine glassesful each day, half an hour before or after meals: take less or more according to the patient's strength.

GLEET.

Take May apple root 5 ounces, white oak bark 4 ounces, beach bark 4 ounces, blackberry root 6 ounces, and sarsaparilla 6 ounces: extract the strength by boiling to 8 ounces: add sugar 1-2 pound, alcohol 5 ounces, and oil of cubebs 1-2 ounce. Dose—according to judgment, from 1 to 3 wine glassesful per day.

2. *Gleet Pills*.—Extract of May apple 1 ounce, copperas 1 ounce, yellow pine turpentine, just as it comes from the tree, (the white pine will do, but not as good,) salt petre 1 drachm: roll into pills—use from 2 to 8 each day, with 3 or 4 pills each day of the turpentine. By itself the turpentine is excellent: the pills may be rolled in wheat flour or the powdered root of May apple.

DYSENTERY.

Character. In inflammation of the mucous membrane of the intestinal canal, attended by fever, frequent bloody mucous stools, griping, and tenesmus.

Symptoms. The fever generally becomes developèd, before the enteritic symptoms—sometimes the reverse takes place. The violence of the tenesmus, a pretty correct criterion of

the violence of the disease; tormina most severe, just before the calls to stool; constant soreness of the abdomen; evacuations sometimes wholly mucous; more commonly mixed with blood—occasionally, altogether blood, smell of the stools, at first, disagreeable, but not fetid—towards the last, of a cadaverous, penetrating fetor. In violent cases, colliquative diarrhœa sometimes comes on, a few days before death. Tongue at first white, afterward brown, rough, and dry along the middle, with *a red and moist border*; clean and florid along the edges and tip, or smooth, clean, and deep red over its whole surface, in protracted cases. In some very protracted cases, the tongue and fauces become aphthous. *The stools are never colored with bile.* The skin is always dry.

Autopsic appearances. The traces of inflammation are sometimes confined entirely to the colon; more commonly, however, marks of inflammation appear throughout the whole intestinal canal; but even where this is the case, the colon and rectum exhibit *much stronger marks of disease* than the other portions of the intestines. Very frequently, the mucous membrane of the colon and rectum is found ulcerated, thickened, soft, pulpy. The *liver* is frequently found to have suffered structural derangement; it is most commonly enlarged, and in a state of great sanguineous congestion.

Causes. Cheeeked perspiration, by the application of cold. Analogy between dysentery and catarrh, founded on the similarity of their ætiology. Suppressed perspiration always among the first morbid phenomena of dysentery. Deranged function of the liver and the skin are invariably present. (Johnson.) “The period most favorable for the production of dysentery, is when a cold and moist autumn succeeds a warm and dry summer.” (O’Brien.) Dysentery appears often to be the production of the joint influence of atmospheric vicissitudes and marsh miasmata, *Sporadic* causes, such as, unripe fruit; indigestible and unwholesome food; irritating substances received into the

bowels, *Not contagious.* *Scyballa* have been much accused of giving rise to dysentery; the correctness of this accusation is denied by Dr. Johnson, and I believe very justly. I have seen a very great number of dysenteric patients: and yet the number of cases in which I have noticed the discharge of these hardened balls of fæces, is exceedingly small.

Prognosis. Cases in which the stools consist almost entirely of blood, are generally more tractable than when the discharges are principally mucous. Colliquative diarrhœa, at an advanced period, very unfavorable; stools of a penetrating and cadaverous smell, a very bad sign.—Tympanitis, with small mucous stools, or with fetid sanious discharges from the bowels, highly unfavorable. A small, frequent pulse, with a sunken and cadaverous countenance, hiccough, and cold extremities, indicate a fatal termination. Bile appearing in the stools, is a favorable sign.

In estimating the comparative importance of these indications, it is necessary to recollect, that suppression of the cutaneous exhalation, and consequent torpor of the liver, with an engorged state of the portal circulation, is antecedent to and causative of the intestinal phlogosis, and that the reaction of the heart and arteries is consecutive to this local inflammation.

From these circumstances, therefore, it seems evident that the restoration of the cutaneous hepatic functions, constitutes the most important indication in the treatment of this malady; for in proportion as we succeed in the fulfilment of this indication, so do we equalise the circulation, lessen the determination to the bowels, and consequently moderate the local inflammation upon which the peculiar symptoms of the disease depend.

TREATMENT. The indications are—to moderate febrile excitement when excessive; to restore the functions of the

skin and liver; to subdue the local inflammations and affections of the bowels, to answer this emetics of lobelia or ipicac, and a mild cathartic of rhubarb, oil, or elder flowers.

MUCILAGINOUS DRINKS.

Slippery elm, malloes, enemata, if required, of the tincture of gum myrrh, with a tea of witch hazel, slippery elm tea of dew berry root or beach buds—2 ounces of either of these roots are sufficient for one patient for two or three days. Take 2 ounces of the root of crane's bill, elm root, jocklet root, even root, jeranium (known in different countries by these different names,) use it in a strong tea. In the fall of 1841, I cured over 200 persons with this root. It will stop hemorrhage: the green root pounded and laid on the part of a broken vein or even an artery.

DYSENTERY PILLS.

Nutmeg 1 ounce, chalk 1 ounce, opium 1-2 ounce, rhubarb 1 ounce: roll into common size pills. Dose—1 pill in the morning, 1 at noon, and 1 on going to bed, drinking elm tea or molasses, or brown flour.

DYSENTERY DROPS.

Essence of oil annis seed, essence cinnamon, spirits camphor 1 ounce of each, with 1 ounce calcined magnesia: mix in a 6 ounce vial. Dose—15 drops to a teaspoonful each hour if required, using slippery elm as a drink to soothe and heal; if an adult add tincture of myrrh 1 oz., laudanum 1-4 ounce: use warm bath to draw the determining powers to the surface. Sampson snake root is said to be excellent: I have chewed it but it produced no effect. Parcimons will check instantly: dry the green parcimons, and give the powder in from 5 to 10 grain do.

ses every 3 or 4 hours. The Indians, when they cannot obtain crane's bill, use a powder of white oak acorns: 2 or 3 acorns will cure a common case, by using slippery elm, or malloes, or a tea of the bark of gum tree: the gum wax will cure, if given in pills.

CHRONIC ENTERITIS.

This modification of enteric inflammation is of frequent occurrence. Its symptoms are often obscure and equivocal. Most of the cases usually termed marasmus, consist of chronic inflammation of the mucous membrane of the bowels. Chronic diarrhœa also generally depends on this grade of internal phlogosis.

SYMPTOMS. No distinct abdominal pain; obtuse pain on firm pressure on the abdominal parietes; a sense of soreness also is felt; muscular debility; pulse small and weak; cold hands and feet; slight febrile exacerbations in the evening; pain in the bowels, or nausea, after taking food; frequently constant diarrhœa; in *inveterate* cases, the skin is dry and sallow; sleep interrupted; tongue smooth and red round the edges, and brown in the middle; great emaciation; painful diarrhœa, alternating also with costiveness; appetite variable, being sometimes voracious, at others entirely gone; the food is often evacuated from the bowels, in an imperfectly digested state; the alvine evacuations vary in appearance; sometimes slimy and small in quantity, at others copious, liquid, and dark. The disease continues for many months, and even for several years.

Causes. Sometimes the consequence of acnte phlogosis of the mucous membrane of the bowels; irritating and indigestible food; the influence of a cold and damp atmosphere; drastic cathartics, and other irritating substances, whether received from without, or generated in the bowels.

TREATMENT. Bayberry, ginger, cloves, cayenne in powder.
Dose—A tea to a tablespoonful 3 times a day, and 3 pills

3 times a day, composed of equal parts of cayenne, gum myrrh, and slippery elm. I have used a pill composed of extract of blood root, cayenne and slippery elm: these pills will act on the liver, and cure when every other remedy fails. Diet must be light and vegetable: strong coffee, tea, and bread may be used, but no liquor of any kind as it will feed the disease for years.

INFLAMMATION OF THE LUNGS, AND THEIR APPENDAGES.

ACUTE PLEURITIS.

Symptoms. Pungent pain in the chest, much increased by inspiration; cough dry, or attended with a glairy and nearly colourless sputa; pulse full and hard; difficulty of lying on one side; respiration chiefly performed by the abdominal muscles. When the inflammation extends to the substance of the lungs, there is generally bloody expectoration.

Causes. Sudden exposure to cold, when the body is in a state of free perspiration; atmospheric vicissitudes; metastases of gout, erysipelas, acute and chronic cutaneous affections, suppressed catamenia, rheumatism. It appears sometimes to depend on epidemic causes.

Autopsic phenomena. The pleura is red, and punctuated with an infinite number of red points; frequently covered with an immense number of miliary tubercles; false membranes sometimes adherent to its internal surface, adhesions between the pleura costalis and pleura pulmonalis; occasionally, effusions of sero-purulent, or serous fluid, into the chest.

Prognosis. Acute pleurisy not a very dangerous disease; its

consequences to be dreaded, in persons *predisposed to phthisis*; the more the inflammation extends to the lungs, the more danger; the supervention of diarrhœa, a fatal sign; convulsion and coma no less unfavourable.

PERIPNEUMONY.

In peripneumony, the inflammation is seated principally in the substance of the lungs. It is characterised by the following.

Symptoms. Difficult and oppressed breathing; dull pain in the chest; cough, with viscid sputa, mixed frequently with blood; pulse at first hard; afterwards weak, soft, obstructed, and irregular; inability to lie on the sound side; the sputa are of yellowish, or greenish white; exceedingly tenacious; somewhat diaphanous, and intermixed with bubbles of air. (Lænnec.)

Autopsic phenomena. The structural changes classed under three heads.

1. *Engoument, or choaked lung.* Lungs partially crepitous, of a livid color, containing an abundance of frothy, serous fluid, in its substance.

2. *Hepatised lung.* Lungs not crepitous; resembling the liver in weight, consistence, and color, having entirely lost its cellular structure, and acquired a granulated appearance, *with no extravasated fluid in its substance.*

3. *Hepatised and granulated structure, with an abundance of an opaque, yellowish, viscid matter, in its substance.* This fluid is the result of pulmonary supuration.

Percussion. In peripneumony, the sound of the disease side is obscured, and differs from that produced on the sound side, which is more clear. In pleurisy, percussion produces the same sound on doth sides. Pressure made on the abdomen, *in pleurisy*, does not aggravate the pleuritic pain; in peripneumony, strong abdominal pressure imme-

diately excites distressing involuntary cough, oppression, and a sense of suffocation. *Position.* In pleurisy, the patient lies on the affected side; in peripneumony, on the sound side. Pressure on the intercostal spaces, produces pain in pleurisy, but not in peripneumony; the pain in the former is lancinating, in the latter it is dull.

Prognosis. *Favorable signs:* a copious expectoration of a thick yellowish matter; increased discharge of urine; general, but not profuse perspiration, with an abatement of the pain, oppression and cough. *Unfavorable signs:* pain and oppression diffused; dry cough, or thin dark colored expectoration; countenance livid; great dyspnœa; weak, soft, and frequent pulse; delirium; coma; internal feeling of cold, while the surface is hot; a copious and limpid urine in the commencement; rattling in the chest; disposition to elevate the head and shoulders, and bare the breast.

TREATMENT. Emetics of the utmost importance : mild laxatives beneficial. *Expectorants*—Ipecac, lobelia, seneca snake root, and Indian turnip : rub with the tincture of lobelia, essence of annis seed and cayenne : mucilaginous drinks combined with camphor :—the bowels should be operated on with pills of cayenne, gum myrrh, gum camphor, and ipecac.

PNEUMONIA BILIOSA.

This variety of pneumonia is produced by the combined agency of marsh miasmata, and sudden atmospheric vicissitudes.

Symptoms. Along with the ordinary pectoral symptoms of pneumonia, there are others, indicative of much functional derangement of the hepatic systems, such as: fulness in the right hypochondrium; pain in the back and limbs; yellowness of the tunica albuginea and skin; sometimes mucous and blood discharges from the bowels, with tenesmus and acute head-ache.—These symptoms generally precede the occurrence of the thoracic affection, for several days. The attending fever is somewhat remittent; bilious vomit-

ing is frequent; tongue covered with a brown fur; pulse commonly small, quick, frequent, and slightly tense.

TREATMENT. Emetics; gentle cathartics—procure several bilious stools; expectorants useful: settle the stomach with vinegar and the white of an egg mixed together, or soda and French brandy.

ACUTE BRONCHITIS.

This variety of pulmonary inflammation is generally described under the name of *peripneumonia notha*. It consists of acute inflammation of the mucous membrane of the bronchia, with great sanguineous congestion of the lungs. Much of the peculiar character of the disease depends on this congestion. Old people and infants most subject to it.

Symptoms. Great oppression and tightness to the breast; cough; severe pain in the forehead, greatly increased by coughing; expectoration; at first, a viscid, and frothy white mucus, becoming mixed with blood, as the disease advances; sometimes vomiting; febrile excitement not violent; pulse and heat of the surface, not much above the natural standard; tongue moist and white; countenance pallid; little or no pain in the chest; the pain is dull, and attended with very oppressed breathing; vertigo; delirium seldom; wheezing respiration.

There is in this disease a particular tendency to effusion in the substance of the lungs; and it is generally from the occurrence of this circumstance, that the disease proves fatal.

Autopsic phenomena. The lungs do not collapse; bronchia filled with a tough mucus, mixed with bloody serum and pus; a frothy fluid escapes from the substance of the lungs, when cut into; capillaries of the mucous membrane, red and enlarged; sometimes the pulmonary structure is more or less hepatised. The mucous membrane of

the bronchia, is manifestly the principal and primary seat of the disease.

TREATMENT. Emetics among the most useful remedies in this disease: they may be advantageously repeated two or three times. Expectorants of the stimulating kind, active stimulants, must be given, with expectorants, when the pulse becomes very small. Rub the breast with tincture of cayenne and lobelia: the steam of vinegar should be inhaled, combined with garlic or hops; lobelia, ipicac, eupatorium in small doses to expectorate.

CYNANCHE TRACHEALIS.

Character. An inflammation of the glottis, larynx, and upper part of the trachea, attended with a hoarse and ringing cough, sonorous respiration, and a sense of suffocation.

Symptoms. It commonly comes on gradually:—At first a hoarse cough, with slight difficulty of breathing; afterwards fever, respiration becoming more and more difficult, each *inspiration* being attended with a *peculiar ringing sound*; countenance full and flushed, during the first stage.—The dyspnoea becomes at last exceedingly great; the head is thrown back, and the mouth kept open; the eyes are prominent, and the countenance pale, livid, and expressive of great agony; the breathing becomes wheezing, in the latter period of the disease; expiration is quick, inspiration difficult and slow; cough sometimes attended with a rattling sound, and the expulsion of very tough mucus. Insensibility and stupor generally close the scene. The symptoms occasionally remit for a short time.

Causes. Exposure to a cold and damp air, the most common cause; most prevalent in spring and autumn; children between the ages of one and seven years, almost exclusively the subjects of this disease—it very rarely occurs in adults. Proximate cause.

Ratio Symptomatum. The suffocated respiration may depend on one or more of the following circumstances:—1.

Tumefaction and inflammation of the glottis; 2. Obstruction of the glottis by coagulable fluid, in the form of a false membrane or a concrete mass; 3. From the inflammation extending to the minute ramifications of the bronchia, and giving rise to effusion into the aircells.

Prognosis. The disease is always to be regarded as highly dangerous. The more the inflammation extends into the bronchia, the greater the danger. When the attack comes on suddenly, with high febrile excitement, there is more danger than when its approach is gradual. Very shrill sounding cough and respiration unfavorable. In general, however, it is difficult to form a correct prognosis.

SPASMODIC CROUP, essentially distinct from inflammatory croup. They may be distinguished by the following circumstances—viz. *Spasmodic Croup* is sudden in its attack, and *unattended with fever*; *Cynache Trachealis* generally comes on gradually; when its attack is sudden, it is always with fever. In the former there are *intermissions*, in the latter *remissions* only. *Cough*, with *a discharge of viscid mucus* from the trachea, always present in inflammatory croup—in spasmodic croup, coughing is rare and *always dry*. In the latter, no shrillness of voice—the pulse small and contracted.

TREATMENT. A prompt treatment with emetics of lobelia or ipicac; if the emetic does not act promptly in ten or twenty minutes, you may conclude that there is a large quantity of acid; to neutralize the acid give soda or saleratus: snuff or tobacco leaf laid on the breast; warm bath, washing with vinegar and saleratus—the vinegar to be warm. Give an enemata of table salt and the tincture of lobelia. By this means a general relaxation of the system will take place—then the emetic will operate: it may be aided with the tincture of sanguinaria, given in teaspoonful doses with the saleratus. I have attended children that I had to repeat the emetic and sanguinaria for three or four days. I have cured this disease with garlic and onion juice: common cases yield to one emetic

of lobelia and a dose of oil or elder flowers. Take of garlic 1 ounce, sangunaria 1 ounce, and colt's foot 1 ounce; after pulverizing them, add 1 pint of spirits: this may be given to prevent a return of the paroxysm; and it will cure if enough is given to act as an emetic. The dose may be varied from ten drops to a teaspoonful each hour: table salt will cause puking until medical aid can be procured. When I say the tincture must be used once each hour, I mean after the emetic has operated, to prevent a return, which will be in 24 hours or 3 or 4 days, and sometimes in 8 or 10 days. As there is danger in delay, either of the above medicines should be used as early as possible, as a person may be well one hour and dead the next. (I will give a receipt in another part of this book.)

CYNANCHE TONSILLARIS.

Character. Inflammation of the tonsils, soft palate and fauces, with synocha fever.

Symptoms. Tonsils, and soft palate, red and much swollen; deglutition very painful and difficult—sometimes impossible; more difficult in swallowing liquids than solids; respiration impeded; speech indistinct; hearing dull; tongue swollen, white, and covered with a thick layer of transparent mucus, pulse full, hard, and frequent, copious secretion of a ropy saliva.

Cause. Cold and damp air, or cold in any manner applied, so as to cause a sudden check on the perspiration, may be regarded as the exclusive cause of this disease. Persons become predisposed to the disease, by suffering an attack of it. The principal danger arises from the swelling of the tonsils, which may proceed to the extent of entirely interrupting respiration. When it does not end in resolution, it almost always terminates in suppuration. Frequent attacks of the disease are apt to produce permanent enlargement of the tonsils. The inflammation has

been known to extend into the larynx, in which danger is greatly increased.

TREATMENT. Gargles of salt and cayenne; poultice the throat; rub with oils or liniment.

PAROTITIS.

Character. Inflammation and tumefaction of the parotid glands, occasionally epidemic, and manifestly contagious.

Symptoms. Hard swelling of one or both parotids, the swelling increasing till the fourth day, and then declining gradually. Skin over the tumor seldom red or inflamed; the breasts in females, and testicles in males, often swell, about the period of the declension of the parotid tumefaction; a *sudden* metastasis often takes place from the parotids to these parts. *Fever* generally mild, sometimes violent.

Children, and young persons are most subject to this disease—it rarely occurs in old age. It is most common during cold and damp weather.

Prognosis. Not in general a dangerous affection; becomes more or less dangerous, by being translated to other parts, as the genital organs, the lungs, the brain, the stomach. I have known a case terminate fatally in less than an hour, by metastasis to the brain; when transferred to the testicles, they occasionally suppurate—an occurrence always exceedingly painful, and sometimes fatal.

TREATMENT. In mild cases, little more is necessary than keeping the bowels open, and using gentle diaphoretics. The parts should be kept warm; great care must be taken, to avoid taking cold. When the inflammatory symptoms are violent an active antiphlogistic treatment is necessary. When the swelling disappears in the neck, and shows itself in the testicles, rub with a liniment of hartshorn, camphor, cayenne, tincture of lobelia, and oil of annis seed.

ACUTE PERITONITIS.

Symptoms. At first, lassitude, pain in the limbs; chills; then, head-ache, a sense of weight in the epigastrium; an acute pain in some part of the abdomen, at first confined to a small space, but soon extending itself over the whole belly: the pain is acute and constant; sometimes fixed, and at others wandering from one part to another. As the disease proceeds *the abdomen becomes tumid, and exceedingly painful to pressure.* The patient's position is on his back, with the knees and shoulders raised, carefully avoiding all motion of his body. The bowels are constipated, and moved with much difficulty; pulse commonly small, hard, and quick; tongue white and moist, the edges and raphe being sometimes very red; *nausea and vomiting in the early stage:* the face is generally pallid, exhibiting a peculiar sharpness of feature. Constant wakefulness throughout the whole course of the disease; delirium, except towards the end of fatal cases, rare; breathing, in the latter period, laborious—*inspiration* being particularly difficult, and attended with an expression of pain in the countenance; suppression of urine, a common occurrence. When the disease occurs in the puerperal state, the lochia cease, and the breasts become flaccid.

Causes. Mechanical injuries of the abdominal viscera; violent and long continued corporeal exertions; stricture of the colon and rectum; extravasations of blood, bile, urine, fæces, chyle, &c. into the cavity of the abdomen; *the action of cold on the surface of the body;* wet and cold feet; drinking cold water, when the body is in a state of free perspiration; *perspiration;* sudden suppression of hæmorrhoidal discharge of lochia, &c.

Prognosis. Favorable symptoms. Abatement of the pain. Ability to bear abdominal pressure, a soft, moderately full, and not very frequent pulse; moist and warm skin; free alvine evacuations; power of changing the position, and resting easy on either side; free discharge of urine; restora-

tion (if in the puerperal state) of the lochia; refreshing sleep. *Unfavorable signs.* Suppuration, or effusion, is indicated by diminution of abdominal pain; a feeling of weight in the hypogastric region; *irregular chills*; coldness of the extremities, a soft and *feeble* pulse. *Gangrene*, by sudden and entire cessation of pain; extreme smallness and frequency of the pulse, with great prostration; Hippocratic countenance. *Autopsic phenomena.* Redness and thickening of the peritoneum; false membranes. A collection of fluid, sometimes turbid or whey-like, at others limpid and reddish—rarely blood. Adhesions between the bowels are common. Gangrenous spots, and red flakes adhering to the peritoneum.

TREATMENT. Active and drastic purgatives, such as jallop, gum gamboge, with a large quantity of spirits of turpentine, in conjunction, which will operate in an hour or two: large doses are required. Emollient—poultice with cayenne and lobelia: use stimulating drinks with cayenne, ginger and colt's foot—warm: rub with stimulating liniments, in conjunction with jugs of boiling water laid near the back and umbilical region.

CHRONIC PERITONITIS.

When not the consequence of the acute form of the disease, its approach is so gradual and insidious, that it rarely becomes the object of medical attention, until organic disorder or effusion has taken place.

Symptoms. A constant feeling of uneasiness in the abdomen, with *soreness* to pressure, or sudden motions of the body, as coughing; sneezing; the skin and abdominal muscles often lie loosely over the peritoneum, giving a sensation to the touch, as if a tight bandage were underneath, over which the skin and muscles easily slide. (Pemberton.) Sometimes, a sensation as of a ball rolling about the abdomen, is experienced. (Broussais.) Pulse rarely affected, except towards the evening; when it becomes slight-

ly accelerated. The duration of the disease very variable— from a few months to several years. Very rarely cured—Broussais at first thought it incurable. It always terminates either in effusion or disorganisation of the peritoneum—most commonly, in both these ways. The effused fluid is either serous, limpid, whey-like, or reddish, with purulent flakes; the peritoneum is thickened, or covered with an infinite number of military tubercles; the intestines are often found agglutinated into one mass.

Most cases of incurable *Ascites* depend on chronic inflammation of the peritoneum, and consequent structural derangement. Indeed, it is not improbable, that in all cases of dropsy of the abdomen, the peritoneum is in a state of chronic or sub-acute inflammation.

TREATMENT. External vesicating or rubefacient applications are of primary importance: jallop, cream of tartar, elder flowers, and warm bath, steaming the part—rub 3 or 4 times a day with tincture of lobelia; small doses of bitter root and dog's bane: simple and unirritating diet indispensable,

ACUTE HEPATITIS.

Symptoms. Acute pain in the right hypochondrium, aggravated by external pressure, and generally by lying on the left side; pain in the shoulder and clavicle of the right—sometimes on the left side; commonly a dry cough, with difficulty of respiration; nausea and bilious vomiting; generally an *icteric* hue of the albuginea and skin; urine charged with bile; scalding of the urine; thirst great; heat of the surface intense; tongue white, or covered with a yellowish fur; pulse, hard, full, and strong; bowels costive. In hot climates, acute hepatitis is often attended from the beginning, with small liquid and slimy discharges from the bowels. These cases are violent and rapid in their

progress, although the pain in the region of the liver is seldom very great. (Johnson.) Delirium more common in hepatitis, than in any other of the phlegmasial affections, except phrenitis.

The symptoms vary according to the part of the liver principally affected; more pain in the thorax and shoulder when the *convex* surface is inflamed; when the *concave* part is the seat of inflammation, there is more gastric distress, vomiting, and nausea. Inflammation of the interior part, known by the great aggravation of the pain or external pressure.

Diagnosis. Distinguished from *pleurisy*, by the greater severity of the cough and dyspnoea in the latter. The easiest position in hepatitis, is on the *affected* side—in pleuritis, on the *sound* side. In *hepatitis*, pressure on the right hypochondrium aggravates the pain, pressure on the intercostal space does not—the reverse obtains in pleuritis; often bloody expectoration in pleuritis—in hepatitis seldom, if ever. In *peripneumonia*, as in *hepatitis*, the patient lies easiest on the affected side, but in the *former*, respiration is principally performed by the abdominal muscles, whereas, in the latter by the intercostal muscles exclusively. The diagnosis between hepatitis and gastritis not difficult—the extreme prostration—the immediate rejection by the stomach of every thing swallowed—the small and tense pulse, &c., which attend gastritis, distinguish it prominently from hepatitis. The absence of fever, and the intermitting character of the *pain*, distinguishes spasm of the gall ducts; and the passage through them of biliary concretions, from hepatitis.

Hepatitis, if it does not end in resolution, generally terminates in *suppuration*. The degree of danger from suppuration, depends much on the situation of the abscess, and the nature of the contiguous parts. When the abscess points outwardly, it may be opened by an incision, and the matter discharged externally. It sometimes breaks into the bowels; the matter being discharged by stool; occas.

ionally it bursts through the diaphragm into the cavity of the thorax, or into the substance of the lungs, in which latter case the matter is expectorated. Recoveries after this latter accident are exceedingly rare; always fatal when it bursts into the cavity of the abdomen.

Gangrene an exceedingly rare termination of hepatic inflammation. Doctrines of Saunders and Puchelt concerning the pathology of acute and chronic hepatic inflammation, introduced and discussed.

Causes. The influence of cold after profuse perspiration; violent exercise; contusions of the region of the liver; wounds and injuries of the cranium; the irritation of biliary concretions; suppression of hæmorrhoids; violent rage, or deep sorrow, excessive use of spirituous liquors. Dr. Johnson's *cautaneo-hepatic sympathy*, and its application to the ætiology of hepatitis, noticed. *Hepatitis* most common in *hot* climates; solar heat and miasmata prominent agents in the production of this disease—they powerfully *predispose* to, rather than *excite* the disease: *heat* excites the *skin*, and *miasmata* the *liver*, to inordinate action; the cold night air checks the former, and consecutively the latter; fever is evolved, and inflammation established in the liver.

TREATMENT. Emetics, with an alterative treatment; stimulants in the inflammatory stage; ipicac, bitter root, lobelia, eupetorium, and camomile may be given, to act as an emetic, each day.

CHRONIC HEPATITIS.

Symptoms. Dyspeptic symptoms; countenance sallow, contracted, and expressive of ill health; dull pain, with uneasiness, tension, and sometimes tumefaction in the right hypochondrium; bowels irregular, commonly costive; sometimes diarrhœa alternating with costiveness; aching pain in the right shoulder; urine tinged with bile, and voided with a scalding pain; tongue white, rather dry; *gums un-*

naturally hard; a continued dryness and constriction of the skin; difficulty of resting easy on the left side; a short and dry cough; slight febrile exacerbations, as the disease advances; emaciation, and finally, hectic with a puruloid expectoration.

Terminations: occasionally in suppuration; more frequently in induration and enlargement; sometimes the volume of the liver becomes contracted. Though indurated, and more firm in its substance than natural, it is often specifically lighter than in its natural state. (Saunders.) The substance of the liver usually exhibits an ash or clay color.

Causes. Chronic hepatitis sometimes the consequence of the acute form of the disease. Most frequently the result of the slow operation of marsh miasmata, &c. The abuse of spirituous liquors, a common cause of chronic hepatitis. Protracted dyspepsia produces it.

TREATMENT. Mild operations on the bowels with black root, with a pill of capsicum and gum myrrh; syrup of golden seal, spinnel, or waughoo root bark; stimulating liniments—hartshorn, cayenne: free use of slippery elm; internally with eupetorium.

NEPHRITIS.

Symptoms. Pain in the renal region; frequent and small discharges of high-colored urine; nausea and vomiting; numbness of the thigh of the affected side; retraction of the testicle; pain relieved by bending the body forwards or towards the affected side; costiveness; skin hot and dry; pulse full and strong.

Diagnosis. In inflammation of the psoas muscles, bending the body forwards *increases* the pain; there is no nausea and vomiting, nor retraction of the testicles, in this affection, as in nephritis.

Causes. The influence of cold; mechanical injuries; irritating substances absorbed into the circulation, as turpentine

and cantharides; violent exercise, as jumping, lifting heavy weights; metastasis of gout and rheumatism; *calculous concretions*.

Unless *resolution* takes place before the seventh or eighth day, *suppuration* generally ensues. The pus sometimes discharged with the urine; the suppuration often continued for a long time—producing hectic and great emaciation, or what has been called *tabes renalis*. Sometimes the matter points externally; in which case, fistulous openings are apt to remain. A *puruloid* fluid in the urine not to be confounded with *pus*. The former may arise from mere irritation, from urinary calculi in the kidneys, or sub-acute inflammation of the neck of the bladder. *Puruloid* matter distinguished from *pus*, by the latter fluid sinking down and forming a close layer along the bottom of the vessel in which the urine is left standing;—*puruloid* fluid remains more or less suspended in the urine. *Gangrene* a very rare occurrence in renal inflammation.

Nephritis is apt to leave a predisposition to lithic acid calculi. (Prout.)

TREATMENT. Active purgatives required; much relief obtained from emollient enemata and constant fomentation to the region of the kidneys; warm bath; uva ursy; parsley roots, gravel root, and horse radish given in tea; emollient poultice of maloes or slippery elm; cumfrey root, ginger root, lobelia leaf.

CYTITIS.

Symptoms. Severe burning and throbbing pain, with a feeling of constriction in the hypogastric region; pain greatly increased by pressure; constant and *ineffectual* desire to pass urine; pulse, frequent, hard, and full; skin dry and hot; thirst very urgent; great restlessness; nausea and frequent vomiting; *stillicidium* of the urine; as the disease proceeds, swelling in the loins; rigors; cold extremities; delirium, &c.

Causes. Mechanical irritation by the presence of foreign bodies in the bladder; retained urine; external injuries on the hypogastric region; irritation from acrid substances absorbed and conveyed to the bladder, as cantharides, turpentine, &c.; metastasis of rheumatism; irritating injections into the urethra; gonorrhœa; suppressed perspiration, from the sudden application of cold.

TREATMENT. Cystitis rapid in its course, and highly dangerous. The most prompt treatment a warm bath; poulticing the pubic region and perinæum of great importance; fomentations and emollient enemata; urine to be drawn off by a catheter, and emollient fluids injected into the bladder: tincture of lobelia good.

ACUTE RHEUMATISM.

Character. Inflammation in the fibrous structures about the joints, wandering, and attended with severe pain, more or less swelling, and synocha fever.

Symptoms. Chills, alternating with flushes of heat, total inappetency, general soreness of the flesh, and lassitude, introduce the disease. After some time, usually about twenty-four hours, the rheumatic inflammation manifests itself. One or more joints become swollen, red, and extremely painful, the pain being greatly aggravated by motion; pulse full, hard, and frequent; bowels constipated; skin hot, and often covered with profuse perspiration; remissions in the morning, and nightly exacerbations. The inflammation generally passes from joint to joint. The blood is always buffy.

Rheumatism rare in infancy and old age. Most common between the ages of sixteen and forty-five. Very fat persons less subject to it than lean and muscular ones. A predisposition to rheumatism sometimes hereditary; derangement of the digestive functions sometimes predisposes to it—so does the excessive use of spirituous liquors, and the imprudent use of mercury.

Causes: The influence of variable temperature almost the only exciting cause.

Rheumatic inflammation seated in the fibrous textures of the body; essentially distinct from common inflammation; shifts its place like gout; metastascs to important internal organs, always very dangerous; rarely terminates in suppuration; *never terminates in resolution, without the concomitance of general, but not profuse, perspiration, and the deposition of a lateritious sediment by the urine.* Neither of these occurrences to be regarded as critical, when they appear separately; a very copious sweat is no uncommon occurrence in this disease; but it is never attended by any marked abatement of the rheumatic symptoms, unless the urine at the same time deposits a red sediment. Rheumatism is seldom fatal, except by metastasis to important internal parts.

Acute rheumatism, occurring in persons exposed to the influence of marsh miasmata, assumes a modified character. There are in such cases, conjoined with the rheumatic affection, prominent symptoms of derangement of the biliary organs—such as, an icteric hue of the tunica albuginea; a brown and bitter tongue; great headache; bilious vomiting, &c. After each act of vomiting, the pains remit. This variety of the disease is called *bilious rheumatism*.

TREATMENT. Sangunaria, an important *auxiliary* remedy, though not by itself adequate to subdue rheumatic inflammation. Its employment necessary to *moderate* the general and local inflammatory action, and thus to prepare the way for the beneficial operation of other remedies. Emetics all important in acute rheumatism to subdue rheumatic inflammation; cathartics always decidedly beneficial; they often subduct the general inflammatory excitement effectually; violent purging not proper, being incompatible with that regular action of the cutaneous exhalants which is indispensable to the removal of this affection. I have known the operation of an emetic to produce im-

mediate relief, of several hours duration, in bilious rheumatism.

BITTERS.

Cayenne 1 ounce, prickly ash 1 ounce, rattel weed 1 ounce, sangunaria 1-4 ounce, and sulphur 1 ounce : add 1 quart of spirit. Dose—From one half to a wine glassful three or four times a day, just as much as will not affect the head, as the rattel weed has that effect : the capsicum subdues the inflammation. Agitate the parts with stimulating liniment two or three times a day.

CHRONIC RHEUMATISM.

Symptoms. Little or no swelling, or redness of the parts affected; no fever, *pain* sometimes confined to one or two joints—sometimes felt only on motion. In some instances, the rheumatic form is persistive; in others, after having continued for a time, it goes off, leaving the parts somewhat stiff and debilitated. The skin is generally dry and harsh.

Sequelæ. A thickened and knotty state of the tendons; hardness of the bursæ mucosæ; wasting of the muscles about the affected joints, rigidity and thickening of the ligaments, and consequent stiffness of the joints, are consequences of severe and protracted rheumatism.

Diagnosis. Chronic rheumatism in the muscles of the loins, (*lumbago*,) distinguished from nephritis by the aggravation of pain on bending the body forwards, as well as by the absence of nausea and vomiting, retraction of the testicle, and urgent desire to pass urine, which characterise the latter complaint.

Mercurial or *syphilitic* rheumatism, distinguished from rheumatism produced by other causes, by the periosteum of the tibiæ, ulnæ or os frontis, becoming thickened and tender to pressure, together with the history of the case.

Causes. Frequently the result of the acute form of the disease, continued exposure to a damp and cold atmosphere; improper exposure, while under the influence of mercury; atmospheric vicissitudes.

TREATMENT. Cathartics—extract of sanguinaria, milk weed, with capsicum, rolled into pills, common size: take from 2 to 4 each 24 hours, using bitters of gum guaiacum 1 ounce, poke root 1 ounce, cream tartar 1 ounce, bark of the root of spinnel wood 2 ounces, and stremoniem seed 20 grains: add 1 quart of spirits. Dose—a wine glassful three times a day.

Rub the affected part with the oil of bare foot and oil of cedar, equal parts, two or three times a day: this will cure when all other remedies fail. I will give the process of the oil of bare foot in another part of this book.

GOUT.

Gout is divided into the *acute* the *chronic* and the *retrocedent* varieties.

Symptoms. Of the acute form. Violent inflammation of the ball of the great toe of one foot, attended with excruciating pain, redness of the skin, distension of the neighboring veins, and, at the end of forty-eight hours, œdema.—The attack generally occurs between 12 and three o'clock at night. There are slight remissions in the morning, and violent exacerbations at night. The paroxysm seldom terminates before the sixth, or continues beyond the tenth day. The œdema continues some days after the inflammation has subsided. After the disease has disappeared in one foot, it sometimes makes an immediate attack on the other. The disease is generally preceded by a train of premonitory symptoms, most commonly indicative of gastric disorder.

Though in its first attacks confined exclusively to the feet, gout seizes upon many other parts, during the same paroxysm, after the system has become enfeebled by frequent

recurrences of the disease. Pulse, in severe attacks, full, hard, and strong; in slight cases, the constitutional symptoms not prominent; *the digestive functions always considerably disturbed*; bowels torpid; urine scanty, and of a deep red color, depositing a pink or lateritious sediment. The inflamed parts are exquisitely sensible to the slightest touch.

Sequelæ. Frequently structural deangement of the liver; permanent debility of the stomach.—Thickening and shortening of the ligaments, and distension and induration of the bursæ mucosæ, are the most common local consequences of gouty inflammation. Gouty concretions not very frequent.

Predisposition. The predisposition to gout *sometimes* hereditary, though *not so frequently* as is generally supposed. It is most commonly *acquired*, by the operation of the following, and perhaps other causes—viz. the depressing passions, severe protracted study: the habitual use of high-seasoned animal food and vinous liquors, *with an indolent or inactive course of life.*

Gout rarely occurs before the 20th year of age—most apt to commence its attacks between the 30th and 40th years.

Exciting causes. Excessive intemperance;—redundancy of bile; an accumulation of acid in the stomach; cold and humidity; violent passions.

Proximate cause. Some writers regard the proximate cause of gout to consist in an excess of the elemeats of *uric acid*, (Brandt, Home,) and others, in an excess of *phosphoric acid*, (Bertholet.) Scudamore's objections to these doctrines, stated and assented to. Debility and disorder of the digestive organs, has been regarded as the proximate cause of gout:—objections stated to this doctrine. According to Broussais, the proximate cause of the disease consists in a *peculiar* irritation of the mucous membrane of the alimentary canal. I think it not not improbable that derangement of the assimilative functions, with general plethora, in conjunction with such a *peculiar* irritation

in the alimentary canal, constitutes the fundamental pathological condition of gout.

TREATMENT. To obviate the recurrence of the disease, we must remove as much as possible, the predisposing and exciting causes, and restore the healthy action of the digestive organs. A simple and digestible diet must be enjoined, and the use of wine and condiments interdicted. The occasional use of mild aperients, and some of the bitter tonics is proper.

To answer these, use extract of eupatorium, extract of sassafras, extract of dogwood, extract of black pepper, extract of sanguinaria, and extract of yellow poplar, in equal parts, rolled into common sized pills. Dose—according to the temperament or strength of the system, from five to twenty pills each twenty-four hours: take half a hour before or after meals—dose from one to five pills. Bitters of the bark of the root of spinnel or waughpoo, three ounces in one pint of spirits: Dose—a wine glassful 3 times a day: these bitters will regulate the digestive organs.

Treatment proper during convalescence. After slight attacks, and before the constitution has suffered much, little or nothing need be done during convalescence. But in violent and protracted cases—particularly after repeated attacks have impaired the constitution, medical treatment during convalescence is of the greatest consequence. In cases of this kind, it is necessary to restore the energies of the digestive organs, as well as of the liver, skin and kidneys. For this purpose, use sanguinaria, rhubarb and magnesia, and a weak infusion of colomba, &c., in general answer very well. Gentle exercise also must be enjoined. The application of a flannel roller to the affected parts, highly useful, when permanent swelling and debility remain.

Chronic Gout. A strong gouty diathesis, without sufficient constitutional vigor to produce high inflammatory affection of the joints. It is characterised by prominent and har-

assing symptoms of dyspepsia; irritability of temper, and despondency and irresoluteness of mind; palpitations, with a sense of tightness at the pit of the stomach; cramps in the extremities, particularly at night; dull pain in some of the joints, attended with a sense of numbness and weight in the affected part; sleep unsound, and interrupted by sudden startings; permanent œdema left in the affected parts; tenderness and aching of the ankles, rendering progression difficult and painful; skin sallow, dry, and contracted; bowels costive, and in very bad cases much general debility, wasting of the flesh of the lower extremities, a dry and short cough, &c.

TREATMENT. The principal indications in the treatment of this form of gout are; *to strengthen the system in general, and the stomach in particular.* For this purpose, a mild and digestible diet, with gentle exercise. Warm bath; tincture of stremonium and opium, ten drops three times a day.

Retrocedent Gout. The disease is called retrocedent, when the inflammatory affection of the joints suddenly and entirely ceases, at the same time that some internal part becomes affected. The part to which it is most apt to be transferred, is the *stomach*; sometimes it falls upon the *lungs*, at others the *brain*, and occasionally the *heart* becomes its seat. When the *stomach*, intense pain, anxiety, nausea, and vomiting, occur; when to the *lungs*, asthmatic symptoms supervene; when the *heart* becomes affected, pain in the cardiac region, with violent palpitation and syncope, ensue; metastasis to the brain, produces insensibility, coma, apoplexy, or palsy. Any of these translations of the disease, are exceedingly dangerous.

Metastasis to internal organs most commonly produced by the application of cold to the inflamed joint; any thing which rapidly debiliates the system, as bleeding, violent purging, sudden fright, &c. may cause metastasis.

TREATMENT. When the disease attacks the stomach, warm brandy, or cayenne pepper; mustard to the feet and wrists: stimulating purgative, by giving plenty of cayenne, in conjunction, and stimulating enemata, rubbing with stimulating liniments.

SMALL-POX.

SMALL POX is divided into two varieties, the *confluent* and *distinct*. The distinctive character of the former is: pustules confluent depressed, irregularly circumscribed, the intervening spaces being pale, and the fever continuing after the eruption is completed. The distinctive character of the latter is: pustules, distinct, elevated, distended, circular; the intervening spaces being red, and the fever ceasing, when the eruption is completed.

Description of the distinct kind. At first aching pain in the back and lower extremities, lassitude and loss of appetite, slight chills, nausea and vomiting, with some soreness in the fauces, and finally, fever. Towards *the end of the third day* of the fever, the eruption makes its appearance, first on the face and neck, and successively on the inferior parts.

Just before the eruption appears, adults generally perspire freely; and sometimes become comatose. Children frequently suffer convulsions at this period; the fever ceases by the fifth day. At first the eruption consists of small red spots, rising, by degrees, into pimples, then becoming vesicular on the top, with a small pit in the centre, and finally about the eighth day, becoming pustular, and of a spheroidal shape. About this period, the face and eyelids swell; the tumefaction subsiding again about the eleventh day. The pustules are at their full and perfect state on the twelfth day; from this date begin to shrink and dry, the matter forming crusts of a brown color; in a few days more, these crusts fall off, leaving the skin underneath of a brownish red color.

The pustules are surrounded by an areola, of a damask-rose color. When the pustules are numerous, some degree of fever occurs on the tenth or eleventh day. In these cases, there is usually some soreness of the throat, hoarseness, and a copious discharge of a thin fluid from the mouth. The eruptive fever is of the synochus, and not unfrequently of the synocha grade.

The confluent variety. In this variety, all the above-mentioned symptoms of the early stage are severer. The accompanying fever at first synocha, then typhoid; pain in the loins, in the forming stage very severe; the severer this pain, the more certainly will the disease assume the confluent character. (Richter.) Seldom any profuse perspiration, as in the *distinct* kind; instead of this, *diarrhœa* often occurs at this period. Great soreness and redness of the fauces, and generally a copious flow of saliva. The pustules appear earlier than in the *distinct* kind—seldom later than the beginning of the third day—very rarely as late as the fourth or fifth day. The pustules not surrounded by an inflamed margin, where they are separated the intervening skin remaining pale and flaccid; the face is always much swollen—the swelling coming on earlier than in the *distinct* variety, and declining about the tenth day. The matter in the pustules is never thick and yellow, as in the *distinct* variety; but of a whitish brown, and sometimes dark color.

About the eleventh day, the pustules break, and pour out a fluid which hardens into brown or black crusts. When these fall off, the skin underneath desquamates, producing small and permanent depressions, or pits in the skin. The fever does not cease, but *remits* on the appearance of the eruption, increasing again about the sixth day, and continuing throughout the whole course of the disease.

The regular course of small-pox includes, therefore, four distinct stages, viz: 1st, *The eruptive fever*, including a period of from two to four days. 2d, *the period of eruption*, of about two days' continuance. 3d, *The period of mat-*

uration, or *filling*, which occupies about three days. 4th, The *period of exsiccation*, or drying of the pustules, which terminates about the fifteenth day from the commencement of the disease.

Crystalline small-pox. In this variety, the fluid in the pustules is colorless, having no purulent appearance. The pustules, though not confluent, are never surrounded by a florid areola; the swelling of the face is often suddenly transferred to the hands and feet; fever typhoid; pustules, pale or lead-colored.

Small-pox often remarkably modified by the influence of the contagion of measles. These two diseases cannot go on at one and the same time, in the same system. Hunter's doctrine of the incompatibility of two kinds of morbid action referred to. Its applicability to the explanation of the *modus operandi* of medicines, in the cure of diseases. Remarks on the power of this, and other forms of exanthematous disease, of destroying the susceptibility of the system to a second infection.

Autopsic phenomena. In violent cases, pustules in the larynx, trachea, and bronchia, *in inflammation of the mucous membrane of the alimentary canal*, is invariably found.

Prognosis. The more the disease retains the distinct form, the safer. The confluent form, always dangerous; and the danger is greater, according as the fever assumes more of a typhous character. Observations on the origin of small-pox. The opinion maintained, that the disease often originates spontaneously without the immediate agency of contagion.

TREATMENT. Mild stimulants, such as asrum, Canada snake root will answer, though rather heating; the bowels should be operated on with oil or senna, elder flowers or rhubarb: use a tea of ground ivy or catnip: the treatment must be mild, not too heating, as that is very injurious: no drastic physics ought to be

used by any means, as they are injurious and hazardous: therefore, no treatment but a mild one is safe. I have seen both the high stimulant and drastic physic fatal: therefore, I would condemn them as injurious and fatal.

Cool air. The free admission of cool air into the apartments of small pox patients, together with the use of *cooling acidulated drinks*, light and *cool coverings*, is one of the most important improvements in medicine that has ever been made. The patient should be laid on a mattress, and the temperature of his apartment so regulated, as to communicate to him rather a sensation of coolness than warmth.

When the eruption of the confluent variety of the disease is attended by fever of a typhous grade—which is sometimes, though rarely, the case, the diet, instead of being cooling and diluent, must be stimulating and nourishing. Wine, here, is a very useful remedy. When the postules are slow in filling up, or the fluid in them remains watery, warm fomentation to the feet: vomiting always dangerous in small-pox. Epileptic convulsions, just before the eruption, not particularly dangerous in *distinct* small pox—more dangerous in the confluent variety. To prevent the pits from scarring, bathe with warm water and slippery elm; or apply a salve made of lard, golden thread, bitter sweet, and bark of the root of elder and annis root.

VARIOLA VACCINA.

Origin of the disease. The vaccine matter, originally obtained from a pustular disease affecting the udders of cows—hence its name. The *grease* of horses, and cow-pox, were, at first, thought the same disease: and this opinion is strongly supported by the experiments of Mr. Ring, Friese, Loy, and Sacco; they having produced genuine cow-pox, both in the vaccine and human systems, by the matter of *grease*. Dr. Jenner could not communicate

the vaccine disease to a person who had previously been affected by the disease produced by the grease. Matter taken from a peculiar pustular disease, which occurs about the head and nose of sheep, will, according to Richter, Sacco and others, produce a pustular affection in the human subject, similar to cow-pox, and capable, it is said, of destroying the susceptibility to the subsequent influence of the variolous contagion.

Description. The vaccine disease can only be communicated by inoculation, or by bringing the virus in immediate contact with a part denuded of the cuticle. The matter being inserted under the cuticle, the pustule commences and proceeds in the following manner—on the second day a small point; on the third day more distinct; on the fourth day slightly elevated like a small pimple, and surrounded with a narrow and faint areola; on the fifth day more elevated, *vesicular*, circular, its surface flattened, with a small dark depression in its centre, containing a colorless fluid; on the ninth day the pustule is in its full state of perfection, the areola being large and of a beautiful damask-rose color; at this period, slight constitutional symptoms generally occur. The areola efflorescence not essential to the protecting power of the disease. On the eleventh or twelfth day the centre of the pustule becomes darker, which gradually extends to the circumference, so that a brown scab is formed by the fourteenth day. The scab becomes darker until it acquires a dark mahogany color, and in five or six days more falls off. There is seldom more than one pustules; instances of several, and even numerous pustules have, however, occurred.

The vaccine disease often subdues other affections; *crusta lactea*, scrofulous swellings, ophthalmia, *whooping cough*, have yielded permanently to the influence of this disease.

Herpetic and other cutaneous affections, may occasion such a deviation in the vaccine pustule, from its genuine character and course, as to render it ineffectual as a preventive of small-pox. Diseases of the skin, from which a fluid exudes, capable of conversion into a scab, are particularly

apt to disturb the specific character of the vaccine disease. Measles and cow-pox may go on simultaneously in the same person.

Diagnosis, between the spurious and genuine disease. In the spurious, the point of inoculation is already considerably inflamed and elevated on the second day; on the fourth or fifth day, an irregularly defined efflorescence appears, and scabbing is completed as early as the seventh or eighth day; the pustule is irregular or angulated in its circumference, and without a depression in its centre.

The spurious disease may be produced by; 1. The existence of some cutaneous affection in the vaccinated patient; 2. Matter taken from a spurious pustule; and 3. Matter that has suffered some change by long keeping.

The matter should be taken from the pustule for vaccination, between the seventh and ninth day. The *scab* is generally used for vaccination.

Appearance of the genuine scab. Smooth, dark-brown, rather brittle than tenacious, and of a regular circumference.

In taking either matter or the scab for vaccination, it is of the utmost importance to be well assured that the person from whom it is taken is healthy; and particularly that he was not affected with any other cutaneous disease, during the progress of the vaccine infection.

General remedial treatment, very rarely necessary. Local applications, such as cold water, emollient poultices, to moderate the local inflammation, are sometimes required.

The prophylactic power of the vaccine disease discussed.

VARIOLOID,

Some regard this disease as *sui generis*; others, and with correctness, I think, consider it as *small-pox modified*, by the system having previously undergone the vaccine, or some other modifying influence. Varioloid, or modified small-pox, is no new disease—having been observed and

described for centuries past, under the different names of *chick-pox*, *horn-pox*, *swine-pox*, &c. Proofs adduced of the variolous origin of this disease. The most conclusive of which is, that matter taken from a varioloid pustule, has produced genuine small-pox.

Description. This disease varies exceedingly in its appearances, course, and degrees of violence. The eruptive fever is generally very mild, and of irregular continuance, varying from two to five days; a roseolous rash often precedes the eruption. (Thomson.) At first, small papulæ appear, some of which soon dry off, the others change to vesicles containing a thin limpid fluid, as early as the first or second day: generally about the third or fourth day, these vesicles burst or decay; frequently, *small æreola* surround the vesicles. This is the mildest form of the disease, and is scarcely distinguishable from chicken-pox. Sometimes the eruptive fever is violent; the eruption having more the character of pustules with slight central depressions, remaining five or six days before they begin to dry off. Occasionally the scabs do not fall off until the ninth, tenth, or twelfth day.

The following circumstances constitute the prominent and characteristic features of the disease:

1. The eruption appears in successive clusters, and at uncertain periods after the beginning of the fever.
2. The vesicles seldom if ever enter into complete suppuration.
3. There is no secondary fever.
4. The drying off or scabbing occurs generally between the fifth and seventh day; the scabs falling off as early as the eighth or ninth day.
5. They leave no pits, but red disk or elevations.

It is pretty certain, from recent observations, that the variolous contagion does occasionally operate on the system, and produce varioloid disease, *even after the most perfect vaccination*. This, however, is *not often* the case; and the frequency of disease (varioloid) must be in a great

measure, ascribed to the previous vaccination having been rendered *imperfect*, by one or more of the following circumstances:—

1. Pre-occupation of the skin by herpes or some other cutaneous disease.
2. Vaccination with spurious matter.
3. Depriving the vaccine pustule incautiously of its contents.
4. Injury done to the vesicle in its early stage.

In relation to the character of the cicatrix, Dr. Gregory makes the following observations. "It would be improper to overlook the remarkable connection that subsists between the degree of perfection in the vaccine cicatrix, and the violence of the secondary disease, (varioid.) When the scar on the arm is perfect, that is distinct, circular, radiated, and celled—but above all, when it is *small*, so that it may be covered with a split pea, the secondary affection (varioid) will be slight, and hardly deserve the name of a disease. On the other hand, whenever the *scar* is large, and bears the marks of having been formed by high local inflammation, and wants the other distinctive characters just mentioned, the chance of having secondary small-pox in after life, will be greater, and, *ceteribus paribus*, there will be a stronger likelihood of its proving severe."

VARICELLA—CHICKEN-POX.

Description. Little or no eruptive fever; the eruption consisting of transparent pea-sized vesicles, coming out in successive crops, bursting at the top about the third day, and concreting into their brown crusts by the fifth day—leaving no scar when they fall off.

Medical treatment rarely necessary.

Are small-pox and chicken-pox produced by the same virus, as has been, and is still, by many, supposed?

RUBEOLA—MEASLES.

Description. The disease frequently commences with the symptoms of common catarrh—namely, lassitude, slight chills, sneezing, watery and slightly red eyes, cough, and some degree of hoarseness. More commonly, however, the catarrhal symptoms do not supervene, until the fever is fully developed. The fever is often mild; sometimes it is violent from the commencement. The skin is hot and dry, the tongue white and *punctuated with prominent red points*. About the fourth day of the fever, the eruption appears, first on the face, extending gradually down over the whole body. *Nausea* and *vomiting*, and sometimes slight delirium, and even coma in violent cases, occur shortly before the appearance of the eruption. On the sixth day, the eruptions begin to fade *on the face*, but not on the rest of the body; but on the seventh day, it begins to grow paler on the other parts, except on the backs of the hands, where it remains vivid until the eighth day. About the ninth day, the eruption presents a faint yellowish appearance, and desquamation begins on the face which, in two days more, is completed over the whole body. Occasionally, the eruption comes out as early as the second day, and sometimes, though very rarely, as late as the seventh day. The eruption is not uniform, but forms irregular patches, *approaching the semi-circular or crescent shape*. (Willan.)

Commonly, the face swells considerably during the height of the eruption. *The fever does not abate on the appearance of the eruption, but, on the contrary, increases*. The catarrhal symptoms, also, increase in violence. *Diarrhæa* often comes on about the time the eruption declines, which, when not excessive, is favorable. The fever almost always declines *pari passu* with the desquamation; in some instances, however, though rarely, it continues and even becomes more alarming after this period. There is a very strong tendency to pectoral inflammation in this dis-

ease.—Pneumonia and croup, most apt to occur about the time the eruption begins to decline. Ear-ache, inflammation and swelling of the eyelids; swelling of the glands about the neck; herpes, porriginous pustules, tumid lip, serious discharges from behind the ears, and tedious suppurations, are among sequelæ of the disease. These consequences are generally the result of improper management—particularly of incautious exposure to cold and damp air, and sometimes of constitutional predisposition. In children of irritable habit of body, and disordered bowels, the breathing becomes sometimes much oppressed and anxious, although no pectoral inflammation exist. (Armstrong.) The oppressed respiration here, depends on *irritation*, and must not be confounded with the oppressed respiration from pulmonic inflammation.

Diagnosis. Dyspnœa from irritation is variable, intermitting, being sometimes very great, at others quite easy. Is increased on assuming the erect position; the respiratory motions of the chest being very perceptible. When produced by inflammation, the oppressed breathing is permanent—is relieved by the erect position, the muscles of the abdomen being strongly moved in the acts of respiration. (Armstrong.) *Bronchitis* is distinguished by the difficulty of respiration being attended with a pale and anxious countenance, livid lips, unequalled distribution of animal temperature, and rattling noise in the chest.

TREATMENT. Very little remedial treatment required in mild and regular cases. Gentle aperients, and tepid diluent drinks, are in general sufficient. When the eruptive fever is very moderate, the mildly stimulating diaphoretic ptisans are serviceable—such as infusion of sage, marjoram, balm, &c. Catnip, ground ivy, sassafras, wild ginger, colt's foot, spice bush twigs, and ginger—warm bath.

In instances where the eruptive fever is imperfectly developed, in consequence of great internal venous congestion—

a condition characterized by a feeble pulse, pale countenance, and general depression of the vital energies—it is necessary to resort to the warm bath, stimulating frictions, and warm and gentle stimulating drinks.

Profuse diarrhœa and vomiting, about the time the rash is appearing, is apt to check the progress of the eruption, or cause its total disappearance—the face becoming pale, the breathing oppressed, the pulse feeble, with stupor, or constant disposition; *camphor*, is a valuable remedy.

Emetics particularly useful, when bronchitis occurs, or when the air passages are loaded with phlegm.

The air of the apartment in which the patient lies, should be kept at a temperature, ranging from 65° to 70°. Great care required during convalescence to avoid exposure to variable, cold, and damp weather.

SCARLATINA.

Scarlatina is divided into three varieties, viz. *Scarlatina Simplex*: *S. Anginosa*, and *S. Maligna*. *Symtoms of Scarlatina Simplex*. It commences with the usual symptoms of the initial stages of febrile diseases. About forty-eight hours after the commencement of the fever, a scarlet eruption appears first on the face, then on the neck, trunk, and finally over the whole body. This iruption consists of innumerable little pimples running into each other; it is sometimes uniformly diffused, at others it appears in large blotches; pressure with the finger causes a momentary disappearance of the redness. *Soreness in the throat* is generally felt, soon after the fever is developed. The skin, during the eruptive stage, is dry, rough and hot; the face flushed; tongue white, with a streak of red round the edges; entire loss of appetite; bowels costive. About the fourth or fifth day, the *fever* and the *eruption* begin to decline, and in two days more disappear altogether; the cuticle generally desquamates after the eruption has disappeared.

S. Anginosa. Eruptive fever more violent than in the preceding variety. Head-ache, nausea, vomiting, præcordial oppression, and muscular prostration, very considerable in the commencement, Stiffness and dull pain in the muscles of the neck. The eruption appears on the second or third day of the fever, at which time the fauces exhibit a swollen and inflamed appearance, attended with painful deglutition. Pulse frequent, and more feeble than in the simple variety. Intense heat of the surface, and great thirst. Tongue dry, and very florid along the edge; great restlessness and prostration. Ulcers on the tonsils, particularly if the fever continues beyond the fifth day. White flakes of coagulable lymph, adhering to the tonsils, readily mistaken for ulcers. The ulcers generally cast off superficial sloughs, as the fever declines, and then heal; sometimes they become foul, and discharge a thin and acrid fluid, which being swallowed, occasions exhausting diarrhœa. Deep and fatal coma sometimes occurs in the stage of excitement. *Abdominal inflammation* occasionally supervenes. *Anasarca*, a frequent consequence of *S. Anginosa*.

Scarlatina Maligna commences like the former varieties. Eruption, at first pale, assuming afterwards a dark or livid red color; very variable in its duration, and time of appearance. Heat of the skin variable, and seldom great. Pulse, at first, active, soon becoming small and feeble. Delirium an early symptom. Eyes dull and heavy, and cheeks livid. Greyish ulcers soon visible on the tonsils—becoming finally covered with dark sloughs. Fauces clogged with viscid phlegm, impeding respiration. A thin acrid fluid discharged from the nostrils, in the advanced period of violent cases. *S. Maligna* differs from *S. Anginosa*, principally in the sudden and dangerous *collapse* which occurs in the former. The supervention of the collapse, announced by diminution of the heat of the surface, great prostration, frequent and feeble pulse, dark brown or black tongue; *petechiæ* and *hæmorrhage*, occur towards

the conclusion of fatal cases—seldom before the tenth or twelfth day. Dr. Armstrong's division of *S. Maligna*, into three varieties, viz. the *inflammatory*, the *congestive*, and the *mixed*

TREATMENT. *Emetics*, of great benefit in the forming stage, particularly of the *anginose* and malignant varieties. Gentle *purgatives*, and the *warm bath* strongly impregnated with salt and mustard-seed. Also decidedly beneficial in this stage. During the stage of excitement of the *mild variety* of the disease, *purgatives*, *tepid* affusions, cooling drinks, ventilation, a light diet, with rest, are in general all that is required. The daily employment of mild laxatives, and the careful avoidance of exposure to cold and damp air, is the best mode of preventing the dropsical swellings. Emetics once or twice a day, warm bath, sponge with warm vinegar; poultice with slippery elm, hops, malloes, cumfrey, bare foot root best, stewed in best apple vinegar. Cleanse the ulcers with sweet oil, and cream tarter: sulphur gorgles are useful between the intervals of the emetics.

N. B. Remember, if you poultice with bare foot root, lobelia seed, hops, slippery elm, or apple vinegar, pound the roots and stew in vinegar. Renew the poultice each hour. You will have no ulcers to wash. Rub the swollen part with the tincture of lobelia each hour. In a mild form of this disease, slippery elm and vinegar are sufficient as a poultice. Purgatives particularly serviceable during the stage of excitement.

When the disease assumes the congestive character—that is, when, instead of manifest febrile excitement, the face remains pale, the skin cool, the sensorial functions blunted, with great anxiety and præcordial oppression, the *warm saline bath*, followed by stimulating frictions, and the application of bottles or bladders filled with hot water, together with the free use of warm diaphoretic ptisans, such as infusions of catnip, balm, or eupatorium perfoliatum, and May weed, pennyroyal, black snake root. Hay.

ing established a general febrile reaction, by the means just mentioned, recourse should be had to the milder stimulating remedies, such as infusion of serpentaria, wine whey, and, as the disease advances, and the signs of prostration become more prominent, ground ivy in the stage of collapse, both as a gargle, and as an internal remedy.

Two tablespoonfuls of red pepper, and two teaspoonfuls of culinary salt, are to be beat into a paste, on which half a pint of boiling water is to be poured, and strained off when cold. An equal quantity of very sharp vinegar being added to this infusion, a tablespoonful of the mixture every hour, is a proper dose for an adult. Catnip very useful in this disease, given in tea or essences.

ERYSIPELAS.

General description. Fever, varying in different cases, from the highly inflammatory to the low typhous grades. Superficial inflammation sometimes preceded, at others followed by the fever—commencing in an irregularly circumscribed blotch, and soon extending itself over a greater or less extent of surface; no pustulation or tension felt in the inflamed part, the pain being of the burning and pungent kind; tumefaction often considerable. Small vesicles, or blisters, containing a limpid fluid, appear after the inflammation has continued for some time. When resolution is about taking place, the inflamed and red surface becomes pale or brownish-yellow; soon after which the cuticle desquamates. No regularity, either in the duration of the inflammation, or its time of appearance.

Erysipelas occurs under several modifications, each manifesting prominent peculiarities, both in relation to the local and general phenomena, viz.

1. *Erysipelas phlegmonodes.* Fever, of the *synocha grade*; erysipelatous inflammation, generally occurring in the face—sometimes on the extremities. Col-

or, *bright red*; swelling, about the second day of the fever; and vesicles about the fourth day; about the sixth day, the swelling and fever begin to subside, and desquamation of the cuticle takes place by the eighth day. Very rarely terminates in suppuration. In old people, sometimes protracted to the twelfth or fourteenth day. Differs principally from the other varieties, in the high grade of febrile excitement which attends it.

2. *Erysipelas œdematodes*. Color of the inflamed skin, *pale red* or *yellowish brown*; heat and burning pain, inconsiderable; swelling comes on gradually, has a shining surface, and *pits, on strong pressure*. Vesicles are very numerous and small—burst, on the second or third day, and change to dark colored scabs. When the head is affected, the swelling is so great, as to close the eyes, and render the whole face exceedingly bloated. *Vomiting* is an early symptom, and *delirium* and *coma* often supervene, as the disease advances. The debilitated, and habitually intemperate, most subject to this variety of the disease. Dangerous when the head is its seat—rarely so when the extremities alone are affected, except when it terminates in suppuration.
3. *Erysipelas gangrenosum*. Usually occurs in the face and neck; attending fever of a typhous grade: slow *delirium* and *coma*, almost invariably attended throughout its whole course; inflamed skin, of a *dark red* or *livid* color; blisters small but not numerous, *often terminating in gangrenous ulcers*. Suppuration and gangrene of the cellular substance very common. Always tedious and dangerous.
4. *Erysipelas erraticum*. Inflamed blotches appearing in succession on various parts of the body—the first blotches generally disappearing before the last make their appearance.

5. *Erysipelas neonatorum*—a variety of the disease peculiar to infants soon after birth. It almost always commences about the genitals or umbilicus, and thence spreads over a greater or less extent of the body. The affected parts swell considerably, become *hard*, are of a *dark red* color, and very painful to pressure. Generally connected with green and fetid discharges from the bowels, and colic pains; it continues from seven to fourteen, or even twenty-one days. Apt to terminate in gangrene and tedious suppurations.

Suppurations, in erysipelatous inflammation, always commences in the cellular membrane; the pus formed is thin and acrid, and never collected in circumscribed cavities.

Erysipelatous inflammation, sometimes extends to the internal viscera—not by metastasis, as some have alleged, but by a spreading of the inflammation from the external to the internal parts. The organ most commonly thus affected is the brain—an occurrence generally fatal.

There is a variety of erysipelas, attended with prominent symptoms of disorder of the biliary system, and fever of the *synochus* grade. This is the *erysipelas phlegmonodes biliosum*. The fever in this variety of the disease, resembles the ordinary bilious remitting fever: the whole surface, in some cases, acquires an *icteric* hue: the pain and irritation are great.

Causes. A natural predisposition to this disease appears to exist in some instances. Habitual intemperance in persons of a cachectic disposition, predisposes to erysipelas. In persons either naturally or accidentally predisposed to the disease, it may be produced by local injuries, particularly of the scalp. Violent rage has been known to produce it. (Richter.) A peculiar constitution of the atmosphere, and hence its occasional epidemic appearance. Intestinal irritation; this I believe to be a very frequent cause of erysipelas; it is unquestionably so in infants. The contaminated air of crowded and ill-ventilated apart-

ments; hence its frequency in ill-ventilated and crowded hospitals. Derangement of the biliary organs. Some observations on the inflammation produced by the *rhus toxicodendron*.

TREATMENT. The general treatment must accord with the character of the attending fever. Emetics of lobelia highly beneficial in the beginning of the disease, more especially in the bilious modification. After the use of cathartics, give from three to five grains of lobelia and ipicac to relax each four hours. Local: liniment of cayenne, stremoniem, lobelia, and gum myrrh—add one ounce of each in three pints of 92 per cent. alcohol, and oil of annis one ounce. In every variety of this disease, laxatives are of primary importance. From considerable experience in the treatment of this malady, I am satisfied that alteratives are useful. I have never been compelled to use Iodine to reduce the inflammation or swelling, when I use this liniment. I have cured a large number in Phillips and St. Francis Cos. Arkansas, and Louisville, Ky.

HÆMORRHAGIÆ.

Hæmorrhages are divided into active and passive. In the former there is a preternatural determination of blood to the place from which the hæmorrhage occurs, with an increase of local vascular action, heat, and color. In the latter, there is no sanguineous congestion, nor increased activity of the capillaries from which the blood flows. Bichat contends that, whether of the active or passive kind, spontaneous hæmorrhages are always mere sanguineous exhalations, and never the consequence of rupture of a vessel. This opinion is not sustained by general observation.

Hæmorrhages occur much more commonly from the mucous membranes, than from the other structures of the body. Local congestion, in the part from which the blood flows, is almost invariably present. This congestion may be

the result of an irritation existing in the part, or of one seated elsewhere. Excessive loss of blood, with the excess of serum—intestinal irritation—organic disease—obstruction.

A natural predisposition to hæmorrhage exists in some individuals—and this is even hereditary in some instances. The predisposition to the different kinds of hæmorrhage, varies with the age of individuals. Thus the hæmorrhages of young people, occur generally from parts situated above the diaphragm; whilst in persons of advanced age, they are most apt to take place from parts situated below this dividing muscle. During childhood, bleeding from the nose is most common; between the age of puberty and thirty years from the lungs; in middle life from the rectum, and from very old people, from the kidneys and bowels.

Prognosis. Passive hæmorrhages more dangerous than active ones. The cause of this explained. When they depend on organic disease, they are more intractable; the prognosis depends, in a great degree, on the organ from which the hæmorrhage proceeds; a hæmorrhage from the lungs being *cæteris paribus*, more dangerous than one from the stomach.

The general indications in the treatment of hæmorrhage are,
 1. To diminish the momentum of the blood in the general circulation, when it is preternaturally augmented; 2. To lessen the determination of blood to, and moderate the local vascular action in, the part from which the hæmorrhage occurs. The diet should be simple and unirritating.

EPISTAXIS.

Premonitory symptoms of the active variety. Weight and tension in the temples; throbbing pain in the head; strong pulsation of the temporal arteries; ringing in the ears; vertigo; flushed countenance; tickling in the nose. In

weak and irritable subjects, there are, in addition to these symptoms, others denoting a nervous or spasmodic condition, viz. creeping chills; a copious flow of pale urine; disposition to syncope; cold extremities, &c. The blood seldom flows from both nostrils at the same time.

Exciting causes. Whatever is capable of causing a preternatural determination of blood to the head may produce this hæmorrhage.

Prognosis. Frequent bleeding from the nose during childhood, is often connected with a natural predisposition to hæmoptysis and phthisis in after life. When epistaxis occurs frequently in advanced age, we may presume the existence of visceral obstruction, or predisposition to apoplexy. It may be regarded as salutary in the *stage of excitement*, in all forms of fever; in the *stage of collapse*, it is a fatal sign. Epistaxis most dangerous in debilitated and irritable subjects. Seldom, though sometimes fatal, from the mere loss of blood.

TREATMENT. When this hæmorrhage occurs in consequence of the suppression of some habitual sanguineous evacuation, it must not be arrested unless it become excessive. When it is attended with a strong pulse, and with manifest symptoms of cephalic congestion, cold applications to the head, cooling drinks, the internal use of large doses of nitre, laxative enemata, and rest with the head in elevated position, are the measures to be principally relied on.

Styptics are improper under the circumstances just mentioned—they are often required, however, in cases attended with feeble arterial action, from exhaustion or habitual debility. The most useful are crane's bill (local) and cayenne, given in pills or tea.

HÆMATEMESIS.

Premonitory symptoms. These are almost always prominent. The principal are; weight and pressure in the stom-

ach, want of appetite, or voraciousness, acid eructations, pain in the hypochondria, nausea, anxiety, ringing in the ears, disposition to syncope, small, contracted and irritated pulse, alternate flushes or heat and chills, palpitation, cold extremities, pale and contracted countenance, and finally, increasing anxiety and constriction about the breast, and obtuseness of the senses. The quantity of blood thrown up is generally considerable, and almost always very dark—sometimes in clots, occasionally, quite fluid. Relief is felt after the blood is thrown up. The darker the blood, the longer it must have lain in the stomach, and the slower must have been the effusion. A portion of the blood always passes into the bowels, and is afterwards evacuated by stool.

Causes. Impeded circulation of the blood in the abdominal viscera, from visceral indurations: hence its frequency in habitual drunkards. Suppressed menstruation; particularly in females soon after the age of puberty. Suppressed hæmorrhoidal discharge; habitual constipation; pregnancy; mechanical injuries or erosion of the mucous membrane of the stomach.

Prognosis. Not attended with great danger, when it occurs in consequence of suppression of the menses, or hæmorrhoids; by recurring frequently, however, it leads to dropsy, inveterate dyspepsia, hysteria, hypochondriasis; &c. It is not apt to become habitual. It is more dangerous when it arises from visceral indurations.

TREATMENT. Equalize the circulation by emetics and stimulants: then use your styptics—elm root, crow foot, allum whey; pills of blood root one part, cayenne two parts, three pills each two hours, or according to judgment, particularly when the disease occurs in females between the ages of eighteen and thirty, and is unattended by visceral disorganization. I have used them with advantage.

HÆMATURIA.

The hæmorrhage may proceed from the urethra, the bladder, the ureters, or the kidneys. When from the *urethra*, the blood is unmixed with urine, and flows without any evacuent effort. When from the *bladder*, there is dull pain or a sense of uneasiness in the region of this viscus, accompanied with painful erectations, and burning pain in the glans penis—the blood not being intimately mixed with the urine, but suspended in small flakes or coagula in it. When the blood comes from the *kidneys*, it is very intimately mixed with the urine, without flakes or small coagula, and settling down into a uniform mush-like substance at the bottom of the vessel in which the urine is left standing.

Old people, particularly those who are affected with hæmorrhoids, are most subject to this hæmorrhage. Corpulent and plethoric females are apt to avoid bloody urine, about the period when the menses cease to recur.

Causes. Mechanical irritation from calculi or other causes; acrid substances conveyed to the bladder, either through the medium of the circulation, or by injection; organic affections of the urinary passages; suppression of menses or hæmorrhoids; gonorrhœa; *dentition*. (Richter.)

Prognosis. Seldom attended with immediate danger. When habitual, it is apt, in old people, to terminate in dropsy.

TREATMENT. When the pulse is active, give purgative enemata. When occasioned by calculi, a stringent and warm bath are generally beneficial.

HÆMORRHOIS—PILES.

A discharge of blood, without tenesmus, from small varicose tumors on the verge of, or within the anus. When these tumors do not discharge blood, they are called *blind piles*, (*hæmorrhoides cæcæ*.) They are called *external* or *inter-*

nal, according as they are situated within or without the anus.

Premonitory symptoms. Before the blood begins to flow, the patient usually experiences various affections: viz. head-ache, vertigo, stupor, drowsiness, difficulty of breathing, nausea, colic pains, pain in the loins, a sense of fullness and heat, itching and pain about the anus, and often slight fever (*molimina haemorrhoidalia*.)

The blood sometimes flows, only when *sæces* are evacuated—sometimes it flows without the discharge of *sæces*. The loss of blood is often very great. I have known it so great as to prove fatal. It not unfrequently induces great debility, terminating in a leucophlegmatic condition, or dropsy. A sudden cessation of haemorrhoidal flux, is apt to be followed by other and more dangerous affections, as apoplexy, palsy, asthma, &c.

Causes. These are sometimes entirely local in their character and operation, viz: pregnancy, parturition, irritating purgatives and enemata, protracted constipation, ascarides, sedentary employments, compression of the abdomen, by tight clothing, &c. There exists in some individuals a natural predisposition to haemorrhoids. In such persons, every thing that has a tendency to promote congestion in the portal circulation, will readily give rise to the disease, particularly between the thirteenth and fifteenth years of age. Females, who menstruate regularly, are less subject to it than males. It rarely occurs in children.

TREATMENT. Regulate the general health, if it be necessary; then anoint with a salve: it should be extended up. If the piles extend up the fundament you may cut nicks in a tallow candle, and extend it for ten or twenty hours, with the ointment on. Composition—extract of *stremoniem*, snuff, tallow, beeswax, balsam of fir, extract of *sanguinaria*, alum, extract of witch hazel, and smart weed.

HÆMOPTYSIS.—SPITTING OF BLOOD.

Haemoptysis is *generally* preceded by slight chills, cold extremities, constriction in the breast, palpitation, alternate flushing and chillness, an irritated, contracted, and feeble pulse, dryness of the fauces, a salty or sweetish taste, a sensation of warmth rising in the breast, attended with a saltish taste, slight cough, and finally, haemorrhage. Sometimes, however, it comes on suddenly. The quantity of blood brought up, is *generally* small, and mixed with the natural mucus of the bronchia, occasionally the bleeding is rapid and copious.

Predisposition. Some individuals have a *natural* predisposition to this variety of haemorrhage. Such persons have narrow and depressed breasts, high shoulders, long and slender necks, fair hair, blue eyes, delicate and fair skin, sound and very white teeth, red cheeks, a clear but feeble voice, a spitting of blood—they are irritable and passionate, and subject to glandular swellings about the neck, and catarrhal affections, which pass off slowly. They are most liable to this haemorrhage, between the ages of fifteen and twenty-five.

Exciting causes. Atmospheric vicissitudes; violent bodily exertions; the abuse of spirituous liquors; suppression of habitual discharges; repulsion of chronic cutaneous eruptions; drying up old ulcers or issues; metastasis of gout; mechanical irritation of the respiratory passages, by particles of matter floating into the air, or gaseous substances; intestinal irritation; organic diseases of the heart, pregnancy, &c.

Prognosis. Rarely fatal merely from the loss of blood—generally the first decided step towards consumption, particularly in such as are naturally predisposed to it. When no predisposition to phthisis is present, haemoptysis will frequently pass off, without terminating in the former malady.

TREATMENT. When there is much tightness of the breast,

or breathing difficult, give enemata of lobelia and capsicum in teaspoonful doses, or even a desert spoonful : then give witch hazel, red raspberry, alum, beach buds, briar root, crane's bill, with warm bath or sweating—wearing flannel next the skin, and avoiding the influence of sudden changes of weather, are circumstances of much importance, in the chronic form of the disease. Nothing, perhaps, is equal to a uniformly warm climate.

PHTHISIS PULMONALIS—CONSUMPTION.

Consumptive symptoms may arise from various and distinct pathological conditions. They may depend on 1. Chronic Bronchitis; 2. Ulceration of the larynx or trachea; 3. Chronic pleuritis; 4. Inflammation and suppuration of the substance of the lungs; and 5. Tuberculous matter in the pulmonary tissue, constituting genuine phthisis pulmonalis.

The first variety is generally the result of catarrh, and usually called catarrhal phthisis. This, of all the varieties of consumption, is the most sanable, particularly so long as the inflammation of the mucous membrane does not extend to the subjacent parts, or has not terminated in ulceration. The diagnostic symptoms in the early stage, are : Countenance pale : lips bluish ; hands and feet often cold, and the temperature of the surface variable ; cough deep, and expectoration free from the beginning ; slight soreness in pharynx ; much oppression, but little or no pain in the chest ; cough rarely excited by full inspiation. Cough always severest in the morning, attended with wheezing respiration, until the mucus, collected during the night, is expectorated ; In all these circumstances it differs from tuberculous phthisis. In the advanced stage, it cannot be distinguished from the latter, or genuine form of the disease.

Catarrhal consumption often goes on to a fatal termination, without any breach of continuity or ulceration whatever—

the pus expectorated being a mere secretion from the inflamed bronchial surface. When this variety of consumption is connected with prominent derangement of the liver and stomach, it forms what has been denominated dyspeptic phthisis. In this combination, we have, in addition to the ordinary symptoms of phthisis, dyspeptic symptoms—such as furred tongue, foul breath, unnatural stools, capricious appetite, distended epigastrium.

The majority of consumptions, in this and similar climates, are of the catarrhal or bronchial kind.

When ulceration of the larynx or trachea is its cause, the disease is called laryngeal or tracheal phthisis.

This is a rapid and fatal disease, the instances of recovery being exceedingly few. One of the first, most constant, and characteristic symptoms, is a change of voice—losing at first its clear sound—then becoming hoarse or indistinct, and finally scarcely audible.—When the larynx is principally affected, we have the following characteristic phenomena: pain in the larynx, increased by coughing and pressure, cough most violent in the morning, on rising out of bed; suddenly and violently excited, by inhaling cold air and irritating vapors, by *swallowing food*, and by the use of irritating gargles and acid drinks. When the trachea alone is affected, the pain is always increased by bending the head backwards, or turning it round, and is generally felt about its bifurcation. The cough is not excited by gargles, or the inhalation of cold air and vapors, but readily by active bodily exercise, and by swallowing—the cough not coming on until the food has descended as low down as the sternum, when it is often brought up again. Inspiration, during the coughing, is generally stridulous, as in croup. The fits of coughing are principally preceded by sneezing. In coughing, the patient puts his hand to the throat, near the breast. The expectoration generally consists of small portions of yellow pus, suspended or mixed with a large portion of bronchial mucus. The most frequent causes of this varie-

ty of phthisis are catarrh, whooping-cough, croup and syphilis.

Chronic pleuritis gives rise to the third variety of phthisis. It is the result of effusion in the cavity of the chest—a termination which always takes place, sooner or later, in chronic inflammation of the pleura. As the effusion increases, the lung on the side on which it occurs, becomes more and more compressed, until it is reduced to so small a bulk, as to seem almost completely destroyed. Sometimes ulceration takes place in the pulmonary pleura, in which case, the effused purulent, or sero-purulent fluid, is discharged by coughing. When this occurs, hectic, with its usual train of symptoms ensue. This variety of phthisis is characterised by : increased oppression in the breast, on lying down ; *anhelation*, by ascending stairs, or other bodily exercise ; alleviatedness, in a sitting posture ; generally, some soreness of the integuments of the affected side ; confined to a certain space ; difficulty of breathing, progressively increased ; and, finally, the absence of pus in the expectoration, and irregularity in the hectic symptoms.

This variety of phthisis is of a very fatal character ; though instances of recovery do sometimes occur, by ; 1. A gradual absorption of the effused fluid, the lungs forming adhesions with the costal pleura ; 2. The escape of the fluid, by the formation of a fistulous passage from the cavity of the chest into the bronchial tubes ; 3. By the formation of an opening through the intercostal spaces, and the escape of the fluid externally.

Inflammation, terminating in pulmonary abscess, constitutes the fourth variety. This variety is of very rare occurrence.

Tubercular phthisis. This variety occurs only in persons of a strumous or scrofulous diathesis.—Tubercles never formed, without a natural predisposition to them. They are scarcely organised, being probably formed by exudations into the cellular tissue of the lungs. They do not always lead to consumption—remaining dormant sometimes, with-

out materiality affecting the general health. Their formation sometimes very rapid; in which case the usual phenomena of inflammation generally attend. Tubercles are never absorbed; hence the utter incurableness of perfectly formed tuberculous phthisis. The conversion of tuberculous substance into a fluid, not the result of suppuration, but of a peculiar process of softening. (Laennec.) The surface of the cavities of softened tubercles, is lined with a white, opaque, and soft membrane. Pus is afterwards secreted by this membrane. (Bayle.) Under this membrane, another one is formed, as the disease advances, of a white, semi-cartilaginous appearance, which eventually forms a complete lining to the ulcerous excavations, and gives them a fistulous character. This latter membrane exists sometimes before the softening has taken place—constituting the eneysted tubercle of Bayle. There is often more or less chronic bronchitis, co-existing with pulmonary tubercles; and hence puriform expectoration may occur, before these tumors have undergone the softening process.—(Pearson.) There are two, and sometimes three, morbid processes, in every case of tubercular phthisis; 1. Tubercular action; 2. Chronic bronchitis; 3. Inflammation of the pulmonic tissue, generally chronic.

Although art cannot cure tubercular phthisis, in a state of full development, spontaneous cures have been known to take place, after the tuberculous matter has been evacuated. (Laennec.)—This occurs in two ways: 1. By the cavity becoming lined by a semi-cartilaginous substance, forming “a kind of internal cicatrix, analogous to a fistula:” 2. By the cavity being obliterated by cellular, fibrous, or cartilaginous substance.

Exciting causes. All fixed irritations in the abdominal viscera; repelled cutaneous eruptions; suppression of habitual evacuations; atmospheris vicissitudes; intemperance in spirituous drinks; sedentary employment; the incautious use of mercury; haemorrhages; depressing passions; the inhalation of irritating substances; rapid growth, syphilis;

onanism. Of all these causes, suppression of the cutaneous exhalation by cold, is the most common and powerful, In calling into action this fatal malady in those who are predisposed to it.

Characteristic symptoms of the commencement and course of phthisis. Tension and slight aching in the breast; short, slight, and dry cough; slightly oppressed perspiration—a sense of tightness being felt in some particular part of the chest, on inspiration. At length moderate febrile symptoms in the evening; the pulse and respiration being preternaturally frequent; coughing in the morning, great susceptibility of taking cold; torpor of the bowels; frequently a benumbing and drowsy feeling, tongue moist, covered with a thin white fur. As the disease advances, the cough becomes more and more troublesome; there is great sensibility to low temperature; pearly whiteness of the eyes; skin often hot; lips, tongue, and fauces often dry; slight chills in the evening, followed by febrile exacerbations, with a burning heat in the palm of the hands and soles of the feet; expectoration at first scanty and frothy, finally thick, purloid, and often streaked with blood, becoming more purulent as the disease goes on; the pain in the chest, and evening fevers, becoming stronger and stronger; the patient lies easy only on one side; profuse sweats occur during the night; the burning in the palms of the hands and soles of the feet is distressing; the pulse very frequent, tense, and quick; and small during the febrile exacerbations, but slower and languid in the morning. The cheeks have a circumscribed flush, during the fertile excitement. Besides the evening exacerbation, there is, in most instances, but a slight one about twelve o'clock in the day. Towards the conclusion, colliquative diarrhœa comes on, the voice becomes hoarse, the fauces aphthous, the feet œdematous; there is sometimes slight delirium; more commonly, however, the mental faculties remain entire to the last moment.

Tests for pus. Muriate of ammonia coagulates pus—but

not mucus. Pus does not coagulate by heat—mucus does. Water added to the solutions of pus in sulphuric acid, and a solution of pure potash separately, produces in each a copious precipitate.

Test.—A small portion of pus, put between two glasses, will, when held near the eye, and looked through at a distant candle, exhibit an iridescent spectrum, of which the candle is the centre; mucus does not exhibit this phenomenon.

TREATMENT. One of the most important remedial measures, in every variety of the disease, is, to restore and maintain the regular action of the cutaneous exhalents. This is to be done by wearing flannel next the skin. We must also endeavor to remove every source of irritation, and to prevent, as much as possible, an inflammatory condition of the system, particularly in the incipient stage. I find, from experience, that a cure of this disease depends on purifying the blood to answer these indications. We must use medicines that will keep a constant action on the liver and lungs, with our best expectorants and relaxants to keep the circulation equal and regular. We must use our best and purest stimulants, of which cayenne is the purest. It may be used in pills, with the extract of sanguinaria, which is one of the greatest cures for the liver and lungs, aided with *prunas virginiana* and the extract of the bark of cucumber tree. I will give mixtures or compounds in another part of this book, in the form of receipts, for consumption.

Although we cannot expect to cure tubercular phthisis by these or any other remedial measures, when once fully developed, yet by a strict adherence to them in the incipient stage, we may often suspend the disease permanently, or retard its progress in the more advanced periods. Catarrhal consumption is not so irresistible in its course, and will not unfrequently yield to remedial treatment, even when considerably advanced.

APOPLEXY.

Character. Abolition or suspension of the animal functions—the organic functions being uninterrupted; with laborious, generally stertorous breathing.

Description. Generally preceded by premonitory symptoms—such as vertigo, [drowsiness, dull pain in the head, irregular and involuntary contractions of the muscles of the face, turgidity of the vessels of the head, bleeding from the nose, ringing in the ears, loss of memory or speech, dimness of sight, indistinct articulation. Sometimes the attack is sudden, without premonitory symptoms. Sterteous breathing, not invariably present in the attack, as is generally alleged. The pulse, during the apoplectic state, is at first full, slow, regular, and often hard; towards the conclusion of fatal cases, it becomes frequent, irregular, and weak. The face is livid and full; the eyes prominent, and often blood-shot; the pupils much dilated, or permanently contracted. The attack may last from a few hours to several days. Apoplexy seldom if ever destroys life suddenly, as is the case with affections of the heart. Most apt to occur between the ages of forty and sixty. Persons who have short thick necks, and are of a full and plethoric habit, and indulge freely in eating, drinking, and sleep, are most liable to this disease. Great heat and cold predispose to it

Exciting causes. Whatever tends to determine the circulation inordinately to the head, may produce apoplexy. The most common of these causes are, over distension of the stomach with food; the use of indigestible and stimulating diet; the intemperate use of spirituous liquors; violent straining in lifting, or in evacuating fæces: violent anger: the direct rays of a vertical sun; extreme cold weather; the cold stage of intermittents; stooping or other positions in which the head is in a depending state; impeding the return of blood to the head, by wearing cravats too tight, and turning the head to look back. Apoplexy is also

produced by the suppression of habitual discharges; by the healing of old ulcers; by metastasis of gout. Irritation in the stomach or bowels is a frequent cause of this disease.

Proximate Cause. Interruptions of the functions of the brain, and consequent deficiency of nervous influence in the parts furnished with cerebral nerves. Does this interruption of the cerebral functions depend on compression of the brain, or on mere deficiency of arterial blood circulating in this organ, as has been lately maintained? I believe that both conditions, (i. e.) compression of the brain, and deficiency of arterial blood in it, are necessary to the production of genuine apoplexy. Cerebral compression may be the result of mere vascular turgescence, or of extravasation of blood upon, or into the substance of the brain; or, finally, of serous effusion into the cavities, &c. Blood is very rarely extravasated upon the surface of the brain, or into its ventricles, but almost always into its substance. (Brichteau, Rochaux.)

Diagnosis. Distinguishable from *syncope* and *asphyxia*, by the pulse and respiration. The pulse is full, strong, and slow, in apoplexy; in *syncope* and *asphyxia*, it is small and feeble, and sometimes wholly suspended. Respiration in apoplexy is slow, laborious, and sterterous; in *asphyxia* and *syncope*, it is feeble and almost imperceptible. Apoplexy not easily distinguished from intoxication; the smell of the breath, the habits of the patient, &c. will inform us on this point.

Prognosis. Generally unfavorable. When the result of mere sanguineous congestion in the brain, it is in general readily relieved. When effusion of serum, or extravasation of blood has occurred, it is rarely cured. Extravasation of blood into the brain, is not necessarily fatal, as was formerly thought.

The observations of Brichteau, Seres, Rochaux, and Riobe, prove, that when blood is extravasated into the substance of the brain, a cyst is formed around

the coagulum, and that this coagulum is afterwards absorbed by the vessels of this cyst. The cyst finally becomes absorbed itself, and leaves a yellowish cicatrix or laminated tissue, which is sometimes found to contain a small portion of serum.

Apoplexy may be divided into two varieties, viz.: *simple* apoplexy, which is *not* accompanied by paralysis; *complicated* apoplexy, which *is* attended by loss of motion, on one or the other side of the body. Mr. Seres, of Paris, has ascertained that *simple apoplexy* depends on *serous effusion* into the ventricles or circumvolutions of the cerebrum, without any organic lesion of the cerebral substance. In *complicated apoplexy*, the *substance* of the brain is altered; excavations are found in it, filled with blood of various appearances, according to the time which may have elapsed between the extravasation and death—the portions of brain immediately surrounding these clots, being red, indurated, or yellow. Mr. Seres concludes, from his observations on this subject, that :

1. When no symptoms of paralysis attend, we may presume that the seat of the disease is in the meninges, and that the substance of the brain is not altered. This variety he accordingly calls *meningeal apoplexy*.
2. When the disease is complicated with paralysis, the *cerebrum* is the part principally or wholly affected; and this variety he calls *cerebral apoplexy*. It appears from the observations that have been made in the Parisian hospitals, that *meningeal* apoplexy occurs most commonly in the fifteenth, and after the sixtieth year of age.

Cerebral apoplexy generally makes its attack suddenly. *Meningeal* apoplexy usually comes on gradually. In this variety, the mouth is never drawn to one side, and the patient lies in a straight position. Paralysis almost invariably occurs on the side opposite to the one in which the cerebral lesion exists. This was observed in 171 subjects

who had died of cerebral apoplexy, accompanied with hemiplegia. When the paralysis is universal, the extravasation and cerebral lesion occur in the substance of the *tubar analare*, or along the base of the skull. Death, from apoplexy, explained.

TREATMENT. The chief indications in the treatment of apoplexy, are: to lessen the determination of blood to the brain, and to moderate the momentum of the general circulation. If the apoplexy comes on soon after a full meal, give an emetic, with cold applications to the head and warm to the feet. Purgatives—extract of blood root one part, cayenne two parts, given in pills, from two to eight, at regular intervals, as often as required; and give spirits of turpentine, from thirty to sixty drops, every six or eight hours; and tincture of nervine and lobelia, from ten to thirty drops, at regular intervals. The Indians give a tea of what they call *rolapoea*, which grows on the bark of trees—leaves from one to six inches long—blossoms in winter. Remember, this is not misseltoe. I use powder of the leaves, in pills, given in from three to five grain doses: one pill two or three times a day, the size of a common sugar pea. Remember, this is dangerous at certain times, as the Indians say it will cause abortion.

Paralysis is divided, by nosologists, into three varieties, viz: *hemiplegia*, *paraplegia* and *local palsy*.

The question, why the power of motion is sometimes lost, while that of sensation remains, and vice versa, has given rise to much controversy among physiologists. Galen supposed that there were two sets of nerves—one destined to sensation, the other to motion. What this sagacious physician alledged on mere speculative grounds, has recently been actually demonstrated by Magendie, and Charles Bell. It appears, from the experiments of these and other physiologists, that each nerve is composed of two distinct parts—the one for motion, and the other for sensation. From this anatomical fact, we perceive in

what manner the phenomenon in question may occur.

HEMIPLEGIA.

Parelysis, confined to one side, including the whole half of the body, generally the consequence of apoplexy; the apoplectic symptoms are sometimes so slight, as to escape notice. Injuries done to the head may produce it.

Cerebral compression, or structural lesion, the proximate cause of hemiplegia. Seres denies that compression is ever the cause, either of apoplexy or hemiplegia; his experiments, however, are not conclusive; they are contradicted by those of Portal, and of Mr. Astley Cooper.

Hemiplegia often comes on gradually, with the usual symptoms of approaching apoplexy; occasionally, its attack is sudden. *Anomalous symptoms*. This affection sometimes terminates in a few days—more generally several months; and occasionally it remains permanently. Sometimes a greater or less degree of amendment occurs, and then the disease remains stationary.

PARAPLEGIA.

Paralysis of the whole lower half of the body, the parts above the hips remaining unaffected. Occurs most commonly after the middle period of life; and according to Baillie, more frequently in men than woman.

Causes. Most commonly seated in the brain, (Baillie, Earle, Hallor, Copeland;) sometimes in the spinal marrow, producing an interruption to the passage of the nervous influence along the spinal cord, to the nerves of the lower extremities. The most common of those causes, which act immediately on the spinal marrow, are: thickening of the theca vertebralis; serous effusions into it, exostosis on the internal surface of the vertebræ. The high-

er these causes exist in the medulla spinalis, the higher will the paralysis extend. When above the fifth cervical vertebra, the hands will be paralysed; if below the eighth, they will not be affected. The effusion may occur, first between the membranes of the brain, and afterwards sink down in the theca vertebralis, and press upon the lower portion of the spinal cord.

When the brain is the primary seat of the disease, pain in the head, giddiness, drowsiness, impaired vision, and defective memory, usually precede the paralytic attack. The paraplegiac affection always comes on gradually—first by stiffness and slight difficulty of directing the motions of the lower limbs; by degrees, the assistance of a stick is required to balance the body; the urine is voided with difficulty, and finally passes off involuntarily—the paralysis becomes more and more complete, the fæces passing off unrestrained by the will.

PARALYSIS PARTIALIS—LOCAL PALSY.

Local paralysis consists of want of motion, or of sensation, or of both, in some particular part or organ of the body. It may attack some viscus, or the organs of sense, destroying or blunting their respective functions. It occurs in one extremity; in the muscles of deglutition; in those of the organs of speech, and even in a single muscle. It most frequently, however, occurs in the *muscles of the face*. Persons affected with *facial paralysis* are deprived of the power of closing or opening the eyelids—of contracting the brow—of elevating the nose or lip—of shutting the mouth—of retaining the saliva—of raising the corner of the mouth—of whistling, or blowing, &c. The wing of the nose on the palsied side, is collapsed; the mouth drawn towards the opposite side; the teeth exposed. The power of masticating remains—the tongue too retains its powers.

Causes. Facial paralysis is produced by some injury sus-

tained by the *portio dura*, either in consequence of surgical operations, abscesses, bruises, or other injuries in the parotid region. It occurs also in consequence of thickening of the sheath of this nerve; of necrosis at the canal of the temporal bone, through which it passes out; and frequently from sudden exposure to cold, producing inflammation of the nerve. It has been produced by a blow on the head; by the suppression of cutaneous eruptions; and by tumors pressing on this nerve.

Paralysis of the wrists is produced by the poisonous influence of lead; by bilious colic; and sometimes by dysentery. Whatever interrupts the free nervous communication between a part and the common sensorium, may produce paralysis in such part.

TREATMENT. Emetic of lobelia. Cathartic—jallap 15 grains, cayenne 20 to 30 grains, mustard seed 20 to 30 grains, spirits turpentine 30 drops. Ice to the head and warm applications to the feet. Local—rub with tincture of capsicum, lobelia, lady's slipper, bare foot: warm bath beneficial. Emetics must be given in large doses, on account of the unirritable state of the stomach in this complaint. If the disease occurs soon after a full meal, galvanism is more efficacious than electricity; it must be applied only with a moderate force. Moxa has been used with success in general paralysis, applied along each side of the spine, near the first dorsal vertebrae. Mustard seed (internally) rolled into common sized pills, with the extract of sanguinaria: dose three to five pills three times a day. I have used, with benefit, a strong tea of rattle weed and camomile flowers.

EPILEPSY.

Character. Convulsions returning at uncertain intervals—accompanied with loss of sense and voluntary motion, and terminating in deep sleep.

Premonitory symptoms. A confused and wandering state

of the mind; vertigo; ringing in the ears; indistinct vision; pain in the head; pain and anxiety in the praecordial region; change of the natural disposition; spasmodic twitches of the muscles of the face; *raouaepileptica*, and a feeling of terror and alarm are the most common.

Symptoms of the paroxysm. The attacks frequently occur at night, while the patient is asleep. If he is sitting or standing, he suddenly falls down, and becomes more or less violently convulsed. The countenance is frightfully distorted, and generally of a livid, and sometimes almost black hue—occasionally it is pale; the veins of the head and neck are turgid; the heart palpitates violently, and the breathing is oppressed and laborious, and in violent cases sterterous. A copious flow of frothy saliva occurs towards the termination of the paroxysm. As the convulsions abate, stupor or deep sleep comes on, out of which the patient awakes in a state of mental torpor or confusion, which often continues for many hours—the countenance exhibiting a fatuitous and stupid cast. The duration of the paroxysm varies in different cases, from a few minutes to several hours. Sometimes there is but one fit at a time; at others, three or four, and even more paroxysms, occur in quick succession, before the disease terminates. The fits are in general more protracted in children than in adults. Sometimes the attacks are strictly periodical in their recurrence, more, generally, however, they return at regular intervals, and the duration of these intervals is exceedingly various. Epilepsis, depending on intestinal irritation and catamenial irregularities, are most apt to become periodical. (Richter.) The periodicity of this disease is ascribed to lunar influence, by Mead, Balfour, and others. This opinion is not supported by sufficient testimony to entitle it to credit.

Epilepsy is seldom fatal, except by the intervention of apoplexy. By repeated recurrence, it never fails to impair the understanding—terminating sometimes in perfect idiotism.

Autopsic phenomena. According to Wentzer, the *cerebellum* is much more frequently found diseased than the *cerebrum*. The pineal gland is often found in a morbid state; tumors and other structural derangements are, in some instances, discovered in the cerebrum. In the *cerebellum*, have been noticed indurations and a peculiar friable matter between its lobes, with destruction of a portion of their substance. In many instances, however, not the slightest traces of organic disorder are discoverable, either in the cerebellum or cerebrum.

Predisposing causes. Predisposition sometimes constitutional, and even *hereditary*, and always augmented by the attacks of the disease. Young people, about the age of puberty, most liable to epileptic attacks.

Exciting causes. Some act directly on the brain—the disease being then called *idiopathic*. Others act on remote parts—affecting the brain sympathetically—this constitutes *symptomatic* epilepsy. Among the former causes, are: malformation of the skull; depressed bones; exostosis from the internal surface of the cranium; organic derangements; vascular congestions and effusions in the brain, &c. Among the most common causes of the latter class, are, *intestinal irritation* from worms and other irritants; dentition; suppression of the *catamenia*, of hæmorrhoids, and of perspiration; the drying up of old ulcers and issues; the repercussion of exanthematous eruptions, or of chronic cutaneous diseases, as measles, small-pox, *itch*, and *tinea capitis*. Exclusive sanguineous and other evacuations; onanism; various poisons, both vegetable and mineral; *habitual intemperance in the use of spirituous liquors*; pregnancy; irritation from biliary concretions and urinary calculi; sudden and violent *terror*; anger and grief; disagreeable and strong impressions on the senses; spiculae of bones, tumors, &c. pressing upon, and irritating some nerve; the sight of a person affected with the disease.

Proximate cause. Various opinions expressed by authors.

A temporary local turgence of the cerebral vessels, is probably the immediate cause of the epileptic paroxysm. (Johnson.) According to Mansford, an accumulation of electric matter in the brain, constitutes the proximate cause. Others regard organic derangement of some part of the brain as the immediate cause. I regard the first opinion as the most probable.

Diagnosis. Sometimes confounded with *hysteria*. They may be distinguished by the following circumstances. In *Hysteria*, there is no *foaming at the mouth*, nor is the countenance so *lived* and *distorted* as in epilepsy; the hysteric paroxysm does not *terminate in heavy sleep*, as does the epileptic. In hysteria, there are globus hystericus, involuntary laughing, weeping, and other hysteric symptoms.

Prognosis. Not much immediate danger. In relation to its sanability, however, the prognosis is always favorable.

Symptomatic, more frequently cured than *idiopethic* epilepsy. Causes depending on catamenial irregularities, in young females, most frequently yield to remedial treatment. The more frequently it has recurred, the more difficult the cure. Epilepsies that come on soon after birth, are hardly ever cured. Cases produced by falls and blows on the head, are very generally incurable. From the period of dentition, to that of puberty, the most favorable age for the cure of this disease. It is more unfavorable, when the precursory symptoms consist of some affections in the head, than when they are felt in other parts, particularly the extremities. Protracted sleep and stupor after the paroxysm, very unfavorable.

TREATMENT. In prescribing for epilepsy, we must first endeavor to ascertain its original exciting cause—its duration, the time and manner of the first attack—the constitutional habits of the patient—his age, pursuits, concomitant disorders, temper and mode of living. It is upon these circumstances alone, that a rational treatment can be founded. Where there are marks of general plethora,

brisk cathartics, emetics, a draught of *cold water*, and ligatures round the limb, above the part to which the *aura* (where the sensation precedes the attack) has risen, in warding off an approaching paroxysm, in cases that continue from habit, after the original exciting cause no longer exists. I have known an eleptic person, who could prevent the paroxysm, when he felt it approaching, by a draught of cold water. Eberly says: the tincture of lobelia, cayenne, gum myrrh, nervine and blood root, given in tablespoonful doses, will prevent paroxysm, by the removal of every thing which may compress the veins of the neck, and *sinapisms* to the feet, may be beneficially employed. No treatment will either materially mitigate or shorten the paroxysm.

The radical cure is to be attempted during the intervals. Where the exciting cause can be ascertained, and is of a nature capable of being removed, this should be immediately attempted, as the first and most important curative measure. When gastric irritation from worms, acidity, and other causes exists, as its cause—as is often the case with young children, anthelmintics, emetics, absorbents, and tonics, are proper. When suppressed perspiration has given rise to the disease, diaphoretics should be employed: here, camphor, guaiacum, sulphur, together with the warm bath, warm clothing, and dry frictions, particularly serviceable. When repercussion of cutaneous affections, or the drying up of old ulcers, was the original cause, issues, vesicatories, pustulating applications, warm bathing, frictions and stimulating diaphoretics, are the appropriate remedies. When the disease arises from menstrual irregularities, means must be employed to obviate the morbid determination to the uterine system. An indispensable remedy—the warm semicupium, frictions about the back and loins, stimulating enemata, the internal use of spirits of turpentine. I have used a pill composed of equal parts of the extracts of nervine, misseltoe, smart weed, blue copash, sanguinaria, May weed, bever castor, assafoetida, with equal parts of cayenne and lobe-

lia seed : roll into common sized pills. Dose—one to two pills three times a day. These pills will cure asthma or asma, and all diseases of the lungs. I give from 2 to three pills each day, one on going to bed, one in the morning on an empty stomach, and one at noon if required—if not two pills each 24 hours. The Indians use blue copash, prickly ash, blood root—man in the ground, resembles sweet potatoes—and blue flag : they give them in teas or powders, in teaspoonful doses, from one to three times a day, one half hour before or after meals. The dose may be regulated according to the age or temperament of the user. They use, as their most powerful remedy in this disease, lobelia syphilica : they give this in teas—but mostly in tincture—from a tea to a desert spoonful doses three times a day. This species of lobelia does not act promptly as an emetic, though it will puke sometimes : but cold water will be rejected from the stomach, if it is in a torpid state. The Indians use pola poda, which grows out of the bark of trees, blooms in the winter, leaves from one to six inches long—in powder, in teaspoonful doses, three times a day. This medicine is dangerous in females, as it will cause abortion : forty-nine times out of fifty they use it for that purpose.

N. B. If this leaf is not spelled correctly, I stand corrected, as I have no books to correct me at present.

PERTUSSIS—WHOOPIING COUGH.

Character. A contagious cough—paroxysmal, convulsive, and suffocative ; inspiration during the cough, shrill—the cough frequently terminating in vomiting.

Whooping cough may be divided into three stages : 1. The *forming stage* ; characterised by the usual symptoms of ordinary catarrh ; i. e. lassitude, weakness, and headache ; sneezing ; slight hoarseness ; discharge of thin mucus from the nose ; restless sleep ; inappetency ; and generally slight febrile symptoms ; the cough is shrill, dry, and comes on in sudden but short paroxysms, without

whooping. This stage lasts from two to three weeks. The *convulsive stage*: characterised by violent paroxysms of *convulsive* and *suffocative* cough, the inspiration being difficult and stridulous, and attended with a sense of obstruction or spasmodic stricture of the glottis. These paroxysms return at first five or six times daily, and gradually increase in frequency, so as, at last, to return almost hourly. The approach of a fit of coughing, is always announced by a sense of stricture in the breast, and titillation in the larynx and prae cordiae. The paroxysm lasts from a half to four or five minutes, and terminates by vomiting, or the discharge of a large quantity of viscid mucus from the bronchia. Pain is felt in the breast, immediately after the cough. The duration of this stage is very various: in general it lasts from four to six weeks: 3. *The stage of declension*; this stage begins, when the spasmodic and suffocative character of the cough begins to abate. The declension of the disease is always very gradual; its duration is as various as that of the other stages—commonly from two to four weeks.

Prognosis. Whooping cough is seldom fatal, except by the supervention of bronchitis, hydrocephalus, cynanche trachealis, pneumonia, convulsions, or marasmus.—*Sequelæ.* Glandular swellings, dropsy, epilepsy, ophthalmia, ruma, rickets, general cachexy, phthisis, &c.

Proximate cause The opinions on this subject are exceedingly various. Marcus, Whatt, and others, regard it as a peculiar species of bronchial inflammation. Webster regards the brain as its primary disease. Albers considers it as depending on a peculiar irritation of the eighth pair of nerves. Some view the stomach as its original location; and others regard it as a spasmodic disease, allied to asthma. My own opinion coincides with that of Albers. My reasons for rejecting the doctrine of its being an inflammatory affection. The inflammatory symptoms which frequently occur in this disease, are not *essential*, but *accidental* to the disease. In many cases, not the

slightest febrile symptoms occur; and when we reflect on the almost constant agitation and irritation which the lungs suffer from the cough, we have good grounds for believing that the inflamed appearance of the mucous membrane of the bronchia, so commonly found on post-mortem examination is the *effect*, and not the *cause* of the disease.

TREATMENT. Emetics always beneficial—lobelia or ipicac. Warm bath beneficial. Expectorants—lobelia, Indian turnip, eupetorium, ipicac squills, should be given, in small doses, to relieve the lungs of the mucus.

Syrup—lobelia seed 1-4 ounce, eupetorium 5 ounces, Indian turnip 5 ounces, spikenard 5 ounces, hoarhound 5 ounces, blood root 5 ounces. Put all into a pot: add three gallons water, boil down to two quarts, strain, and boil down to one quart—add one pound of lump sugar, three gills brandy. Dose—a teaspoonful, given from 3 to 6 times a day. A constant drink of a tea of shell bark: hickory is the best remedy.

ASTHMA.

Character. Great difficulty of breathing, attended with a sense of suffocation, great thoracic constriction, wheezing and cough.

Symptoms. The attack usually preceded by premonitory symptoms; such as drowsiness; head-ache; itching of the skin; flatus; heart burn; acid eructations; sickness; fullness and anxiety about the præcordia; weight over the eyes, &c.

The paroxysm generally comes on at night, during sleep. It is characterised by inexpressible anxiety; very laborious wheezing, and suffocative breathing; great tightness about the chest; countenance bloated and lived—sometimes pale; cold extremities; intense desire for cool fresh air; incapability of lying down; pulse frequent, irregular, and often intermitting; abdomen distended with wind; cough, at first dry; a copious expectoration of viscid mu-

cus occurring in the course of some hours, bringing with it considerable temporary relief. The symptoms remit greatly, during the ensuing day. On the next night, however, the fit generally returns. In this manner, it often goes on with remissions by day, and exacerbations by night, for five or six days; and sometimes much longer.

Predisposition. The disease rarely occurs before the age of puberty. The predisposition appears to consist in an irritable and weak condition of the respiratory organs. It seems, in some instances, to be hereditary. Persons of weak muscular power, and disposition to obesity and corpulency, are most liable to the disease.

Exciting causes. Particular conditions of the atmosphere, in relation to its humidity, electricity and temperature; various irritating substances conveyed to the lungs; suppression of accustomed discharges; repercussion of cutaneous affections; metastasis of gout or rheumatism; general plethora; gastric and intestinal irritation; derangement of the digestive functions; certain odors; indigestion, anger, and terror.

Authors have divided asthma into a great many varieties. It does not appear to me, that these distinctions are of any practical utility; although it is unquestionably of much importance to attend to the nature of the exciting cause, in prescribing for the disease.

Proximate cause. The opinions on this subject very various. Cullen ascribed it to a preternatural spasmodic constriction of the bronchiæ. Parry to a vascular fulness of the bronchial membrane, by which the air cells are mechanically diminished. Potter, to general venous congestion of the lungs. Bree, to an irritation seated within the air cavities, caused by a viscid and irritating serum. My own opinion is, that it depends on a peculiar irritation of the pneumogastric nerves, in consequence of which, the regular transmission of the nervous influence to the lungs, is uninterrupted. This opinion is founded: 1. On the effects which are produced on respiration, by dividing the

eighth pair of nerves, which entirely resemble the phenomena of asthma: 2. The suddenness with which the spasmodic breathing may often be allayed, by certain medicines, as the *lobelia inflata*, and, 3. The beneficial effects resulting from the transmission of the galvanic influence through the lungs.

TREATMENT. Emetics of *lobelia inflata*. Asthma pills—*lobelia* seed 1 ounce, cayenne pepper 1 ounce, assafœtida 1 ounce, extract of blood root 1 ounce, extract of wild cherry 1-4 ounce, extract of shell bark (hickory) 1 ounce. Roll into common sized pills. Dose—three pills a day, morning, noon, and evening, half an hour before or after meals. From five to twenty peach kernels may be used each day. The root of the stramonium is to be cut fine, and smoked in pipe.

Symplocarpus fetida. I have know the infusion of the root of this plant, give great and prompt relief.

Lobelia inflata. I regard this vegetable as decidedly the most valuable remedy we possess, for arresting or mitigating the asthmatic paroxysm.

I have known a violent fit of asthma completely allayed in the course of thirty minutes.

Coffee. A cup of very strong coffee will often procure much alleviation in this complaint.

Galvanism has in late years been employed with much advantage in this complaint, by Dr. Philip and others. The galvanic influence must be communicated with much force. The two wires of a weak galvanic trough, are to be attached, one to a piece of metal placed on the pit of the stomach, and the other on the side of the neck, over the *par vagum*.

Bitters, with occasional mild aperients, moderate exercise, and above all, a light and digestible diet, with the use of the cold shower bath, are to be used during the intervals of the attacks.

DROPSY.

Dropsical effusion is not, properly speaking, a disease, but only an effect of disease. The morbid condition upon which the dropsical effusions depend, is either inflammation or a state of the exhalents closely allied to inflammation. (Rush.) The doctrines which allege, that torpor of the absorbents, or relaxation of the exhalents, is the proximate cause of the effusion, are examined, and their insufficiency pointed out. There is no doubt, always deficient venous absorption—because that condition of the capillaries, which disposes to to excessive exhalation, is essentially connected with a congested state of these vessels, and congestion, or vascular fulness, always impedes absorption. (Magendie.) Observations on the character of the urine, in hydropic diseases. In some instances, the urine contains more or less serum; in others, it is entirely destitute of it. According to the observations of Blackall, Willis, and Ayre, it is in the sub-acute and idiopathic forms of dropsy, that the urine is loaded with the greatest quantity of serum. In dropsy from scarlatina, there is generally a large quantity of serum in the urine. In local dropsies, not attended with general excitement, the urine is seldom charged with any serum. (Ayre.)

When the heart sympathises with the local or [general morbid action of the exhalents, febrile symptoms attend. When the morbid excitement of the exhalents does not extend to the heart, the general circulation is languid, and debility and relaxation characterise the disease.

The general indications in the treatment of dropsy, are; 1. To procure the absorption and elimination of the effused fluid: 2. To correct the morbid action of the serous exhalents, from which the effusion takes place.

Dropsy is divided into three principal varieties, viz. *Anasarca*, *ascites*, and *hydrothorax*.

ANASARCA—DROPSY.

In this variety, the effusion takes place into the cellular tissue. It may be either local or general. A part that is anasarcaous, pits on pressure. It almost always begins in the feet or legs—the swelling diminishing during the night, and increasing towards evening. The urine in this, as in other varieties of dropsy, is always scanty and high colored; the countenance is sallow, the general system sluggish, and there is usually much sleepiness. Anasarca is frequently connected with effusion into the abdomen and chest.

Causes. Local anasarca may be produced, by whatever impedes the return of the blood from a part—as, indurated glands pressing on large veins, ligatures, &c. It arises from mere general debility; diseases of the heart; phthisis, &c.

General Anasarca may result from hemorrhages, diarrhœa, diabetes, and other circumstances that rapidly exhaust the system. Observations on the manner in which these causes produce dropsy. *Sudden suppression of perspiration*, particularly after scarlatina, measles, or while under the influence of mercury, a frequent cause of general anasarca. Dropsy from this cause always decidedly phlogistic. General anasarca may also result from the internal use of arsenic—from torpor of the kidneys—from amenorrhœa, general plethora, with a relaxed habit, chronic diseases, intestinal irritation, &c. Observations on the *modus operandi* of these causes.

Proximate Cause. A sub-inflammatory action of the exhalents of the cellular tissue, attended with increased exhalation, and diminished venous absorption. It appears to me probable, that congestion in the *venous* capillaries, performs an important part in the production of dropsical accumulations.

ASCITES—DROPSY.

Abdominal dropsy. Its causes are sometimes *local*, at others *general*. The local causes are such as impede the circulation through the portal system of vessels—among which, visceral indurations, particularly of the liver and spleen, are the most common. Dr. Ayre denies that visceral obstructions produce dropsy; they notwithstanding frequently do so. The most common general cause, is *cold*, either generally or locally applied. When the result of this cause, its character is always conspicuously inflammatory; the blood usually exhibiting the buffy coat; the skin being dry and hot; the pulse frequent and tense, and the urine loaded with serum. Ascites is seldom wholly free from anasarca. Intestinal irritation sometimes gives rise to abdominal dropsy. It occurs as the sequel of peritonitis. *Diagnosis.*

Proximate cause. A morbid action of the exhalents of the peritoneum, attended with capillary congestion, and diminished venous absorption.

HYDROTHORAX—DROPSY.

Serum effused into the cavity of the thorax. It is characterised by the following

Symptoms. Oppression in the chest; difficult respiration, particularly when lying down, or ascending heights; dry cough; a sense of suffocation, when in a recumbent position; sudden starting during sleep; pulse intermitting, or irregular; thirst considerable; urine scanty; œdema of the feet; a pale bloated countenance, &c. Divided into *symptomatic* and *idiopathic*. The first arises from *organic affections*—the latter from *general causes*.

Causes. Organic affections of the heart. When from this cause, the effusion occurs on both sides. *Chronic pleuritis*, a frequent cause of hydrothorax. It may also result from a tuberculous state of the pleura, and even from structural disease of the stomach and liver. This is by

far the most frequent variety of hydrothorax, and is almost always incurable.

Idiopathic hydrothorax, is of very rare occurrence, and generally easily cured. The effusion almost always occurs only on *one* side—that side becoming sometimes considerably enlarged, by the pressure of the fluid.

General plethora, predisposes to hydrothorax; particularly in persons who have passed the middle period of life, and who indulge in the pleasures of the table, and use but little exercise.

Diagnosis. A sense of suffocation on lying down, and on firm pressure on the abdomen, will generally distinguish it from mere organic disease of the heart. Percussion produces a *dull* sound, and *stethoscope* detects the absence of the respiratory murmur.

TREATMENT. When the heart sympathises with the primary local irritation, or with the morbid action of the capillaries from which the effusion occurs. Emetics an important remedy. It is indicated in all cases in which there is tension and quickness of the pulse.

Diuretics, are important remedies in hydropic disease. Their operation is, however, rather palliative than curative—that is, they evacuate the effused fluid, rather than correct the morbid action on which the effusion depends. In full, and phlogistic habits, their operation is promoted by emetics and cathartics. When the effusion is very extensive, and the blood has been deprived of a great portion of its serum, copious draughts of water promote the operation of diuretics. The mode in which diuresis removes dropsical effusion explained. The most useful diuretics in dropsy, are: squills, digitalis, tobacco, cantharides; acetate, nitrate, and tartrate of potash; colchicum, wild carrot seed, erigeron heterophyllum, and juniper berries.

The *squill* is the best diuretic in hydrothorax. It is best adapted to cases in which the urine is very scanty, high col-

ored, and sedimentous, and not attended with much febrile excitement. Jallap one third, cream tartar one third, copperas one eighth, given in from three to ten grain doses, from three to six times each twenty-four hours: this will bring copious discharges. If the discharges are too copious, give tonics to brace the system: wild cherry bark, dog wood, eupatoriem, waughoo bark, given in portions of tea, best cold or milk warm. Nitre is an excellent remedy, when the febrile excitement runs high. Diuretic drinks, such as infusion of juniper berries, wild carrot seed, &c. Bitter root, dog's bane, jallap, and cream tartar, equal parts, will bring copious discharges—one eighth of gambage may be added. Dose—according to judgment. The Indians use tilia, perera crab, swamp ash, wafer bush. I have cured three cases with it and blue flag, given in infusions of tea. I will give receipts for this disease in another part of this book. The bark of cucumber tree is an excellent remedy, given in tea every three hours.

DIARRHŒA.

Character. Frequent feculent stools, generally copious, always more liquid than natural, commonly attended with griping, but free from tenesmus and fever.

Causes. Some act directly on the alimentary canal; others indirectly, through the medium of the general system. Of the former kind, are: indigestible and irritating articles of food; acrid secretions; worms; acid, and other irritating substances received into the stomach. Among the more general causes, are: dentition; cold, particularly when connected with humidity; the repercussion of cutaneous eruptions; various general and local diseases, as phthisis, affections of the liver, &c. It may also be excited by violent mental emotions, as terror and grief.

Proximate cause. An increased irritability of the intestines, giving rise to increased peristaltic motion. In *protractid*

cases, the mucus membrane of the intestines is generally in a state of chronic inflammation, and frequently more or less ulcerated. (Broussais, Abercrombie.) According to Broussais, when diarrhœa continues beyond the thirteenth day, it almost invariably depends on *organic* disorder of the mucus membrane of the colon. He asserts, that *chronic inflammation* of this membrane exists in *all* cases. This is doubtful. When ulceration exists, it is always most conspicuous in the cæcum, and the lower part of the colon.

TREATMENT. The principal indications are: to subdue the irritability, or phlogosis of the bowels; and to remove, as much as possible, all local irritating causes. These indications are to be fulfilled: by determining the circulation to the surface, and thereby lessening the afflux of blood to the vessels of the intestines; and, by prescribing the most simple and unirritating articles of food. To allay intestinal irritability, and determine to the surface. Use emetics. Should much acid exist, which generally does, use soda or saleratus: then use the tincture of crane's bill and nutmeg, equal parts, with the tincture of white oak acorns or green percomons, equal part, with one fourth part of the tincture of cinnamon bark, and one fourth spirits of camphor, with one fourth of the essence of annis seed oil or the tincture of annis seed. Mix all the above tinctures together, give from ten drops to a teaspoonful each two hours. The annis seed will heal and subdue the inflammation. If the annis seed is not used, use slippery elm, or wheat flour, after browning it in a pot or kettle: give from a half to a tea spoonful every two or three hours. Make a syrup by boiling malloes and the bark of the root of percimon tree; this must be made each day—add no spirit to it. Warm bath all important once or twice a day: or sponge with water and vinegar milk warm. Astringents—dew berry root, crane's bill, beach buds. Mucilagenous drinks—slippery elm, malloes. Tonics—quinine, extract eupetorium.

CHOLERA.

Character. Frequent and violent vomiting and purging, with severe griping and cramps in the extremities.

Symptoms. Its attack is almost invariably sudden. There is at first pain and tension in the epigastric region—followed soon by colic pain about the umbilical region, attended with nausea, upon which vomiting and purging speedily ensue. The discharges are at first watery and *without* bile; nor is there often bile thrown from the stomach, in the commencement. After the disease has continued for some time, however, *bile* appears in the evacuations. The most distressing symptom, is the excessively severe cramps which occur in the abdominal muscles, and the extremities in violent cases. Cholera seldom continues more than 24 hours—it often terminates in death, within two hours.

Causes.—A superabundance of bile in the stomach is not, as was formerly, and is still thought by many, the immediate exciting cause of cholera. There is on the contrary, a *deficient secretion of bile*—the liver being in an inactive and congested condition. The torpor of the liver, is generally in direct proportion to the violence of the disease.

The evidences of the approach to this country of the great pestilence are rapidly developing themselves. The epidemic is moving through Europe with rapidity, and is marking its course with its usual fatality. We think it well enough for the public mind to arm itself with confidence in preparation to meet the visitation.

These recommendations are made, according to the London Lancet, by the gentleman who was sappointed by the poor law commissioners to examine the condition of the London Poor Houses. In anticipation of the approach of cholera he says :

1. We would urge the necessity, in all cases of cholera, of an instant resource to medical aid, and also under every form and variety of indisposition; for during the pre-

valence of this epidemic all disorders are found to merge in the dominant disease, 2. Let immediate relief be sought under disorder of the bowels especially, however slight. The invasion of cholera may thus be readily and at once prevented. 3. Let every impurity, animal and vegetable, be quickly removed to a distance from the habitations; such as slaughter-houses, pigs-styes, cess-pools, necessaries, and all other domestic nuisances. 4. Let all uncovered drains be carefully and frequently cleansed. 5. Let the grounds in and around the habitations be drained, so as effectually to carry off moisture of every kind. 6. Let all partitions be removed from within and without habitations, which unnecessarily impede ventilation. 7. Let every room be daily thrown open for the admission of fresh air; and this should be done about noon, when the atmosphere is most likely to be dry. 8. Let dry scrubbing be used in domestic cleansing, in place of water cleansing. 9. Let excessive fatigue and exposure to damp and cold, especially during the night, be avoided. 10. Let the use of cold drinks and acid liquors, especially under fatigue, be avoided, or when the body is heated. 11. Let the use of cold acid fruits and vegetables be avoided. 12. Let excess in the use of ardent and fermented liquors and tobacco be avoided. 13. Let a poor and insufficient diet, and the use of impure water for culinary purposes, or for drink, be avoided. 14. Let the wearing of wet or insufficient clothing be avoided. 15. Let a flannel or woolen belt be worn round the belly. (This has been found serviceable in checking the tendency to bowel complaint, so common in the prevalence of cholera. The disease has, in this country, been always found to commence with a looseness in the bowels, and in this stage it is very tractible. It should, however, be noticed that the looseness is frequently unattended by pain or uneasiness, and fatal delay has often occurred from the notion that cholera must be attended with cramps. In the earlier stage here referred to, there is often no griping or cramp, and it is at this period that the disease can be most easily arrested.) 16

Let personal cleanliness be carefully observed. 17. Let every cause tending to depress the moral and physical energies be carefully avoided; let exposure to extremes of heat and cold be avoided. 18. Let crowding of persons within houses and apartments be avoided. 19. Let sleeping in low or damp rooms be avoided. 20. Let fires be kept up during the night in sleeping or adjoining apartments, the nights being the period of most danger from attack, especially under exposure to cold or damp. 21. Let all bedding and clothing be daily exposed during the winter and spring to the fire, and in summer to the heat of the sun. 22. Let the dead be buried in places remote from the habitation of the living. By the timely adoption of simple means such as these, cholera or any other epidemic will be made to loose its venom; so true is it that "internal sanitary arrangements, and not quarantine and sanitary lines are the guards of nations." These simple measures are worth all the nostrums or specifics which have ever been vaunted for the cure of Asiatic cholera.

TREATMENT. Give soda powders, and add to one of the glasses with the powder, from a teaspoonful to a tablespoonful of the cholera drops: give at intervals of from ten to twenty minutes. Local: rub the stomach with a strong tincture of cayenne, made by boiling it in a jug with the cork out, and placing the jug in a pot of boiling water: settle the water and boil for twenty or thirty minutes; the spirit will boil in the jug; or you may bring the spirit to the boil and set it off; when cool bring it to the boil again. You can make any tincture in one hour by this process. By rubbing the stomach, you will stop the puking as soon as you neutralize the acid. If the cramps should prove severe, rub the arms and feet with the tincture of lobelia seed, with a warm bath.

Cholera Pills. Extract of sanguinaria 1 ounce, cayenne 1 ounce, saleratus 20 grains, oil horsemint 1-4 ounce, oil of catnip 50 drops, oil of annis seed 30 drops, sulphate of quinine 2 drachms—roll into pills. Dose from 6 to 12 pills as often as required.

Cholera Drops. Alcohol 1 pint, gum camphor 1.2 ounce oil annis seed, oil catnip, oil horsemint, oil cinnamon, oil cloves 100 drops each, tincture cayenne 6 ounces, tincture gum myrrh 3 ounces, tincture crane's bill 6 ounces: shake well when all are together. The tinctures ought to be made of 90 per cent. alcohol. Dose—from a teaspoonful to a tablespoonful, in double the quantity of water, as often as required, at from ten to thirty minutes intervals. Sponge the surface with warm vinegar, saleratus, table salt, mustard and cayenne. Should the puking not stop with the above treatment, an emetic will be beneficial. Inject with No. 6 and the tincture of crane's bill, with a small portion of the cholera drops, from a teaspoonful to a tablespoonful. Rub the region of the liver with the tincture of cayenne. The crane's bill root ought to be made into a strong tea and given in teacupful doses; and if the purging should continue difficult to stop, give from 5 to 20 grains of roch or burnt allum every hour, for two or three hours, which will check the action. When the disease makes its first attack, if the cholera drops and allum are used, the disease will yield in a few hours, and I strongly urge their use in time.

If the cholera drops, crane's bill root, and the burnt allum are timely resorted to, I would strongly urge them in answer to the second article of the London Lancet. Cayenne pepper will stop puking. If the stomach is poulticed with it, the tincture will answer. Plenty should be rubbed over the region of the liver to excite an action, which the tincture will do. I consider that opium ought not to be used, as the patient, under the influence of it, is not capable of giving a correct answer to the symptoms of his disease, when requested.

COLIC.

Colic is divided into several varieties, according to the nature of the exciting causes.

Flatulent colic, so called from the prominent symptoms of in-

digestion and flatulency which attend. It is produced by irritating and indigestible articles of diet.—Debility of the digestive organs predisposes especially to this variety of colic. The colic pains comes on, an hour or two after the indigestible diet is taken. Sometimes the food passes into the bowels in an imperfectly digested state, and then the pain does not come on so soon, as is felt low down in the abdomen. At first, there is a sense of distension in the pit of the stomach, followed soon by pain, which rapidly increases, until it acquires an intense degree of violence. The pain occasionally remits. During the exacerbations, the patient throws himself about, and presses firmly on his abdomen with his hands. Large quantities of air are from time to time forced up, or passes off downwards.

Diagnosis. Distinguished from enteritis, by the agitation of the patient; by the relief obtained from abdominal pressure, and by the pain frequently remitting. In all these respects, the reverse obtains in enteritis.

Prognosis. Generally not dangerous, unless it terminates in inflammation, which sometimes, though not often, occurs. It sometimes produces a paralytic state of a portion of the bowels, giving rise to habitual costiveness.

TREATMENT. In slight attacks, carminatives and anodynes are often sufficient to procure relief.—Remedies of this kind generally answer well when the stomach does not contain any irritating substances. When it does contain irritating substances, an ipecacuhana *emetic* must be given.—*Purgatives* to be used when the pain is below the stomach; they may be advantageously combined with aromatics. I prefer castor oil and spirits turpentine in union, *Enemata*, always useful, where the pain is excessive.—It does not materially impede the subsequent operation of the necessary purgatives.

Bilious colic, so called, from the bilious vomiting, and other symptoms, manifesting functional derangement of the liver.

The more urgent and upeculiar symptoms of this variety of colic, are generally preceded by head-ache, want of appetite, bitter taste in the mouth, thirst, und bilious vomiting. The colic pains are excessively acute; pressure at first gives relief; but the abdomen becomes tender to the touch, as the disease advances. Immediately after vomiting, the pain suffers a temporary abatement.—The bowels are generally immovably torpid. About the second or third day, the eyes and skin become yellow. Tremor, numbness, and paralysis of the arms, occasionally occur in this disease. Eructations are common, and afford temporary relief.

Causes. Marsh miasmata. It occurs most commonly during the autumnal months, particularly after a long continuance of hot and humid weather. It may, however, be produced also by cause of a sporadic character.

It is generally believed, that the liver is in a state of morbid activity—that it secretes a superabundance of bile. Dr. Staly contends, that the liver is *torpid*—that there is a deficiency of bile. I have come to the same conclusion.

That there is functional derangement of the liver in this variety of colic, does not admit of a doubt; but I do not believe the biliary secretion *superabundant*, but on the contrary diminished and vitiated. That this is the case, may be inferred from the analogy which subsists between bilious colic, and *colera morbus*. Dr. Gregory observes that bilious colic is closely allied to cholera, occurring along with it, and apparently differing from it only in some unessential features. Now it appears to be well established, I think, that in cholera, the liver is far from being overactive—that is, in fact, in an engorged and *torpid condition*, secreting but a very small portion of bile. Excessive irritability of the stomach, and torpor, with congestion of the liver almost always appear in connection with each other. We have a further support

for this opinion, in the fact, that whenever the alvine discharges become bilious an amendment takes place.

TREATMENT. The principal indications are: To free the bowels from irritating contents: To allay the irritability of the stomach and bowels: and to restore the healthy action of the liver. *Emetics* are very useful in the beginning, when there is not full spontaneous vomiting. *Purgatives* are of primary importance. They can seldom be given, however, with effect, until the gastric irritability is allayed. Our principal reliance must be placed on the full operation of purgatives. Mild aperients to be used, for several days after the bowels have been once freely evacuated. *Epispastics, sinapisms, and fomentations,* are valuable auxiliaries.

Alkaline remedies are proper, when acid exists in the primæ viæ; magnesia is the best article of this kind. The *warm bath,* is a useful auxiliary. The utmost caution is to be used in relation to diet and exposure, during the period of convalescence. There are few diseases which are so apt to return, from errors in these respects, as the present one. Flannel should be worn round the abdomen. Very cold drinks must be avoided, during convalescence.

TETANUS—LOCK JAW.

Character. Tonic spasms of the voluntary muscles—the powers of sensation and thought remaining unimpaired.

Tetanus is divided into different varieties, viz: *trismus opisthotonos, emprosthotonos, pleurothotonos*. In the first, the muscles of the jaw are chiefly affected: in the second, the extensors of the back, producing *recurvation* of the body; in the third, those on the anterior part, producing *incurvation*; and in the last, those on the side are principally affected, causing *alateral* curvature. It is divided also into *idiopathic* and *traumatic*—the former variety being the result of general causes—the latter, of external injuries.

This division has an important bearing both on the *prognosis* and treatment of the disease.

Symptoms. Its approach is almost always gradual, the symptoms being developed in the following order. Slight difficulty of deglutition and change of the voice; an uneasy sensation in the præcordial region; stiffness in the muscles of the neck and jaws. These symptoms having increased to a considerable degree of violence, sudden painful retractions about the ensiform cartilage, with simultaneous retraction of the head, occur. Deglutition is painful and difficult, and re-excites the spasms. The spasms require more and more violence and frequency, until the retraction of the head, and rigidity of the whole body become truly frightful. The mind is seldom affected; the appetite generally remains, and digestion goes on regularly. Costiveness almost always attends. The muscles supplied with ganglionic nerves, and those which move the fingers, remain free from spasms, until near the fatal termination of the disease. The disease usually terminates before the fifth or sixth day—sometimes it continues much longer; and occasionally it assumes a chronic form.

Causes. Various injuries. Contused, lacerated, and punctured wounds, most apt to procure tetanus. A partial division or laceration of a nerve apt to excite it. The introduction of cold and damp air into gun-shot wounds when casting off their slough, favors the introduction of tetanus. (Larrey.) The application of caustic to encysted tumors; compound fractures; the insertion of artificial teeth; amputation; ligatures, including nerves; cutting corns too closely, &c. have all frequently produced the disease. Cold and damp night air, after fatigue and exposure to a high degree of atmospheric heat during the day, is the most common *general cause*. Hence its frequency in tropical climates. Atmospheric heat a powerful *pre-disposing cause* of tetanus. Traumatic tetanus generally comes on about the eighth or ninth day after the infliction of the wound; frequently not until it is cicatrized.

The favorable signs are: a very gradual supervention of the disease; abdomen not very hard; bowels easily moved; moist and moderately warm skin; sound sleep; an increased flow of saliva; a natural expression of the countenance. When the majority, or all of these circumstances occur we may entertain hopes of recovery. The *unfavorable* signs are: a sudden and violent invasion of the disease; great rigidity of the muscles of the back, neck, and abdomen; violent pain and retraction in the pit of the stomach; very hard and retracted abdomen; spasmodic twitches of the muscles of the neck and jaws, on firm abdominal pressure; hydrophobic symptoms.

TREATMENT. First poultice with beef galls, lobelia seed, and cayenne pepper, or apply every ten or twenty minutes the tincture of stremonium, lobelia, cayenne, and nervine to the wound. Emetics of lobelia; alterative doses of eupetorium, camomile; cathartics; then warm bath; ten to twenty drops of the tincture of lobelia every five or six hours. Local: rub with the soakings of tobacco and lobelia leaves, every twenty or thirty minutes, in a dangerous case.

INDIGESTION—DYSPEPSY.

Symptoms. Variable appetite—generally none; flatulence, distension, acid eructations, and colic pains, after eating. These symptoms characterise the slighter cases of the disease. By repeated errors in diet, or long continuance, it generally assumes a more aggravated form; in which case the stools lose their natural appearance, becoming bilious, very fetid, sometimes of a very dark color, at others too light or greenish,—and often mixed with portions of undigested food; the skin becomes sallow; the urine high colored, and sedimentous; diarrhœa, followed by constipation; griping; a sense of weight in the right hypochondrium; tenderness of the epigastrium; a foul and clammy tongue; debility, particularly after the operation of purges; general despondency and irritability of temper; ema-

ciation; a haggard expression of the countenance; frequently uneasiness of lying on the left side, and at last inability to rest easily on either side; a shrivelled and dry state of the skin, in protracted cases; great sensibility to low temperature, &c.

Causes. There are two conditions necessary for healthy digestion, viz.: 1. The secretion of a due quantity of healthy gastric liquor; 2. A healthy tone of the muscular coat of the stomach. Whatever therefore deranges either of these two functions, impairs digestion. The remote causes which are capable of effecting these morbid changes, act either directly on the stomach, or indirectly through the medium of the general system. Of the former kind are: all kinds of substances capable of irritating the stomach—such as irritating and indigestible articles of diet; the habitual use of spirituous drinks; the excessive use of condiments, opium, and other narcotics; the immoderate use of very warm, or very cold drinks; chronic hepatic disease; *over-distension of the stomach by food or drink*—of all the causes of indigestion, this latter is one of the most common. The circumstance which most commonly gives rise to over-distension of the stomach, is *rapid eating*; high seasoning, and frequent variety of food is also a frequent cause of over-distension. Over-distension does injury, by weakening the muscular fibres of the stomach, and by irritating the nerves of this organ. (Among the causes that affect the stomach, secondarily, through the general system, are: the depressing passions, intense study, excessive venereal indulgence, and whatever debilitates the general system.

Proximate cause. Irritation of the nerves of the stomach, and debility of its muscular fibres, either existing single or conjointly. In consequence of these conditions, the solvent gastric fluid becomes either depraved in quality, or deficient in quantity; and the contents of the stomach are not adequately embraced, and propelled forwards to the pyloric extremity.

Observations on the multifarious sympathetic effects of gastric irritation, from imperfectly digested food in the primæ viæ, and on the morbid effects which result from the absorption of imperfectly elaborated chyle into the circulation.

TREATMENT. The treatment of indigestion is divided into dietetic and medicinal. In slight cases, a proper attention to diet, with the occasional use of mild aperients, and a rigid avoidance of the exciting causes, will rarely fail to establish a cure. In all cases, whether simple or complicated, mild or violent, an undeviating attention to diet, is essential to the management of the disease. No particular direction in relation to the kind of diet, can be laid down, which is applicable to all cases. Some dyspeptics feel relieved by articles of food, which are altogether intolerable to others. Every dyspeptic must learn, in a great measure, from his own experience, what will, or will not agree with him. The degree of violence of the disease, too, has an important influence upon the power of the stomach, to bear particular kinds of food. What may be taken without inconvenience in the first periods, will generally become insupportable in the latter stages of the disease. At first, when mere debility of the stomach exists, the more digestible kinds of animal food, are decidedly the best; but if the disease continues, until a high degree of irritation, or chronic phlogosis, exists in the mucous membrane of the digestive organs, animal food is no longer proper—the disease then requiring the mildest articles of the farinaceous kind. Animal is more undoubtedly more digestible than vegetable food; and where the gastric irritation is not very considerable, it will very generally be taken with the least inconvenience. As a general rule, therefore, we may lay it down, as an established principle, that animal food is the most proper; and of this, the most tender muscular parts are to be used. The flesh of old is in general more digestible than that of young animals. Mutton, and most kinds of game, are of easy di-

gestion. Pork is generally difficult to digest, yet some dyspeptics bear it better than other meats. Acescent and oily articles are most difficult of digestion. Venison is perhaps the most digestible of all meat. New bread is of exceedingly difficult digestion. Simple roasting and boiling is the best mode of preparing meat for weak stomachs. All kinds of *fried* articles of food, are intolerable. Cheese, milk, cream, and butter are generally oppressive. Spices and condiments should be taken very sparingly. Fresh vegetables are very generally injurious, particularly, cabbage, peas, and beans. Of fruits cucumbers, pears, melons, currants, are the most indigestible. The food should be taken chiefly in a solid state. Slow eating, and perfect mastication, are all-important observances for dyspeptics. Not much drink should be taken during meals, or soon after. Moderate portions of good brandy, answer well in slight cases, but are improper in the more aggravated ones. Simplicity in diet is of the utmost importance; and what is of equal, if not still greater importance, is, to avoid over-distending the stomach.

Indian Treatment. I here give the Indian treatment for the cure of dyspepsia, finding it to excel all other remedies in my knowledge, mineral or vegetable. The Indians use red bud, Indian arrow, waughoo, spinnel wood, white wood, —this bush is known in different parts of the country, or different States, by these different names—they give it in a tea three times a day one hour before or after meals. I sometimes use it in bitters, though I prefer it in syrup. For bitters, take bark of the root of waughpoo 1 ounce, golden seal 1 ounce, the outside bark of shell bark (hickory,) 3 ounces—pulverize fine in a mortar or by any other means, then add 1 quart of best rye whiskey, or French brandy, or any other spirit that may be in your reach. If the patient is of a nervous temperament, use the best wine, and add one ounce of finely pulverized nervine root. The dose must be given according to judgment, age, or temperament, from a teaspoonful to a table-

spoonful three or four times a day, 30 or 40 minutes before or after meals.

Dyspepsia Tonic. Take waughpoo root or the bark of the root, best—if the root is used take 10 pounds, if the bark, take 1-2 pound—golden seal 1 pound, outside bark of shell bark (hickory) 3 pounds: pound fine; put the roots into a pot or kettle; add four gallons water; boil down to three quarts; let it cool; then shire and strain, and put it back into your pot; then boil down to three pints by scimming; then, if you wish, you may clarify by bone dust, eggs, or egg shells; then add just enough spirits to preserve it, in the winter less and in the summer more; add no sugar; if you add any sugar you will not cure quite as soon, as the sugar will cause distress in the stomach. Dyspeptic patients ought not to use any sugar in their diet, nor make use of tobacco or spirits: the sugar will cause an accumulation of acid, and you will crave vinegar or saleratus to neutralize it. The saleratus will injure if used to freely. I find that the waughpoo will regulate the acid, and cause the bowels to become regular, without physic. The regular practice is to give physic. I condemn it; and, in my estimation, every one that will use these bitters, will condemn it also. Relief is obtained, sometimes, in this disease by using steel dust or iron filings, taken in three grain doses, two or three times a day.

Directions for the dyspepsia tonic. Dose—from a teaspoonful to a tablespoonful three to five times a day. If the stomach is weak, just use what it will bear with ease.

Dyspepsia pills. Take equal parts of the extracts of waughpoo, golden seal, hickory bark and hoarhound: roll into pills: thicken with the bark of the root of waughpoo by finely pulverizing. Dose—one pill three times a day, half an hour before or after meals. In the commencement of the disease, two or three doses of my family pills will be of benefit.

ICTERUS—JAUNDICE.

Symptoms. Skin and eyes yellow; fæces clay colored; urine bilious, communicating a yellow stain; generally slight pyrexia; occasional pain (sometimes very violent) in the epigastrium; indigestion; languor; nausea; a sense of fulness in the stomach; torpor of the bowels; colic pains; drowsiness; bitter taste; debility, and indisposition to mental exertion; disturbed sleep, &c.

The fundamental affection is either an idiopathic or sympathetic derangement of the biliary organs, or of the duodenum, by which the bile is either obstructed in its passage into the intestines, or its secretion is suspended.

The occasional causes are very various. The principal are: intemperance in the use of spirituous liquors; irritating substances in the primæ viæ; cold; suppression of acute and chronic cutaneous eruptions; acrid bile irritating the common duct; biliary concretions plugging up the duct; violent anger; injuries and concussion of the brain; spasm of the duodenum, or of the common bile duct; induration and enlargement of the pancreas; grief; terror; constipation; viscid mucus clogging the orifice of the common duct; retained meconium; indurated liver; and, in short, whatever is capable either of suspending the secretion of bile, or preventing its natural egress from the liver. When it depends on spasm or biliary concretions, the pain is occasionally very violent.

Proximate cause. The external icteric phenomena, depend on the secretion of bilious matter into the sub-cuticular tissues, in consequence either of the resorption of bile into the general circulation, or of the retention of its elements in the mass of the blood, in case of hepatic torpor. When this occurs, the general capillary system, and particularly the cutaneous capillaries, perform the office of the liver vicariously, and free the blood of a portion of its superabundant biliary elements, by depositing them into the skin, &c.

Observations on the ratio symptomatum.

Great wasting of the flesh, and dropsy, are common sequelæ of very protracted and obstinate cases. The jaundice of new-born infants, is generally transient, and of no particular moment. When it depends on chronic hepatic disease, it is seldom cured. In general, however, it is not a dangerous affection, though often of difficult removal.

TREATMENT. Purgatives, composed of equal parts of the extracts of blood root and wild cherry bark—roll into pills, by adding one third part cayenne to thicken. These pills will act on the liver, and may be taken in doses of from 3 to 8 pills two or three times a day. One fourth of the cherry will answer. *Bitters* of wild cherry bark, blood root, and hops, equal parts, say one ounce or each, in one quart of spirits. Dose—a wine glass two or four times a day. Use tea of hops, poplar bark, hickory bark of the outside shell, and the yolks of hen's eggs, the yolk of one egg in three table-spoonsful of vinegar three times a day.

. SCROFULA.

Scrofula may be divided into two periods, or states; the one that peculiar diathesis, called the scrofulous habit; the other, the disease in its state of development and activity. The scrofulous habit or predisposition, may be acquired from accidental causes, or from hereditary transmission. The scrofulous habit is characterised by the following circumstances; a particular delicacy and languor of countenance; smooth, soft, and flaccid cheeks; a dull lead colored circle around the mouth with fine red lips; swollen upper lip; inflammation of the edges of the eye lids—particularly in children; weak digestive powers; scabby eruptions about the head; irregular state of the alvine discharges; slow growth of the body; aptitude to take cold, &c.—This dormant state of the disease may continue for years, or pass off, under favorable circumstances. More generally, however, it becomes gradually developed, under the

influence of various exciting causes; the lymphatic glands along the neck, and other parts become enlarged and by degrees pass into a state of slow inflammation, terminating in induration, or suppuration: the ulcers thus formed, discharge a thin, milky, and somewhat viscid fluid—are but little painful, and exceedingly slow in cicatrising. The cicatrices are uneven, and irregular; the eyelids and conjunctiva become inflamed, as well as the mucous membrane of the nose, and bronchia. In a more advanced state of the disease, the salivary and thyroid glands, and the pancreas, and other glandular parts, enlarge; eruptions appear on the skin; emaciation ensues: the extremities of the long bones enlarge; ulcerations occur, particularly in the cartilaginous and glandular structures; some of the bones become carious; the large joints inflame and suppurate; the spine becomes diseased; the nose, and palate, are destroyed by ulceration; in short there is scarcely any part of the body, which is not sometimes the seat of its frightful ravages. The most common course of scrofula, however, is the formation of tubercles in the lungs and consequent phthisis pulmonalis.

Scrofula occurs more frequently in children, than in adults. The scrofulous habit, is rarely formed after the period of manhood. The most common causes which produce this morbid habit, are: cold and atmospheric vicissitude; indigestible and unwholesome food; excessive indulgence in eating; confinement and want of exercise; long exposure to a humid atmosphere; mental disquietude; *chronic irritation in the stomach and bowels*, from worms and other causes; exposure to cold and humidity, during convalescence from various diseases, particularly measles, scarlatina, whooping cough; in short, whatever permanently debilitates the system, more especially during childhood.

Proximate cause. The scrofulous habit, consists probably in constitutional, or acquired excess of irritability in the lymphatic system, in connection with a weak condition of the assimilative powers.

Syrup. Sassafras bark 8 ounces, blood root 10 ounces, burdock root 3 pounds, cucumber tree bark, 1 pound, polk root 8 ounces, waughpoo bark 3 pounds: put the roots and barks into a pot; add five gallons water; boil down to one gallon; let it cool; strain; put on your pot again; boil and skim; boil down to two-quarts: add two pounds sugar and eight ounces spirits: bottle for use. Dose—from a tea to a tablespoonful three times a day, adding 1-2 ounce of salt petre to the syrup. Less spirits will answer in the winter. You must always put in enough to preserve, according to the weather.

Pills for scrofula. Extract of blood root 1 ounce, extract burdock root 1 ounce, extract cucumber tree bark 1-4 ounce, salt petre 1-2 ounce: roll into common size pills. Dose—from two to six pills in the evening on going to bed.

Wash for the sores. Sweet oil 1 ounce, cream tarter 1 ounce, flour of sulphur 1 ounce—add hog's lard 3 ounces. This will cleanse and heal the sores. Poultice the sores with hops, slippery elm, maloes and buckeye: pound and boil, and thicken with corn meal. Renew the poultice three or four times a day. Adder tongue is excellent to reduce the swelling and lumps.

Wash for the ulcers. Nitric acid and muriatic acid one ounce each: put them in an eight ounce vial; add one copper cent; let them boil till the copper is dissolved; then wash the ulcer with the wash as often as the fungus flesh appears.

Tonic, to be given in tea three time a day, to be taken cold. Bark of cucumber tree, waughpoo bark, boneset, and dogwood bark. Dose—according to judgment. Some people extol the polk root to cure any disease in the blood. It is a good remedy.

NO. 5 SYRUP.

Poplar bark 1 pound, bayberry 1 pound, cinnamon 1 ounce, smartweed 4 ounces, peach meats 6 ounces. Boil them in two gallons of water; strain off, and add 7 pounds of good sugar; then scald and skim. When cool add one gallon good brandy and keep it in bottles for use. Half a wine glass, two or three times a day, good to strengthen the stomach and bowels, and restore weak patients. It will cure dysentery.

VEGETABLE TONIC.

Unicorn root 1 1-2 ounce, colic root 1, bitter root 1 1-2, golden seal 2 1-2, black root 1, seneca snake root 1, poplar 1, columbo root 1, nervine 1 1-2, prickly ash 1-2, nutmegs 1, gum myrrh 3, angelica 1-2, coriander 1, fenel 1-4, annis 1-4, caraway 1-4, spirits 1 gallon, refined sugar 12 ounces. Dose—according to judgment, from three to six wineglassfuls a day—less or more, according to the age, temperament, or strength of the user.

TINCTURE OF CAYENNE.

Digest 4 1-2 ounces of cayenne in one pint of alcohol.

TINCTURE OF LOBELIA.

Digest 4 1-2 ounces of lobelia seeds in a pint of alcohol for ten days in a hot sun. Shake it often.

FOR LIVER COMPLAINTS.

Dandelion 1 pound, blood root 1 ounce, pleurisy root 2 ounces, nerve powder 2 ounces, bitter root 1 ounce, W. wood 2 ounces, liverwort 1-2 pound, aspen poplar 2 ounces. Extract by boiling one gallon water to three

pints : add sugar and spirits : dose from a tea to a table-
spoonful from two to five times a day.

FOR INFLAMMATION—*of all kinds.*

Lard 1 ounce, flaxseed 1 ounce—roasted together: then add
bread and sweet milk sufficient to thicken : then add 1-2
gill whiskey : then, when milk warm, add one egg.

CONSUMPTION.

Spikenard root 2 ounces, hoarhound 2, elcampaine 2, com-
frey 2, liverwort 1, solomon seal 2, skunk cabbage 2,
blood root 3. Add rain water and extract the strength by
boiling : then add sugar. Dose—a wineglassful three
times a day.

PUTRID SORE THROAT.

Two tablespoonsful of cayenne, of salt 2 do. 1-2 pint boil-
ing water, and the same quantity of vinegar. Dose—two
tablespoonsful every half hour.

HOT BITTERS.

Balmony leaves 8 ounces, bitter root 8 ounces, bayberry
bark 2 ounces, prickly ash leaves 8 ounces, rhubarb 2
ounces, caraway 1 pound, cloves 8 ounces, cayenne 1 1-2
ounces. Pulverize and mix : put one ounce of this pow-
der and two ounces brown sugar into a quart of spirits:
dose, a teaspoonful at a time.

COUGH SYRUP.

Elcampaine 1 ounce, comfrey root 1 ounce, hoarhound 1
ounce, wild cherry bark 1-2 ounce. Simmer in 3 pints
of water down to one pint : then strain : add one pound
sugar, and half pint Jamaica rum. Dose—a wineglassful
morning and evening.

FOR RHEUMATISM.

Burdock seeds 2 ounces, rheumatic root 3 ounces, wild cucumber 2 ounces, wild cherry bark 2 ounces, bitter sweet 2 ounces, golden seal 2 ounces, nerve powder 2 ounces, made into a syrup, by extracting the strength by boiling in two quarts of water to one pint: add sugar and spirit. Dose—a wineglassful three times a day.

FOR JAUNDICE.

Bitter root 2 ounces, poplar bark 2 ounces, wild cherry bark 8 ounces, cayenne 1 ounce, hops 2 ounces. Cover with boiling water. Add one pint Holland gin. Dose—from a half to a wineglassful three times a day.

CLARIFIED CHOLERA SYRUP.

Colic root 1 pound, bayberry 1 pound, umbil root 1 pound, golden seal 1 pound, boiling water 1 gallon—steep for several hours on hot embers, pore it off, and add 1-2 gallon more of boiling water, and steep it as before. Then strain through a thick cloth: add one gallon sugar house molasses, one gallon West Indian rum, one ounce cloves, one ounce tincture cayenne, one gill No. 6. When cool beat up the white of two eggs, mix well in the syrup. Then steep the whole together over embers; as it comes to a boil, carefully skim, and bottle for use.—Good in, all cases of cramp colic or spasms. Dose—from a tea to a tablespoonful as often as the case may require.

RESTORATIVE CORDIAL.

Comfrey root 1 ounce, solomon seal 1 ounce, spikenard 1 oz., columbo 1-2 ounce, gentian 1-2 ounce, golden seal 1-2 ounce, nerve powder 1-2 ounce, camomile 1-2 ounce,

angelica 1-8 ounce, coriander 1-4 ounce, fennel 1-4 ounce, capsicum 1 ounce. Add spirits, or extract by boiling : add sugar and spirit.

VEGETABLE TONIC.

Golden seal, bitter root, capsicum, Malaga wine.

NERVINE TONIC.

Ladies' slipper 3 ounces, ginseng 2 ounces. Pulverize and mix. Dose—one teaspoonful.

STRENGTHENING PLASTER.

Extract of mullein 1 ounce, extract of burdock root or leaf 1 ounce, rosin 2 ounces, turpentine from yellow or white pine tree 3 ounces : add all together. When you melt your rosin, gum and turpentine together, add spirits of turpentine one to three ounces, stir ; then pour the contents in a bucket of cold water ; then, as it cools, pull it like shoemaker's wax. If too hard, add spirits turpentine. This plaster may be spread on thin leather as thick as a common table knife, and may be worn for strains or weak backs. It will stick from one to five weeks.

PILES.

Sperm oil is a sovereign remedy for piles. Anoint three or four times a day.

WARTS.

Peel the wart ; then poultice with table salt and the yellow of hen's eggs for three or four nights, and the warts will drop out.

CONSUMPTION.

A tablespoonful of tar; three spoonfuls of honey; three yolks of eggs; one half pint wine. Mix and bottle for use. Dose—a teaspoonful from three to six times a day.

DRAWING SALVE.

Beeswax 1-2 pound, rosin 1-4 pound, flaxseed oil 2 ounces, turpentine 2 ounces, and the white of an egg.

STIFFNESS.

Indian cure for contracted muscles. Poultice with the brains of deer or squirrel; anoint with the yolks of eggs; beat the yolks fine; then add a little cold water; then sit near the fire and rub for one or two hours each day for two or three days, which will cure, if medicines are taken internally to operate on the bowels. I prefer the oil of eggs, obtained by putting a few dozen in a pot or kettle. After extracting the shells, add a small quantity of any soft oil; then, after roasting them on a slow fire for fifteen or twenty minutes, turn the pot or kettle on its edge, and the oil will appear. Anoint with the oil. This is excellent for rheumatic pains; and also the oil obtained from common fish worms—small ground worms. The oil can be obtained in the same way, by roasting, and adding a small quantity of any soft oil. This oil is excellent for the cure of rheumatic pains, &c. You can obtain the oil by roasting the eggs alone, &c.

AN INDIAN POULTICE

For the cure of cancers or all foul ulcers, white swellings, sore legs, &c. Poultice with cranberries—pound them fine. Poultice for four or five days; then use the cranberries and white or yellow lily, or you may make a caustic of the cranberries, by boiling them, and straining

the liquid : boil down to the consistency of tar ; then fill the sore with the plaster twice a day.

TO STOP VOMITING.

Take a piece of unslacked lime of any size, and slack it : one tablespoonful of the water, after settling, to two table-spoonsful of new milk mixed together, and given to the patient, will stop the vomiting immediately. A weak lie of hickory ashes is an excellent remedy. Remember, in all cases, after and before the vomiting, to rub the stomach with the tincture of cayenne. A warm bath is good sometimes.

SUPERIOR GAS BEER.

Superior gas beer is very palatable, and has been recommended by physicians as conducive to health.

For a seven gallon keg, take one teacupful of brewers or distillers' yeast and one pint of flour. After it has risen, put it into the keg, and add a pint and a half of molasses and two and a half gallons of cold water. Take two and a half tablespoonsful of allspice, and two of ginger and put them in a separate vessel, and pour four quarts of boiling water into it. Then put it into your keg, and add two pints and a half more of molasses, and fill up the keg with cold water. Shake it well. In the course of fifteen or twenty hours it will be fit for use. Your keg must be strong and tight, or the pressure of the gas, during fermentation, will burst it. To make the above beer in cold weather, it is necessary to put a pint and a half of skimmed milk into the mixture.

PECURIAL SOAP—*to take stains out of cloths.*

Take two pounds of white soap and shave it down fine ; put it into a pot ; then take two ounces of saleratus, two ounces of the supernate of soda, two ounces of soda of

camphor gum, dissolved in three gills of alcohol; then take two gills of rain water, and mix it all together; boil all well together; then take two ounces of charcoal, ground down fine, and when boiled, put in the two ounces of charcoal; stir well together; then take a piece of linen cloth and make a kind of moulds while hot; pour in the moulds, spreading it from one to two inches thick; let it cool well; then cut it up in small cakes.

CHILLS AND FEVER.

Sulphate of quinine and prusiate of iron, equal quantities.

Give from four to eight grains every hour until perspiration is produced. Should fever arise again, pursue the same course again. The second or third course never fails to cure any periodical fever.

2. Best lima two ounces, and carbonate of magnesia one half ounce: mix intimately, and divide into twelve parts. Upon the well day, give one part every four hours until four doses are taken. Omit the next day, and on the third day give four doses as above directed; omit three or four days, and then give the remaining four doses: but if the case is of long standing, I give four more doses on the seventh day from the last above mentioned.

I usually put a dose of the powder in a tablespoonful of spirits, and when all wet with it, add about a teacupful of water, stir it well, and drink it off.

TYPHUS FEVER.

Typhus is by no means so common a disease as is generally supposed. The term *Typhus* is frequently applied to fevers essentially distinct from typhus. Synochous and catarrhal fevers are often improperly denominated *typhus*.

Typhus divided into four periods, viz, the *forming* stage, the stage of *invasion*, the stage of *excitement*, and the stage of *collapse*.

SYMPTOMS—*Of the forming stage.* Lassitude, giddiness, and dull pain in the head; a peculiar uneasy sensation in the stomach, nausea, and sometimes vomiting; want of appetite; thirst, pale and shrunken countenance; tremor of the hands; eyes dull and heavy; muscular debility. This stage lasts from three to seven days.

Stage of invasion. Slight chills, alternated with flushes of heat; tongue whitish or clammy; entire disgust of food; nausea and vomiting; a sense of weight and anxiety in the praecordium. This stage lasts from six to twenty-four hours.

Stage of excitement. Face full and flushed; pulse full, somewhat resisting, and accelerated; skin dry and warm; lips parched; thirst urgent, bowels constipated; eyes red and watery; slight and transient delirium; vigilance; obtuseness of hearing; weight and oppression in the chest; tenderness and fulness in the hypochondria; catarrhal and peripneumonic symptoms; mind about the *third* day, confused, as if stunned; great reluctance to mental and corporeal action. About the fourth day, a *red miliary eruption* often makes its appearance. Hildebrand regards this as an essential exantheme of this disease. The voice is at first rather plaintive, but in the advanced periods of bad cases, it becomes guttural, and “at last, truly sepulchral.” The body exhales a peculiar odor in this disease. This stage lasts usually about seven days; at the end of this period, it terminates in the *Stage of Collapse*. This stage is characterised by: great prostration of muscular power; torpor of the sensorial functions; a very frequent and feeble pulse; tongue brown, dry, at last black; incrustation of the teeth with a blackish matter; short and feeble respiration; difficult deglutition; almost constant delirium; coma; tongue tremulous, and put out with difficulty; *subultus tendinum*; hiccough; heat of the skin intense and *acrid*; unequal distribution of the animal temperature; diarrhoea, with pain in the bowels, in the latter periods of severe cases; urine pale; tympanitic bowels; sometimes petechiae.

The foregoing sketch applies to typhus in its *regular* and *simple* form. In this form, there are manifest morning remissions, and evening exacerbations. Typhus is subject to various important modifications. In some instances, *local inflammations* supervene, forming what Dr. Armstrong calls

Inflammatory Typhus. The organs most liable to become the seat of inflammation are, the lungs, the brain, the intestinal canal, the liver, and the peritoneum.—The mucous membrane of the brain, the most commonly affected. The theories of Broussais and Clutterbuck referred to. In some instances, the stage of *excitement* does not become developed, the stage of oppression continuing throughout the whole course of the disease. This variety constitutes Dr. Armstrong's

Congestive form of typhus. This modification is characterised by: a want of reaction; great prostration and sinking, from the commencement; deep pain in the head, and in vertigo face pale and dingy; respiration anxious and oppressed; pulse small and variable; skin cool, damp, and relaxed; countenance bewildered or vacant; eyes dull, watery, and red, or glairy and staring, without redness; bowels at first constipated—towards the conclusion, copious involuntary stools; tongue pale and tremulous, becoming at last brown and rough; petechiae; passive hæmorrhages; coma; sometimes, from the beginning, complete torpor and insensibility.

Dr. Armstrong's opinion that the depressed and protracted state of the system depends on internal venous congestion, refuted.

The internal congestions are most probably the *consequence*, and not the *cause*, of the *impaired* or *depressed* condition of the vital energies. When the remote cause of typhus acts with great intensity upon the system, the vital powers are suddenly prostrated; in consequence of which, the heart and the capillary system act feebly—the blood recoils from

the surface to the central vessels, and gives rise to internal congestions, which the enfeebled heart is now unable to overcome.

Causes of Typhus. Typhus almost peculiar to the cold seasons of the temperate climates. Smith, Ferriar, and Wedekind, have seen it during the hottest weather in summer. Propagated by a specific contagion: evidence adduced in support of this assertion. Typhus occasionally originated by other causes than contagion—deficient and unwholesome food, and the contaminated air of confined and crowded apartments the most common cause of this kind.

Upon the subject of the *origin* and *mode of propagation* of this disease, physicians are by no means unanimous. Some regard typhus as always and essentially a contagious disease, while others deny that it is ever communicated in this manner. The weight of good testimony is in favor of the occasional *generation* of the disease, by causes entirely distinct from contagion. When once generated, it may, and frequently does, spread from the sick to the healthy, in the manner of a contagion.

Free and spontaneous vomiting, in the beginning, particularly when it relieves the giddiness, generally indicates a mild course of the disease. *Hæmorrhage* from the nose, about the seventh day, is favorable. Very manifest *remissions* in the morning, are always a good sign. Moderate *diarrhæa*, during the first days, is favorable; but when it occurs in the latter periods of the disease, it is a very bad sign. Great thirst, in the stage of collapse, is favorable; so also is a moist tongue, in this stage. The absence of important or violent local inflammations, always a good sign. Diminution of the *frequency* of the pulse, and of the *acrid heat* of the skin, is favorable. Among the symptoms which are particularly *unfavorable*, are: great change of the expression of the countenance, in the beginning of the disease; entire absence of thirst; constant and violent

delirium; early petechiae; strong peripneumonic symptoms; swelling of the parotids. The most dangerous signs, in the last stage, are: blindness, involuntary flow of tears; difficult deglutition; palsy of the tongue; constant low murmuring; and entire abandonment of himself; a very frequent and small pulse; pain in the region of the bladder; tenderness and tumefaction of the abdomen; *floccitatio*; continued motion of the hands and fingers; diarrhœa; insensibility to the vesicating effects of cantharides; hic-cough; aphthæ in the mouth; suppression of urine.

TREATMENT. The first object is to remove as much as possible the remote cause.

The indications are: to overcome the torpor of the external capillaries; to determine the circulation to the surface; and interrupt the morbid sympathetic actions throughout the system. For this purpose, *emetics* are highly serviceable; given soon after the attack of the disease. Emetics—composed of ipicac, lobelia, eupatorium, and the tincture of blood root. After the operation of the emetics,

Mild purgatives should be employed. Two or three alvine evacuations should be procured daily.

Penneroyal tea, eupatorium, catnip, sage, sanguinaria, &c. In the early periods of the disease, this article is often decidedly useful. Slight influence, the most effectual means of arresting typhus in its *early* stage; five grains of sanguinaria may be given every four hours.

Sanguinaria, no less beneficial, in the early stages of *congestive* fevers. It has a powerful tendency to equalise the circulation; it raises the pulse, restores warmth to the skin, and increases the general energy, in such cases.

In the stage of excitement, a more or less antiphlogistic treatment becomes necessary. *Mild cathartics* particularly in this stage—they moderate at once the general excitement, the heat of the skin, and the force of the pulse.

Cold Affusions. When the skin is hot and dry, in this stage of typhus, the affusion of *cold water* is often highly

beneficial. As the stage of collapse approaches, the temperature of the water should be raised. Cold affusions are *improper*, when the skin is below the natural temperature, and a sense of chilliness is present. Use a tea of ginger, (wild ginger best,) combined with eupatoriem. I use a pill composed of sulphate of quinine, powder of blood root, powder of yellow poplar bark, powder of eupatoriem leaves: stick the pills with the extract of black pepper, and give from one to three pills each hour; or you may use the powder in fusions, say a teaspoonful each hour, more or less. The blood root acts on the liver, and it has a powerful tendency to equalize the circulation. You may use a pill of the extract of blood root with quinine: milder cathartics, rhubarb combined with oil. I find a tea of poplar bark and cayenne invigorates the most powerfully in this disease, if the powder is used. Dose—a teaspoonful each, one of the poplar, and one of the pepper. Local: sponge the body with milk warm vinegar and water. Diaphoretics, of the refrigerent class, useful during the stage of excitement. *Collapse*. In this stage, stimulants and tonics are the appropriate remedies: eupatoriem, cayenne. When stimulants render the pulse fuller and slower, and the skin moist and cooler, they may be continued with confidence; but when the pulse becomes more frequent and corded, the countenance flushed, with an increase of restlessness and delirium, under their use, they are doing injury. Camphor particularly serviceable, with nitre; useful even in early period, when the disease is complicated with peripneumonic symptoms. Small doses of infusion of serpentaria, beneficial: a strong tea of poplar bark with quinine. *Diet*. Solid food injurious: farinaceous and mucilaginous substances, the only nutriments admissible. Barley water, and thin oat-meal gruel, should be freely allowed, in the stage of collapse. Crackers and store tea, or wheat flour gruel, a little at a time. *Pills*, to be given one or two each hour: ipicac 1-4 ounce, cayenne 1 ounce, sulphate of quinine 1-2 ounce. Roll into pills: give from one to two each hour through

the day. Use a tea of May weed, milk warm or cold.

Local: cayenne and vinegar.

COLICA PICTONUM.

This variety of colic is known by various names; as *painter's colic*, *dry gripes*, *Devonshire colic*, *colica pictavensis*, *rachialgia metallica*, and saturnine colic.

The disease generally comes on gradually, and is generally preceded by symptoms of gastric derangement such as irregular appetite; constipation; foul eructations; transient pains in the abdomen; languor; pale countenance, &c.

This variety of colic is attended with constant and extremely severe pain about the umbilical region; the abdominal parietes are hard, and forcibly retracted; and the bowels almost immovably constipated. The pain suffers occasional remissions but no perfect intermissions, as in the other varieties of colic. It sometimes assumes a chronic form, producing *wasting and palsy of the fore arms*. The predisposition to it is greatly increased, by having once suffered an attack.

Causes. Lead; hence its frequency with painters, glaziers, and workers in lead factories. *Sudden atmospheric vicissitudes*, (Larrey;) *new and sour wines*; unripe fruits, &c.

TREATMENT. Emetics—jallap, castor oil, spirits of turpentine. To produce brisk operations in an hour or two, take warm bath and apply hot bricks to the feet. Ess. catnip oil, ess. peppermint, ess. cinnamon, spirits camphor, spirits lavender, æther, and No. 6, equal parts, given in water. May weed, given in tea, is a sure cure.

DIABETES.

This disease consists in the secretion and voiding of an unusually large quantity of urine, attended with a very dry skin; great thirst; slight febrile movements; voracious ap-

petite; a sense of weight and uneasiness in the stomach; white and foul tongue: great lassitude; pain and weakness in the loins; irregular bowels; cold feet; dull and heavy eyes; and towards the last, great wasting of the flesh, and debility: vertigo: head-ache: difficulty of breathing: spongy gums: offensive breath constant: drowsiness: and hectic fever. Prout mentions inflammation and uneasiness about the external orifice of the urethra.

Diabetes occurs under two distinct forms, viz. *diabetes mellitis*. and *diabetes insipidus*. Of the latter there are three varieties: 1. That in which the urine contains an excess of *urea*: 2. That in which the urine is *albuminous*; and, 3. That in which it is surcharged with phosphates.

Diabetes mellitus. In this variety, the urine is saccharine, of a pale straw color, sometimes approaching to a greenish hue: its smell resembles that of milk. It always contains less urea than healthy urine: Prout who restricts the term diabetes to this variety, says, that diuresis is not essential to the disease.

Of the exciting causes we know little or nothing.

Proximate cause. The opinions on this head are exceedingly various. Sydenham, Rollo Cullen, and others, regard derangement of the digestive functions, and want of energy in the assimilative powers, as the primary affection. Objections stated to this opinion. I regard diabetes, as a disease essentially and primarily located in the kidneys—the stomach, lungs, skin, and in short the whole system, becoming secondarily affected. The sugar contained by the urine, is wholly the result of a morbid action of the kidneys, for the serum of the blood of diabetic patients, does not contain a particle of it. It would seem, that the urea which is secreted with the urine in health, is converted into sugar in diabetes. The analogy between urea and sugar pointed out. Sugar contains just double the quantity of oxygen and carbon, and the same quantity of hydrogen, a large proportion of azote, of which sugar is destitute. As diabetic urine contains very little or no urea,

we may regard the sugar which it contains, as a depraved secretion of urea.

Prognosis. Diabetes mellitus, is an exceedingly obstinate and dangerous affection, the instances of recovery from it being comparatively very few.

TREATMENT. I have only treated one case of this disease with satisfaction. I used tonics first. I used cathartics composed of black root, cayenne, and the extract of waughpoo root, equal parts, for about twenty days. I then used a syrup composed of poplar bark and bark of cucumber tree, wild cherry bark, waughpoo bark, equal parts, three times a day. Local. I take alcohol 1 pint, oil of hemlock 1-2 ounce, oil of cloves 1-4 ounce, oil of annis seed 1-4 ounce, gum camphor 1-2 ounce, oil of catnip 1-4 ounce, add all together, shake well, and rub 3 or 4 times a day. By this treatment I cured one case. I had rather undertake to cure a cancer than this disease.

VERMINOUS DISEASES—WORMS.

Various opinions concerning the origin and formation of worms, in the intestinal canal. It does not appear that they are received from without, because they are never found out of the animal body; and when they are removed out of the body, they speedily die; and, lastly, earth worms, and such as live in water, do not change their forms, when received into the intestinal canal. There are five varieties of intestinal worms.

1. *Tricocephalus dispar*. These worms are from an inch and a half, or two inches in length. About two thirds of their length is almost as thin as a horse hair, the remaining and posterior part being considerably thicker, and terminating in a rounded extremity.— They are found principally in the cæcum. They are seldom numerous.

2. *Ascaeiis vermicularis*, (*oxyursi vermicularis*.) These are exceedingly short—not more than two lines in

length, very thin and white. Their usual seat is in the rectum.

3. *Ascaris lumbricoides*. These worms are from two to three, to ten or twelve inches in length, round, of yellowish white, or brownish red color, of nearly a uniform thickness, except at the extremities, which taper to a blunt point. They are from two to three lines in thickness. They inhabit the small intestines chiefly; but occasionally ascend into the stomach.

4. *Tænia lata*, (*hothricephalus latus*.) This worm often acquires a very great length—from twenty to thirty feet and more; it is from four to six lines in breadth, flat and white, resembling a piece of white tape, and composed of a series of concatenated joints. It inhabits the upper portion of the bowels and the stomach. The head is armed with two processes, by which the worm attaches itself to the intestines.

5. *Tænia solium*, (*T. Cucurbitina*.) This worm is rarely, if ever, voided whole, it generally passes off in short joints, resembling, in some measure, the seeds of gourd. Pieces, however, upwards of twenty feet, of this worm, have been voided. The head is small, and furnished with four small apertures. (Oscula.) It inhabits the small intestines chiefly.

Symptoms. Countenance pale, lead-colored, with occasional transient flushes; eyes dull; pupils dilated, with a bluish semicircle around the lower eye-lids; tickling in the nose; tumid upper lip; occasional head-ache, and humming in the ears; copious secretion of saliva; tongue slimy or furred; breath foul; variable appetite—being sometimes voracious—at others wholly gone; transient pains in the stomach; occasional nausea and vomiting; pains in the abdomen—particularly about the umbilical region; frequent slimy stools, or costiveness; urine turbid, yellowish, or milky; abdomen tumid and hard, with emaciation of the other parts of the body; lassitude; irritability of

temper. None of these symptoms, however, are certain indications of the existence of worms in the bowels—the only certain indication being the appearance of them in the evacuations from the bowels or stomach.

The opinion which is expressed by some, that worms are harmless in the intestinal canal, is without foundation. It is nevertheless probable that the peculiar condition of the alimentary canal, which favors the production of worms, is more frequently the cause of mischief, than the worms themselves. Worms give rise to a variety of affections, such as chorea, epilepsy, hydrocephalus; emaciation; convulsions; paralysis, and a vast variety of anomalous disorders.

TREATMENT. In prescribing for the removal or destruction of worms, it is of some consequence to confine the patient to a spare and liquid diet, and to exhibit two or three mild cathartics a few days previous to the exhibition of the proper remedies. With these preparatory measures, the ordinary vermifuge. When I suspect that worms exist, I order large quantities of sugar for several hours before I expect to give vermifuge. After giving the vermifuge, if the worms are not discharged, I give sugar; then I give tin filings, from five to thirty grains at a dose, three times a day for two or three days; then I give a dose of butternut—its bitter properties appear to have the desired effect; I also give the powder of the root of black haw three times a day, as much as will lay on the point of a common table knife, for one or two days; then I give the butternut physic. The black haw is a specific with the Indians. Give a tea of the leaves of bare foot for a day or two, three or four times a day, of two ounces of the leaves: then give the physic. Sometimes there is an advantage to be derived from the use of sweet brandy toddy; then use the vermifuge. I find the seed of Jerusalem oak to be excellent, stewed in new milk or boiled in water, sweetened, and given for six or eight hours: then give the physic. A syrup composed of equal parts of black haw

root, the seed of Jerusalem oak, and butternut : boil say three ounces each : extract the strength to six ounces ; then add sugar : give the syrup, and slippery elm in powder : use for three or four days if required. Table salt, given every morning for fifteen or twenty days, with one half grain copperas, and a teaspoonful of the salt. I use male ferren, gambage, and butternut for tape worm.

CHRONIC GASTRITIS.

Chronic inflammation of the mucus membrane of the stomach, is of much more frequent occurrence than is generally supposed. The worst forms of dyspepsia, and all that host of inveterate gastric and bilious derangements, of which so much is heard, and the true nature of which is so often misunderstood, are, in nine cases out of ten, the consequence of a more or less phlogosed condition of the mucous membrane of the stomach. We are indebted to the French pathologists, and more especially to Broussais, for much new and valuable information, in relation to this variety of phlegmasial disease.

Symptoms. A pricking, lancinating, or burning pain in the epigastric or hypochondriac region ; the pain is constant and harrassing, generally confined to a very circumscribed spot, and often attended with a feeling of constriction ; sometimes a sensation is felt, as if a ball were pressing on the diaphragm ; at others, as if a bar were fixed across the stomach, impeding deglutition ; depraved and impaired appetite, often general abhorrence of food ; indigestion, vomiting, or nausea ; load at the stomach after eating ; pulse but little excited, and heat of the surface natural, except during digestion, when they are a little elevated ; great costiveness during the first period, but mucous diarrhœa after the disease has become inveterate ; the patient becomes irritable, dejected, taciturn, discontented ; tongue of the color of logwood, with a strip of thin fur along its centre. In inveterate cases, emaciation, with the skin drawn tight

over the muscles, so that it cannot be pinched up. This tightness of the skin is the most constant diagnostic sign of the disease. Mere gastric debility may be distinguished from it by the effects of an emetic; when fever, pain, and anorexia, become increased after the operation of an emetic, we may be sure of the existence of high irritation, or phlogosis, in the mucous membrane of the stomach.

In chronic gastro-enteritis, the pain is generally obtuse; often felt only on pressure; is never absent. Gastralgic pain, on the other hand, is often extremely violent; is often, when most violent, relieved, rather than increased by pressure. It often radiates from the epigastrium towards the thoracic parietes, the back, and the shoulders; is of an intermittent character, sometimes entirely disappearing, to return with more or less violence.

In chronic gastritis, the tongue, which is generally red on the sides and at the top, is covered in the middle with a kind of dry mucous crust, resembling a false membrane, the breath is fetid, with a bitter taste in the mouth.

TREATMENT. Emetics of epicac and lobelia. Give a pill composed of capsicum and rhubarb, equal parts, and one sixteenth of the oil of annis seed: stick the pills with gum arabic or the extract of butternut. Give from two to eight pills at a dose, with a tea of slippery elm, or maloes and hops, or charcoal and east: give at intervals of from thirty to sixty minutes. Charcoal is excellent, and may be given in from tea to tablespoonful doses. Local: sponge with milk warm vinegar and water: after the vinegar and water, rub with the tincture of cayenne. The stomach may be poulticed with a corn meal poultice, with a little cayenne and tincture of gum myrrh, three times a day. No. 6, in teaspoonful doses, is good, both as an internal and external remedy. Diet: light bread, store tea and crackers, wheat flour, and any light, digestible diet: no grease or warm biscuit.

SPLENITIS—AGUE CAKE.

Inflammation of the spleen; pain in the left hypochondrium, increased by pressure. This disease, according to Junker comes on with a remarkable shivering, succeeded by most, intense heat and very great thirst. A pain and tumor are perceived in the left hypochondrium, and the paroxysms, for the most part, assume a quartan form; when the patients expose themselves a little to the free air, their extremities immediately grow very cold; if a haemorrhage happen, the blood flows out of the left nostril; the other symptoms are the same with those of the hepatitis of the liver. The spleen is also subject to a chronic inflammation, which often happens after agues, and is called the ague cake, though that name is also frequently given to the scirrous tumor of the liver succeeding intermittents. The causes of this disease are, in general, the same as those of other inflammatory diseases; but those which determine the inflammation to that particular part more than another, are very much unknown. It attacks persons of very plethoric and sanguine habits of body, rather than others.

TREATMENT. The treatment for this disease must consist of the best medicines to act on the liver, to equalize the circulation, and to purify the blood. I contend that this disease is caused by inaction of the liver. The liver is torpid in nine-tenths of the patients that are afflicted with the chills and fever. I have cured hundreds of cases with my anti-bilious pills. I cured by causing a regular action on the liver and bowels, by giving one or two pills in the morning, and the same number at night. The medicines to purify the blood may be taken in syrups or pills, as most convenient. Some patients have a dislike for pills; others will take them like green garden peas. If the patient prefer pills, I give them, composed of the powder of blood root and the extract of the bark of the root of spinnel wood, blue flag root, burdock root, and the bark of

cucumber tree, all in extracts, equal parts : roll into pills. The powder of blood root will thicken the mass ; if it is not thick enough, add the pulverized bark of the root of red sassafras. Give just as many pills as will produce 3 or four operations on the bowels every twenty-four hours, You may take say five ounces of each of these roots and barks, and after pounding them fine, add three gallons water—put the roots and barks into a pot, and boil down to two quarts ; let cool ; then strain your liquid ; then put on your pot again and boil down to one quart ; then add one pound New Orleans or lump sugar and two drachms of salt petre, and from four to six ounces of spirits to preserve the syrup, less in the winter than in the summer. Give the syrup so that it will operate on the bowels from two to four times each 24 hours, less or more according to the strength of the patient. Remember to rub the affected part with the oil of rattle snake, once or twice each day ; two or three ounces very frequently cures.

Bitters for ague cake. Take blood root 1 ounce, bark of spinnel wood 4 ounces, salt petre 2 drachms, in two quarts of spirits. Dose—from a teaspoonful to a wineglassful three times a day, less or more, according to the patient's temperament—from two to four operations each 24 hours. These bitters ought to be in every family, and if used morning and evening, there will not be a tenth part the danger of the family being afflicted with chills, &c. Remember—one ounce of preventative is as good as sixteen ounces of cure.

Pills for ague cake. Take blacksmith's cinders, pulverize them fine, and roll into pills with the extract of burdock root to stick the pills. Take of the cinders one ounce, and two ounces of the burdock extract. Dose—two pills at night and two in the morning, if required.

WINTER FEVERS.

I find that these forms of fevers yield to a vegetable treatment. These fevers are most generally of an inflammatory character. The organs most liable to become the seat of inflammation are the lungs, the brain, the intestinal canal, the liver, the mucous membrane of the alimentary canal. The brain and lungs are most commonly the seat of winter fevers. My mode of treatment in these fevers is, to subdue the inflammatory action. If the inflammation is not subdued, congestion will take place on the lungs or brain. Let the treatment be prompt and energetic. My plan of treatment is, to give stimulants, as nine tenths of these fevers make their attacks from cold. When you are called to see a sick patient, before you have time to seat yourself to warm, and before you feel the pulse, he will say: "Doctor, I am glad to see you, I have a very bad cold:" at the same time his cheeks are of a scarlet color, and there is great difficulty of breathing. The lungs and brain at the same time may be much inflamed, and if not arrested, it will lay hold with an iron grasp. I commence my treatment with the best and purest stimulants, of which capsicum is the purest, aided with wild ginger or common ginger, May weed, horsemint, pennyroyal, Virginia or black snake root, spice bush twigs, and eupetorium, to stimulate and relax—aided, if required, with lobelia. These forms of fever need an alterative treatment—tonics, relaxants and stimulants—with the application of hot rocks or boiled ears of corn, laid as near the patient as not to burn or scald. The moisture will relax, and aid nature to resume her healthy action. When I examine a patient, if I find the pulse quick and hard, I give an emetic, then plenty of stimulating tea, of any kind I can find most convenient. If boneset is at hand I use it to aid the emetic; if May weed, I use it and camomile flowers or pennyroyal; if no herbs are at hand that are good, I add to the emetic from one to two teaspoonsful of the tincture of blood root, which will stimu-

late, and excite an action on the liver, and cause perspiration to appear; it also relieves the lungs. I order a sponge, with vinegar and warm water—vinegar 1 pint, water 2 pints. I rub the breast with the tincture of cayenne; the tincture excites the lungs, and they will discharge the phelm with ease with the use of eupatorium and Indian turnip. Take Indian turnip 1 ounce, honey 6 or 8 ounces, lobelia seed 1 drachm, blood root 1-2 ounce: stew them on hot embers for thirty minutes; just let it remain hot; then take it off, and give it in teaspoonful doses each hour, or oftener if required. Then I give a pill composed of extract of blood root 1 ounce, cayenne 2 ounces, best aloes 1 ounce, and extract of hoarhound 1 ounce—if I have not the extract of blood root, I use the powder of the root: roll into pills. Give from two to eight at a dose. If I have not the blood root, I use jallap or the powder or extract of black root. May apple will answer, the powder of the root. If I examine a patient, and find he is not very dangerous, I just give him a dose of these pills. These pills will cure forty-nine out of fifty cases, if given in large doses. If the dose is very large, they may operate once or twice as an emetic; if they do all the better, as in an hour or two they will operate on the bowels: then give corn meal gruel or chicken broth.

FEMALE PILLS.

Take the extract of the bark of spinnel wood 1 ounce, extract of yellow poplar bark 1 ounce, extract of wild ginger (colt's foot) 1-2 ounce, capsicum 1-4 ounce, extract of blood root 1 ounce, extract of elcampaine root 1-2 ounce. Roll into pills: thicken with more pepper, if not thick enough. These pills may be given from four to eight at a dose. They are good for the cure of all diseases of the uteras, debility in any part of the system, flour albus, whites, weakness in the small of the back, &c. You may add a little gum or turpentine to the pills.

INFLAMMATION.

Pain, increased heat, redness, and swelling.

Pain. Not always, though generally, present; generally, the looser the instructure, the less pain; sometimes absent, in peripneumonia, gastritis, pericarditis, &c.; inflammatory pain always increased on pressure, and may be thus distinguished from spasmodic pain. The nature of the structure inflamed modifies the character of the pain. The violence of the general febrile reaction, proportionate to the intensity of the pain.

Increased heat. Not always present; actual degree of heat never raised above 98°. The sensation of heat depends on the altered state of the sensibility of the inflamed part.

Redness. Almost an invariable phenomenon of inflammation; arises from the intromission of blood into the serous capillaries; generally remains after death; redness, by itself, no certain sign of previous inflammation; the serous capillaries may become injected with red blood in articulo mortis, although sound before; importance of this knowledge, in autopsic examinations.

Swelling. The effort of effusion into the surrounding cellular tissue; the firmer the structure, the less swelling.

Inflammation is located in the capillary system. The more abundant the capillaries of a part, the more apt is it to become inflamed. The mucous, serous, cellular, and dermoid systems, being very vascular, are very subject to inflammation; the contrary obtains with the osseous, the cartilaginous, and the tendinous structures. (Bichat, Eberly.)

Ætiology. Inflammation may be produced—By the direct operation of irritants on a part. By the indirect operation on parts, through the medium of the nervous system. By general irritated vascular excitement. By metastasis.

Whatever be the exciting cause of inflammation, the following changes take place in progress of its evolution; viz, irritation; then alteration of the vital properties; and fi-

ally, an afflux of blood to the part. These changes often succeed each other so rapidly, that they seem to arise simultaneously. A change of the vital properties is essential to inflammation; preternatural determination to a part, without altered sensibility and contractility, constitutes congestion, or local plethora—not inflammation. (Bichat.)

Are the capillaries of an inflamed part in a state of debility, and is the velocity of the blood circulating in them diminished—or, are they in a state of increased action? Vacca, Lubbock, Allan, Phillip, and Hastings, have written in support of the former opinion; but the subject is still subjudice.

My own view on this subject is, that the inflamed capillaries ought to be regarded as being in a state of irritated excitement; and that this irritated condition may be connected either with an increased or with decreased power of action. In this respect, local inflammation corresponds with that general irritated vascular excitement, which constitutes fever. The heart arteries are in a state of irritated action, with increased power of acting in synocha. In typhus, there is also general irritated excitement; but it is connected with a fundamental debility of the vital powers. There is, therefore, according to my apprehension, a typhus and a synochal state of inflammation; and this corresponds with the results we obtain from remedial applications. May we not explain these different diatheses of inflammation, by the greater or less degree of organic injury sustained by the nervous filaments of the inflamed capillaries? When a part is irritated, so as merely to exhalt the sensibility of the capillaries, by exciting their nervous texture, the consequent inflammation will probably be one of increased capillary action, and demand sedatives for its cure: When, on the contrary, the irritating cause acts with such violence as to cause structural lesion

in the nervous extremities, the inflammation resulting from its action will, I conceive, be characterised by debility, and stimulating applications, as in the case in scalds and burns.

Resolution. Inflammation is said to terminate in resolution, when it declines and disappears without any structural lesion, or perceptible discharge. Resolution is more prompt, in proportion as the organ affected possesses a higher degree of vitality; in the serous membranes, the progress of inflammation is particularly rapid. (Bichat.) Resolution is often accompanied by an increase of the natural secretions of the part: this is particularly noticed in the mucous and serous membranes; also, in rheumatic inflammation.

Effusion. The effusion may be blood, lymph, or serum. The termination by effusion of blood, most common in the mucous membranes; effusions of lymph and serum, almost peculiar to the serous membranes—the former fluid forms a bond of union between the serous membranes. Such adhesions never occur in the mucous membranes. Serum seldom abundantly exhaled, until the inflammation has assumed a chronic or sub-acute character. Dropsies are the consequence of this mode of termination. Effusion of lymph into the substance of the solid viscera, result in induration.

Suppuration. The cellular, serous, and mucous tissues, are most prone to this termination; the bones and tendons never suppurate. The mode of suppuration different in the different structures; in the mucous membranes, it is a morbid secretion, the pus having a whitish, cream-like appearance. In the serous membranes, pus is formed by a kind of exhalation, and is a thin whitish, or whey-like fluid, sometimes mixed with flakes. In the cellular tissue, pus collects in circumscribed cavities, called abscesses, and is of thick and uniform consistence and pale yellow color, exhibiting to the microscope minute globules suspended in a serous fluid. Symptoms denoting the occur-

rence of suppuration, in the inflammation of external organs a sensation of weight in the inflamed part; change from the acute to a dull throbbing pain; rigors; pulse losing its tension and hardness, and becoming soft and full; night sweats, and other symptoms of hectic.

Gangrene. Never occurs in the cartilages, nerves, or bones. The cellular, mucous, and serous tissues, are most prone to it; more common in the peritoneum, than in any of the other serous membranes; of the mucous membranes, that lining the alimentary canal is most subject to it. The occurrence of gangrene is denoted by, sudden cessation of pain; sinking pulse; cold extremities; cold sweat; delirium; and cadaverous countenance.

There exists in the different forms of inflammation, an "original disposition to terminate in one mode, rather than another: thus, in boil and withlow, it is to suppurate; in carbuncle, to slough; and in mumps, to resolve: and this disposition is so strong, that it is very difficult to procure any other termination."

Varieties of inflammation. Inflammation occurs under five prominent modifications, corresponding to the five elementary tissues—viz. the cellular membrane and parenchyma of the solid viscera; the serous membranes; the mucous membranes; the skin or dermoid tissue; and the fibrous membranes.

Inflammation of the cellular membrane, or phlegmonous inflammation. Characterised by, great swelling, throbbing pain, and by its mode of suppuration; the pus being collected in circumscribed cavities. Diffuse cellular inflammation.

Inflammation of the serous membranes, or serous inflammation. Pain very acute and lancinating—rapid in its course; no tumefaction; much sympathetic excitement of the general sanguiferous system, terminating in the exudation of coagulable lymph or serum, or the secretion of a whey-like pus; adhesions

are peculiar to this variety of inflammation; it rarely terminates in gangrene.

Inflammation of the mucous membrane, or mucous inflammation. Almost always produced by sudden atmospheric vicissitudes, in consequence of the close sympathy which subsists between these membranes and the skin. Sometimes prevails epidemically.—Pain not very severe; unattended with swelling of the subjacent cellular tissue; concomitant fever not intense; never terminates without an increase of mucous secretion. No adhesions ever formed.

Inflammation of the skin, erysipelatous inflammation. Pain of the stinging or burning kind; spreading; forming vesicles; never suppurating in circumscribed cavities; dependent on a specific cause.

Inflammation of the fibrous membranes, or rheumatic inflammation. Pain intense and aching; does not terminate in abscess or suppuration; terminates by an exudation of a gelatinous matter; or by earthy depositions; is wandering, accompanying fever always synochal; rarely proves fatal, except by metastasis to organs essential to life.

Inflammations. The existence of internal inflammation is ascertained by: the continuance of the pain; the appearances of the blood; the state of the general vascular excitement; the effects of external pressure; the effects of position; the character of the functional derangements; the temperature of the skin; and the nature of the exciting causes.

ACUTE GASTRIC.

Symptoms. Burning and lancinating pain in the stomach; frequent vomiting, particularly on swallowing fluids; urgent desire for cold drink; constipation; fever, with a small, hard. and frequent pulse. After a draught of cold water, a temporary mitigation of the gastric pain occurs

difficulty of swallowing; disgust of warm drinks; great prostration of strength from the beginning.

Diagnosis. Distinguished from spasms and flatulent pains, by the following circumstances. In gastritis, the pulse is small and tense—in cramp, it is generally natural. In the former, there is violent and frequent vomiting—in the latter, this rarely occurs. Warm drinks excite instantaneous vomiting, in gastritis—in spasm they do not. The pain of gastritis is continuous—that of spasm is paroxysmal or intermitting. In gastritis, the patient lies on his back, without moving, with his knees drawn up—in cramp, he sits up, with his body bent forward, or writhes about during the violence of the pain. In gastritis, the skin is hot and dry—in cramp, it is generally cool and moist. Hiccough is a common symptom in gastritis—in spasm it seldom occurs.

Autopsic phenomena. The inner coat of the stomach thickened and red, with gangrenous, eroded, or ulcerated spots.

Causes. Mechanical irritants; poisons; cold water, swallowed while the body is in a state of free perspiration; over distension with food or drink; the sudden application of cold to the surface; suppression of habitual discharges, &c.

TREATMENT. Emetics of lobelia and epicac combined. Give an enemata of slippery elm and fine ground charcoal. Give copious mucilaginous drinks, such as slippery elm—the powder best. Give the powder of slippery elm bark in teaspoonful doses, combined with charcoal and malloes. Use pills composed of capsicum, rhubarb, the powder of elder flowers, and gum myrrh, equal parts: roll into common size pills. Dose—from three to ten pills twice or three times a day, if the symptoms demand it, according to judgment. You will no doubt condemn this practice, but do not until you give it a fair trial. I have cured the most inveterate cases with cayenne and gum myrrh. Local. Rub with the tincture of capsicum and gum myrrh. After rubbing with vinegar and water, milk

warm, then rub with your tinctures, giving plenty of slippery elm and charcoal tea to drink. Yeast and hops are good, as a poultice or tea. Diet. The diet must be light; no grease of any kind; light bread, crackers, gruel, &c. I sometimes order a poultice to be laid on the stomach, composed of corn meal, slippery elm, hops, and a small portion of capsicum. If much vomiting, add the more capsicum. The capsicum will allay the vomiting and arrest the inflammation, and is a safe remedy. It can be used internally and externally.

GRAVEL.

TREATMENT. I here give the common name of the root and seed with which the Indians of Iowa used to cure gravel. Job's-tear-gravel-root. I found this root, in Iowa, in sugar tree and beach land. I found it, in Arkansas, in high rolling land, from two to three feet high, the leaves appearing on two sides of the stalk, and on the stalk, at the top of each leaf, the seed are as large as a large grain of wheat, tensely hard, and of a white color. No one who has ever seen it, will have any difficulty in recognizing it again. Where it grows, the children gather it to play with, as it resembles small beads. If the root is used, give it in tea; take one ounce; pound the root and make a tea of it, and give the tea in from a table spoonful to a wineglassful dose each hour for six or eight hours, or more if required. I find it to have an effect in from ten to fifteen hours. The seed will answer as well as the root, by pulverizing, and using them in a tea. Take from one half to an ounce of the seed. I have given it to fifty or sixty patients, and found it to have the desired effect. The Indians told me it would dissolve the gravel stones. I used it on a boy three years old. He discharged a stone as large as a common buck shot. The stone made its appearance, and I extracted it. I commenced giving the boy tea on Wednesday at about 12 o'clock, and on Friday at about the same hour, the stone made its appear-

ance. I mention this case on account of the boy's age. *Hard-Fish*, an Indian, near the Raccoon Forks, in Iowa, assured me that shumach berries would dissolve a gravel stone, given in tea, a wineglassful three times a day : use the tea of one ounce each day : Or pulverize one pound of the seeds, add one quart of crab cider, and tincture for five days. Dose—three wineglassesful a day. Apple vinegar will answer ; but the Indians use crab cider. I would advise those afflicted with gravel to give the sumach a trial, and report to the public. I will have a few cuts, in the next edition of my book, of the most desirable roots and plants.

TEETHING.

Teething begins about the age of four months. Some children pass through this critical stage of infancy with scarcely any painful sensations. Others, on the contrary, suffer pain so excruciating as to bring on convulsions, and even death.

Symptoms. Swelling and hardness of the gums ; the cheek of the affected side is flushed ; there is much dribbling of saliva from the mouth ; the child is apt to thrust hastily into his mouth whatever he can lay hold on, and afterward pinches the nipple while sucking ; is feverish, restless, and painful ; has frequent startings in his sleep, and sometimes convulsions ; and these not unfrequently terminate in death. A short, dry cough, often occurs in teething.

The stools are frequently loose, slimy, and tinged with blood : from which, and other protracted sufferings of this period, children, who had previously shown every appearance of health, have become so emaciated, as to render their recovery entirely hopeless, or at least a labor of the utmost difficulty.

TREATMENT. As long as the symptoms continue to be slight, it will be necessary to attend to few circumstances only. It is always useful to rub the gums. It will be proper to

procure at least three motions every day, by any gentle laxative, as senna tea, or a tea of elder-flowers.

When the skin is hot and dry, the whole body should be frequently washed with warm water, which will produce a relaxation and moisture; this method, indeed, is very useful in many diseases attended with fever.

In case of slimy and bloody evacuations—which are not very unfavorable signs, unless the child appear to be weakened by them—an emetic of the tincture of lobelia or ipicac. Let the child have a silver dollar, or something of the kind, to hold—an ivory ring will answer. I object to lancing the gums, as I have known children to bleed so profusely, that it was with difficulty the bleeding could be stopped. When the bowels are much relaxed, I use a syrup of cinnamon, bark brier root, and crane's bill root. Take one ounce of each and three nutmegs—boil in two quarts of water down to a half pint; then add sugar, spirits of camphor, and the essence of annis seed oil to preserve. Dose—from one to three teaspoonsful each hour, or as often as required.

WATER IN THE HEAD.

Children of all habits, especially those of a delicate constitution, are liable to this terrible malady. It is supposed to be frequently occasioned by the violent pain of teething, and by slow inflammation of the brain; but sometimes it originates in causes at present unknown.

Symptoms. The first which appear are fretfulness and debility. The child is observed frequently to leave its toys and amusements, and go somewhere to recline its head; he spurns the light, and appears to motion; one or both cheeks are flushed, and there is a fur on the tongue; there is also a frequent inclination to vomit.

As the complaint proceeds, the pain of the head continually increases, the child keeps it inclined backwards, and generally rubs it on the pillow; he is apt to totter when walking, is affected with sleepiness or rather an habitual stu-

por; his eyes exhibit an unusually shining appearance, similar to glass, and about the time when this takes place, are affected with blindness, though, from their extraordinary brilliancy, they seem to a common observer to retain the faculty of sight. The patient frequently squints, and has a habit of rubbing one side of his head; starts and moanings occur during sleep. To these succeed violent shrieks and convulsions, with the loss of the use of one side, corresponding frequently with the side of the head which the sufferer was accustomed to rub.

These symptoms are soon followed by death.

TREATMENT. Though a cure cannot be reasonably expected, yet it would be cruel not to attempt an alleviation of the symptoms, which the patient suffers in this dreadful complaint; but alas! very little can be done towards the accomplishment of so desirable an object. Lay cloths, wrung out of cold vinegar and water, incessantly to the head of the child. Ought not to be importuned to take any medicines to which he shows a reluctance: this tends to harrass the mind in all complaints, but more particularly in the complaint of which we are treating. I believe that a cure is very rare in this disease, if ever.

TENDENCY TO INFLAMMATORY DISEASES.

Healthy children of a sanguine habit—that is to say, abounding in blood—are peculiarly subject to inflammatory complaints. When this constitution is first observed in a child, who shows marks of strength and health in other respects, the system ought to be gradually lowered, by diminishing the quantity and nutritious quality of its food, and by increased exercise in the open air.

When children have a quick and full pulse; wheezing, cough, and difficulty of breathing; when the skin is hot and dry, and the face bloated; when there is frequent thirst, and little appetite for food, it may be concluded that the tendency to inflammation will soon terminate, if not prevent-

ed, in some dangerous disease, as inflammation on the brain, or the lungs.

TREATMENT. Emetic composed of equal parts of the tincture of lobelia, ipicac, and blood root: ginger tea and warm bath. Local: Sponge with apple vinegar, and, if the disease presents a dangerous appearance, rub with the tincture of capsicum, and poultice with corn meal, ginger and capsicum. Give oil or jallap, from three to five grains every 24 hours, with from a teaspoonful to a tablespoonful of castor oil. Sponing with apple vinegar all important, three or six times a day.

CONSTIPATION.

Some children are habitually costive, passing one, or even two days, without any evacuation; but this state of the bowels is totally unimportant in a child of healthy constitution, of which the freshness of complexion, and lively appearance, will be evident indication. But in a child of a pale, sallow, and sickly countenance, every degree of costiveness ought to be removed. For this purpose, let the child take castor oil, a tea of manna, senna, elder blows, &c. or from five to twenty drops of the tincture of black root.

INFLAMMATION.

The Indians of Iowa use, as a specific for inflammation, indigo—the roots of indigo—a small species that grows from two to three feet high, commonly near the tall indigo, such as is common in Pennsylvania, Ohio, and Kentucky. I have not observed, since I left Iowa, whether the small indigo is of common growth in this section, where the tall indigo grows. They pounded the roots of the small indigo, and made a poultice by boiling them for a few minutes, and, then adding a little corn meal to the mass, they used it for inflammation in any part of the system. I used the root for inflammation of the bowels and stomach,

and cured two patients, after all hope had fled. An old Indian insisted upon my giving the roots a fair trial, which I did, and cured two patients, all the cases in which I ever used it. I have said, that I had not observed, whether the small indigo grows in other States, as in Iowa, near the large indigo. I would recommend it, if it is within the reach of any one needing medicines for inflammation, so very common in children afflicted with the dysentery, it so much milder than the medicines commonly used. The poultice is attended with but little smarting: therefore, it will be convenient to use it.

ALL HEALING SALVE.

Take the extract of gimpsum leaves 1 ounce, extract of blood root 1-4 ounce, balsam fir 1 ounce, sperm oil or sperm candle 2 ounces, extract of the bark of beach tree 1-2 ounce: melt and mix all together: apply on cloth or cotton. The sperm is powerful to draw and heal: good for fresh cuts or old sores, sore shins, white swellings, scrofulous sores, &c.

EMETIC DROPS FOR CHILDREN.

In making tincture emetics for children, take lobelia seed 1 ounce, blood root 1 ounce, ipicac 1 ounce: add one pint of whiskey or any other spirit: let it stand for five days, and then it is fit for use.

A RECEIPT

For the cure of drunkenness, or to prevent one from wanting to destroy himself with whiskey, rum, gin or brandy.

When you want to cure one of drinking, take a jug or bottle, and put some gin, rum, brandy or whiskey in it. Then procure a live eel, and put it in the gin, rum, brandy or whiskey. The eel will die in a few minutes. Then cast the eel out, and your tincture will be fit for use.

Give freely : it will act as an emetic. If you can give it two or three times, it will cure.

POISON.

Receipt to counteract the effects of rum, gin, brandy, whiskey, or wine. Drink a tea of mullein leaves. Make a tea of five or six ounces of the dry leaves ; if used green double the weight. This tea will cure in from twenty to thirty minutes, and the patient may attend to business perfectly sober.

TINCTURES.

When I want to make a tincture of roots, powders, gums, herbs, or leaves, I first pulverize ; then I add to each two ounces one pint of alcohol, whiskey, rum, brandy or wine : let it stand for four or five days, shaking it once or twice each day : if in the summer, let it stand out to the rays of the sun. This process will make strong tinctures : they can be weakened by adding more brandy or whiskey.

My mode of making tinctures, when I want to use them in a few hours, is, to take one ounce of the kind of roots or leaves I want, and add 1-2 pint of spirits : put spirits, roots, leaves or powder into a jug ; stand the jug in a pot of boiling water on the fire or coals ; let the jug stand with the cork out for twenty or thirty minutes ; the spirits will boil in the jug ; then set the jug off for five or six hours ; then strain and the tincture is fit for use.

TIME TO GATHER ROOTS.

Roots are best when gathered in the spring or fall of the year. Leaves are best after the seed are ripe, or in the fall. Crane's bill, and many other roots, must be gathered in the summer, as the leaves drop off at this season.—Barks ought to be gathered in the spring or fall.

CONVULSIONS.

Convulsions occur very frequently in infants. They proceed from wind, or some offending matter in the intestines, which occasions irritation; or through a fulness of the blood-vessels of the head; or they may arise from some unknown cause—and in this case are extremely dangerous.

TREATMENT. When convulsions are excited by fulness of the blood-vessels, (which is distinguished by a hard, quick pulse, redness of the face, and aversion to the light, give an emetic of the emetic drops—warm bath. Local: rub with milk warm water and vinegar, adding two or three table-spoonfuls of the tincture of lobelia; rub dry; then evacuate the bowels with castor oil, elder flowers or a tea of the flowers, senna tea · 10 to 20 drops of the tincture of assafoetida and the tincture of castor, equal parts, with 1-4 ounce of the essence of catnip or a little catnip tea, given in from a tea to a table-spoonful of water; you may give from two to three drops of the tincture of lobelia seed: if the bowels are distended with wind, rub the belly with spirits of camphor, or lay on a warm cloth, rung out of hot water, which will give relief.

INWARD FITS.

This name has been given to a disease characterized by the following symptoms: moaning, or muttering, in sleep; sudden shortness and difficulty of breathing, which lasts a short time only, and frequently awakens the child. These fits are not uncommon in children; they usually affect them when asleep, and often proceed from acidity in the stomach, which occasions flatulency.

TREATMENT. Though this disease is not accounted dangerous, yet it requires attention. A gentle emetic, such as the tincture of lobelia: then use, to operate on the bowels, castor oil, senna, a tea of elder flowers, or rhubarb: use from three to five drops of the tincture of lobelia and

the same quantity of the tincture of castor; warm bath; then wrap up warm. Remember, when you give the emetic, if it does not operate in fifteen or twenty minutes, to give a small piece of saleratus, the size of a common sugar pea. Bathing with vinegar and liquor is a good remedy for inward fits, &c.

DISEASED STATE OF THE INTESTINES.

Symptoms. These are, fever, with a white tongue; loss of appetite; fretfulness; irregular movement of the bowels—sometimes loose, bloody, and with an appearance like jelly; thin flaky substances, resembling pieces of skin, are frequently found floating on the surface. Sensation of pain, and tenderness, are felt about some part of the belly.

TREATMENT. Give from five to six grains of rhubarb, with from two to three grains of jallap: then give castor oil or tea of senna; warm bath; apply warm cloth; rub with the tincture of lobelia, and give a tea of sage, pennyroyal, or balm.

COUGH.

No disease attacks young children more frequently than cough, with difficulty of breathing; this arises from their fulness of habit, and the blood being consequently liable to be impeded in its passage through the lungs.

TREATMENT. Give a syrup composed of hoarhound one ounce, catnip one ounce, shell bark (hickory) a large handful; boil in three quarts of water down to three ounces: add three table-spoonsful of honey and the juice of three onions: then give a teaspoonful each hour as long as required, bathing the breast with warm apple vinegar, &c.

MUCOUS AND BLOODY EVACUATIONS.

These evacuations, which are attended with considerable pain and distress to the child, may be relieved by the following: Tincture of crane's bill, cinnamon bark, and spirits camphor. Give from five to twenty drops each hour, if required, with a little slippery elm powder, or a tea of slippery elm bark: bathe with vinegar.

ESSENCE.

Take one quart of alcohol, and add from 1-2 to 1 ounce of the oil: shake, and you have your essence. The stronger the alcohol the more oil it will cut. Whiskey will not make essence, as it is too weak to cut the oil. 10 per cent. whiskey will cut the oil. This is the mode to make any kind of essence.

COMPLAINTS OF THE BOWELS.

Complaints of the bowels are various, and arise from different causes, but may be reduced to two heads, viz.: costiveness and diarrhoea. Each of these diseases may be occasioned by irregularity in the diet of the mother, when giving suck, as well as by improper food given to the infant itself. It will, therefore, be prudent for her to abstain, especially during the first four months, from acids, and from green vegetables and fruits. Any violent agitation of the mind of the mother will affect the child also, and disorder its bowels. Pain, arising from any cause, such as headache or teething, in the child, will often have the same effect, as will also worms. Sometimes these complaints arise from constitutional weakness.

TREATMENT. Very little is required except to regulate the diet of the mother. Give a little oil; or if the bowels are too loose, give a little tea of beach buds or brier

root, or cinnamon bark, spirits of camphor, or a tea of crane's bill.

TO MAKE COMPOSITION POWDERS.

Take of finely pulverized bayberry bark 1 pound, finely pulverized ginger 1 pound, finely pulverized golden seal 1 pound, nervine powder 2 ounces, cholic root 4 ounces, grated nutmegs 1 ounce, capsicum 1-2 ounce, and wild ginger 2 ounces; mix well, and they are fit for use. These powders will often cure a cold. If you have not all the above powders or roots, take what you have in your reach, and use them. They will expel cold, promote perspiration, remove canker, and clear the stomach and bowels. Fever or other forms of disease, if taken in their early stages, may generally be cured by a free use of this medicine. Dose, from one to two teaspoonsful in boiling water three or four times per day; and as much oftener as the severity of the case may require. I prefer using them before going to bed.

COMPOSITION POWDERS—*for bowel complaints.*

In all diseases of the bowels, where the stools are too copious, such as bloody flux, &c. take bayberry bark 4 ounces, cloves 2 ounces, cinnamon bark 2 ounces, crane's bill 4 ounces, hemlock bark 2 ounces, nutmeg 1 ounce, white oak acorns 1-2 ounce, capsicum 1-2 ounce, browned wheat flour 1 ounce, all finely pulverized, and well mixed together. Dose—a teaspoonful from two to eight times a day. This powder can be used according to the violence of the complaint, with a teaspoonful of powdered slipper-ry elm bark, two or three times a day, or oftener if required. Local: rub with vinegar and tincture of gum myrrh and cayenne pepper.

HICCOUGH.

This is a frequent affection in children. It arises from an internal convulsive motion, and is seldom dangerous, though sometimes troublesome.

TREATMENT. It will, in general, be sufficient to sprinkle cold water on the face and hands; or you may hold at the nostrils of the child spirits of camphor or No. 6. If there is a recurrence of the hicough after these applications, give an emetic of the emetic drops until the child vomits: once or twice will effect a cure.

SICKNESS AND VOMITING.

Children are very subject to an evacuation of the contents of the stomach, particularly of the milk, when they are suckled. In some children this is only a healthy appearance, and needs little or no treatment. If the tongue is much furred with with a yellow fur, give an emetic of ipicac or lobelia, and a little oil, or a tea of senna, elder blows, or manna: sponge with vinegar.

DIARRHOEA.

If a child is attacked with excessive relaxation and griping pain in the bowels, a gentle emetic, consisting of ipicac or lobelia; then give castor oil and pulverized slippery elm bark; then use the tincture of crane's bill, or a syrup of brier root, cinnamon bark and nutmeg; boil 1 ounce of crane's bill, 1 ounce of cinnamon bark, and 3 nutmegs in one quart of water down to four or five ounces: add sugar and essence of annis seed oil—2 ounces essence and 3 ounces lump sugar. Give a teaspoonful each hour if required. If you use the tincture of crane's bill, give from 10 to 20 drops each hour with lump sugar.

FLATULENCY.

This disorder frequently occurs, and is very distressing to young children.

Symptoms. Distention of the stomach, with sour eructations; distention of the intestines; also attended with a frequent voiding of wind, which gives immediate relief for a short intervals, if the child is not feverish or otherwise indisposed.

TREATMENT. Let the child be well rubbed with rain water and vinegar; then well exercised in the arms. The bowels are to be kept regularly open with rhubarb or oil of elder blows. Give a tea of peppermint or catnip—the essence of catnip best, made as all other essences. If there is any indication of a foul stomach, it will be all important to give an emetic composed of ipicac and lobelia. Bathe with apple vinegar or whiskey and water. Most generally the essence of catnip will be all that will be required.

ORANGE WHEY.

Take a quart of milk, and the juice of a bitter orange; boil them till the curd separates, and strain the liquor.—Lemon whey is made by using a lemon instead of the orange.

WINE WHEY.

Take a quart of milk, and add to it a wine-glass of white wine; boil them till the curd separates, and strain.

CIDER WHEY.

Boil a wine-glassful of cider with a quart of milk; when the curd separates, let them be strained.

DYSPEPSIA BITTERS.

Take white ask bark 5 ounces, and sampson snake root 2 ounces. Cut or pound them fine, put into a bottle, and add two quarts of best whiskey or wine. Dose—from a teaspoonful to a wineglassful three times a day. You can make a syrup by boiling in water, and adding spirits to preserve. No sugar ought to be used; but should any be used, take the best lump or loaf sugar. Sampson snake root is hard to gather, but it is a powerful tonic, and acts like a charm in cholera, given in tea or tincture.

TO THE PUBLIC.

I have given in this book, the different compounds that I use in my practice, with the exception of two, viz.: One on *Dysentery*, and the other the *Pain Extractor*, a compound for which I have obtained a patent right.

I have not given them for two reasons. 1. Because the price for which the book is sold is too low to have so great a discovery revealed—a discovery that has cost me seven years labor and research. 2. I consider the treatment I have given for *Dysentery* is hard to be excelled. Should any of my readers be unsuccessful in the cure of this disease, by enclosing me

\$1, they can obtain a medicine that will effect a cure, by using a single tablespoonful.

I will sell the exclusive right to make and vend my *Magic Drops or Pain Extractor* for States, Counties, Cities, or Parishes, for a reasonable compensation, to be regulated according to location, population, &c. Those within the limits of my practice need not apply.

☞ For further particulars address me at Louisville, Ky., *postage paid*, and it will be attended to.

Now is the time to make a fortune, and to save thousands from an early grave.

WM. DAILY, M. D.

LOUISVILLE, October 27, 1848.

GLOSSARY.

- Stramonium*—See *Datura*.
Boneset—*Eupatorium Perfoliatum*.
Pokeroot—*Epytolacca Decandra*.
Indian Turnip—*Arum Triphillum*.
Golden Thread—*Coptis Trifolia*.
Bearberry—*Arbutus Uva Ursi*.
Blood Root—*Sanguinaria Canadensis*.
Cranesbill—*Geranium Maculatum*.
Fever Root—*Triosteum Perfoliatum*.
Hemlock—*Conium Maculatum*.
American Hemlock—*Cicuta Maculata*.
Pink Root—*Spigelia Marilandica*.
Wild Ginger, or Coltsfoot—*Asarum Canadense*.
Blue Flag—*Iris Versicolor*.
Bittersweet—*Solanum Dulcamara*.
Lobelia—*Lobelia Inflati*.
Golden Rod—*Solidago Odora*.
Winter Green—*Pyrolia Umbellata*.
Partridge Berry—*Gaultheria Procumbens*.
Mayapple—*Podophyllum Peltatum*.
Skunk Cabbage—*Ictodes Foetidus*.
Marsh Rosemary—*Statill Carobiniana*.
Cholic Root, or Butterfly Root—*Asclepias Tuberosa*.
Cowcumber Tree—*Magnolia Glauca*.
Dogwood—*Cornus Florida*.
Ginseng—*Panax Quinguefolium*.
Seneca Snakeroot—*Polygold Senega*.
Poplar—*Lirodendron Tulipifera*.
Butternut—*Juglans Cinerea*.
Gentian—*Gentana Catesbaei*.

- Sassafras*—*Laurus Sassafras*.
Bitter Root, or Dogbane—*Apocynum Androseamifolium*.
Blackberry—*Rubus Villosus*.
Senna—*Cassia Marilandica*.
Tobacco—*Nicotiana Tabacum*.
Poison Vine—*Rhus Radicans*.
Bayberry—*Myrica Cerifera*.
Juniper Berries—*Juniperus Communis*.
Cedar—*Juniperus Virginiana*.
Crowfoot—*Ronunclus Bulbosus*.
Black Snake Root—*Aristolocia Serpentaria*.
Unicorn—*Alebus Farinosa*.
Red Roseberry—*Rhododendron Maximum*.
Pond Lilly—*Nymphaea Odorata*.
Black Elder—*Prinos Verticalallatus*.
Centaury—*Sabbatia Angularis*.
Prickly Ash—*Xanthoxylum Faxinium*.
Hops—*Humulus Lupulus*.
Sheep Sorrel—*Oxalis Acetocelia*.
Mayweed, or Dog Fennel—*Anthemis Cotula*.
Blue Cohash—*Cauloyhyllum Thalictroides*.
Golden Seal, or Yellow Root—*Hydrastis*.
Pennyroyal—*Hedeoma Pulegioides*.
Rattle Root—*Bothophis Serpentaria*.
Balmony—*Chelona Glabra*.
Nervine—*Cypripedium Luteum*.
Columbo Root—*Frasera Verticilla*.
Witch Hazle—*Hamamelis Virginiana*.
Black Root—*Leptandra Alba*.
Cholic Root—*Leatris Spicutra*.
Birth Root—*Trilium Latifolium*.
Cucklebur—*Agrimonia Eupatoria*.

INDEX.

A

A tonic much used,	40
Acute enteritis in inflammation;	47
A sure cure for bed bugs,	51
A cure for the itch,	51
A cure for bots,	57
A cure for blind piles,	58
A cure for foul ulcers,	65
Anti-bilious drops,	68
Anti-bilious powders,	68
A good remedy in typhus,	70
Acute bronchitis	80
Acute peritonitis, inflammation,	85
Acute hepatitis, an inflammation of the liver,	87
Acute rheumatism,	92
Apoplexy,	128
Asthma,	141
Anasarca—dropsy,	145
Ascites dropsy,	146
An Indian poultice,	171
Acute gastric,	194
All healing salve,	201
A receipt,	201

B

Burns,	49
Bruises,	52

Bites of serpents,	-	-	-	53
Box liniment,	-	-	-	66
Bitters,	-	-	-	94

C

Crisis, critical days,	-	-	-	21
Causes of intermittents,	-	-	-	31
Catarrhal fever,	-	-	-	46
Cancer,	-	-	-	61
Cancer plaster,	-	-	-	62
Cough lozenges, made with extracts,	-	-	-	63
Cough lozenges,	-	-	-	63
Cramp choleric mixture,	-	-	-	64
Cures for dropsy,	-	-	-	66
Cramp mixture,	-	-	-	67
Cough drops,	-	-	-	67
Cure for thrush,	-	-	-	69
Chronic enteritis, inflammation,	-	-	-	76
Cynanche trachealis,	-	-	-	81
Cynanche tonsillaris,	-	-	-	83
Chronic peritonitis,	-	-	-	86
Chronic hepatitis, inflammation	-	-	-	89
Cystitis, inflammation of the bladder,	-	-	-	91
Chronic rheumatism,	-	-	-	94
Cholera,	-	-	-	150
Colic,	-	-	-	153
Consumption,	-	-	-	168
Cough syrup,	-	-	-	168
Clarified cholera syrup,	-	-	-	169
Consumption,	-	-	-	171
Chills and fever,	-	-	-	173
Coleca pictorum—painter's colic,	-	-	-	179
Chronic gastritis, inflammation of the stomach	-	-	-	148
Constipation,	-	-	-	200
Convulsions,	-	-	-	203
Cough,	-	-	-	204
Complaints of the bowels,	-	-	-	205

Consumption, - - -	122
Composition powders for bowel complaints, - - -	206
Cider Whey, - - -	208

D

Dumb ague pills, - - -	41
Dry bitters, - - -	66
Dysentery, - - -	72
Dysentery drops, - - -	75
Dysentery pills, - - -	75
Dropsy, - - -	144
Diorrhœa, - - -	148
Drawing salve, - - -	171
Diabetes, - - -	179
Diseased state of the intestines, - - -	204
Diarrhoea, - - -	207
Dyspepsia bitters, - - -	217

E

Emetic, - - -	69
Erysipelas, - - -	112
Epistaxis, - - -	116
Epilepsy, - - -	134
Emetic drops, - - -	201
Essences, - - -	205

F

Fever bitters, - - -	41
Frost bite, or chill blain - - -	49
Fresh cuts, - - -	53
Fistula, - - -	57
Female bitters, - - -	60
Fever in the feet, - - -	65
Family pills, - - -	69
For liver complaint, - - -	167
For inflammation, - - -	168
Flatulency - - -	208
For rheumatism, - - -	169

For jaundice,	-	-	-	169
Female pills,	-	-	-	189

G

Gravel,	-	-	-	67-196
Gonorrhoea,	-	-	-	72
Gleet,	-	-	-	72
Gout,	-	-	-	95

H

Hysteria nervous,	-	-	-	60
Hysteria pills,	-	-	-	60
Hemorrhage of the lungs,	-	-	-	61
Hæmorrhagiæ	-	-	-	115
Hæmatemesis,	-	-	-	117
Hæmaturia,	-	-	-	119
Hæmorrhoids,	-	-	-	119
Hæmoptysis,	-	-	-	121
Hemiplegia,	-	-	-	132
Hydrothorax,	-	-	-	146
Hot bitters,	-	-	-	168
Hiccough,	-	-	-	207

I

Indian tonic,	-	-	-	39
Inflammatory fever	-	-	-	44
Inflammations of the lungs,	-	-	-	77
Indigestion—dyspepsia,	-	-	-	158
Icterus jaundice,	-	-	-	163
Inflammation,	-	-	-	190-200
Inward fits,	-	-	-	203

L

Liniment to reduce swellings,	-	-	-	61
-------------------------------	---	---	---	----

M

Musquito bites,	52
Mother's cordial,	61
Mortification poultice,	68
Mucilaginous brnks,	75
Mucous and bloody evacuations,	205

N

Nephritis, inflammation of the kidneys,	90
No. 5 syrup,	167
Nervine tonic,	170

O

Of the general course, type and stage,	25
On intermitting fever,	28
Orange whey,	208

P

Preface,	3
Pain,	12
Preventative bitters,	40
Punctured wounds,	52
Pile Ointment,	58
Pills for physic,	68
Polypus,	69
Peripneumony,	78
Pneumonia bitters,	79
Parotitis, inflammation of the parolid gland	84
Phthisis pulmonalis,	84
Paraplegia,	132
Paralysis partialis—local palsy,	133
Pertussis—whooping cough,	139
Putrid sore throat,	168

Pecurial soap, for taking out stains,	-	-	-	172
Poison,	-	-	-	202

R

Remitting fever,	-	-	-	33
Receipt to cure continued fever,	-	-	-	39
Ring worm,	-	-	-	50
Receipt to make vermifuge,	-	-	-	54
Receipt to make tooth-ache drops,	-	-	-	55
Receipt to make stimulating liniment,	-	-	-	55
Receipt to cure corns,	-	-	-	55
Receipt for taking out corns,	-	-	-	55
Receipt for tooth powders,	-	-	-	56
Receipt for eye water,	-	-	-	56
Rheumatic liniment, good for pains,	-	-	-	56
Receipt for elder salve,	-	-	-	57
Receipt for a mixture,	-	-	-	57
Rheumatic drops,	-	-	-	61
Rubeola measles,	-	-	-	107
Restorative cordial,	-	-	-	169

S

Symptoms of diseases,	-	-	-	5
Signs,	-	-	-	9
Scald head,	-	-	-	50
Strains,	-	-	-	52
Sounds or bissing,	-	-	-	70
Scum on the eye,	-	-	-	70
Small pox,	-	-	-	99
Scarlatina,	-	-	-	109
Scrofula,	-	-	-	164
Strengthening plaster,	-	-	-	170
Superior gas beer,	-	-	-	172
Splenitis, ague cake,	-	-	-	186
Sickness and vomiting,	-	-	-	207

T

The pulse,	-	-	-	15
Treatment,	-	-	-	31
Treatment of remittent,	-	-	-	37
Tonic pills,	-	-	-	38
To cure the head ache,	-	-	-	39
Tonic pills,	-	-	-	41
Tetter worm,	-	-	-	50
To cure poison,	-	-	-	54
To make extracts,	-	-	-	58
The French wash,	-	-	-	63
To stop vomiting,	-	-	-	65
Tetanus, lock jaw,	-	-	-	156
Tincture of cayenne,	-	-	-	164
Tincture of lobelia,	-	-	-	167
Typhus fever,	-	-	-	173
Teething,	-	-	-	197
Tendency to inflammatory disease,	-	-	-	199
Tinctures,	-	-	-	202
Time to gather roots,	-	-	-	202
To make composition powders,	-	-	-	206

U

Uterine hemorrhage,	-	-	-	60
---------------------	---	---	---	----

V

Venereal,	-	-	-	71
Veriola, vaccine,	-	-	-	102
Variloid,	-	-	-	104
Vericella—chicken pox,	-	-	-	106
Vegetable tonic,	-	-	-	170-167
Verminous worms,	-	-	-	181

W

Whitlow, - - - - -	49
White swellings, - - - - -	59
Worm Lozenges, - - - - -	64
Worm Syrup, [- - - - -	65
Warts, - - - - -	170
Winter fevers, - - - - -	188
Water in the head, - - - - -	198
Wine Whey, - - - - -	208

Y

Yellow fever, - - - - -	42
-------------------------	----

DAILY'S PAIN EXTRACTOR.

\$30.

*Office of Designated Depository, }
At Jeffersonville, Ia. Oct. 24, 1848. }*

I do certify, that WM. DAILY, M. D., of the city of Louisville, Jefferson County, and State of Kentucky, has this day deposited to the credit of the Treasurer of the United States, Thirty Dollars, the same being a fee for a patent for a new and improved liquid medicine.

D. G. BRIGHT, *Depository.*

(A copy of the original.)

THE PAIN EXTRACTOR is an efficient agent for the cure of consumption, liver complaint, rheumatic pains, pains on the lungs or breast, pleurisy, all acute pains, inflammation, swellings, wounds, old sores, tooth ache, enlargement of the spleen or ague cake, white swellings, lumps on the side of the neck or any part of the system, &c. &c.

This medicine cures pain in a few minutes.

WM. DAILY, M. D.

Louisville, October 25, 1848.

The following certificates are given attesting its value. Many more might be added, but it is deemed unnecessary :

We, the undersigned, having used Dr. Wm. Daily's Pain

Extractor, have no hesitation in recommending it as a safe cure for pains :

John A. Etherige, cured of rheumatism.

Mrs. C. E. Watts, of ear-ache.

Luther Crocker, of jaw-ache.

J. C. Hale, of swelling in the arm.

Lewis Tweydorff, of pain in hips.

Morgan Harbin, of pain in side and sun pain.

E. C. Reynolds.

L. D. Farmer.

T. P. Reynolds.

I certify, that my daughter, about eleven years of age, had a wen on her wrist, and that one two ounce vial of Dr. Wm. Daily's Pain Extractor removed it.

PETER TROUTMAN.

Bullitt County, Ky. October 14, 1848.

I certify, that my little son, about ten years old, was violently attacked with pleurisy in the left side. I used one fourth of a bottle of Dr. Daily's Pain Extractor, which cured it in twenty minutes. I live in Louisville, Ky.

October 13, 1848.

JAS. M. CHAMBERS.

This is to certify, that I have been afflicted with the inflammatory rheumatism for twenty years past, and have tried more than five hundred remedies of different kinds; but of all I have ever used, I must pronounce Dr. Wm. Daily's Pain Extractor the best, not only for rheumatism, but for pains of any kind to which the human body is liable.

JOHN A. ETHERIGE, *Market Street.*

Louisville, Ky. Oct. 15, 1848.

I hereby certify, that I was afflicted with the neuralgia for eight or nine years, and that I employed two eminent physicians of Louisville, Ky. and one of New Albany, Indiana, but all to no effect. I then employed Dr. Wm. Daily of Louis-

ville, who cured me in three days with his Pain Extractor. I consider it one of the greatest medicines of the age. Given under my hand on this 8th day of October, 1848.

WILLIS H. RASOR.

N. B. I reside in Louisville, Ky., on Main Street, between Tenth and Eleventh.

This is to certify, that I was violently attacked with inflammation of the stomach and bowels. I thought my case a bad one to get over; but I was cured with Dr. Wm. Daily's Pain Extractor. I had also a knot or lump on my leg, and the Pain Extractor removed it. I think it one of the best things in the world for pains, knots or lumps on any part of the system.

H. W. CALVERT.

Louisville, October 20, 1848.

Notice to all those afflicted with inflammatory rheumatism.—
This is to certify, that I was afflicted with the inflammatory rheumatism for about four months. For a part of the time I was not able to turn myself in my bed. I was attended by different doctors, but not cured. I obtained some of Dr. Daily's Pain Extractor, and in one week after I commenced using it, I was able to walk without my crutches. Given under my hand this 26th day of October, 1848.

HENRY D. MOORE.

N. B. I am mending fast, and am now able to walk about town without crutches.

Louisville, Ky. October 26, 1848.

This is to certify, that I had a negro boy, whom I, with many others, thought to be in the last stage of consumption, brought on after having the measles: and that I now believe him cured by Dr. Wm. Daily, residing on Second Street, in this city. The doctor says his Pain Extractor was his principal medicine, which article I know was used in the case.

L. D. FARMER.

Louisville, October 23, 1848.

We, the undersigned, are knowing to the condition of the

above named boy. In the spring of 1848, we considered him incurable. Physicians in our neighborhood had the same opinion. We know the principal remedy in his case, was Dr. Daily's Pain Extractor, for the boy worked for us; boarded with us, and we used the remedy on him ourselves externally. He now makes a good hand in the livery stable, on Second Street, between Main and Market.

J. L. REYNOLDS.

T. P. REYNOLDS.

JAMES WHITE.

Louisville, October 26, 1848.

☞ This invaluable medicine can be had at my office, on Second Street, between Main and Market, at wholesale or retail. *Price*—from 25 cents to \$1 per bottle, according to size. A liberal discount made to those who purchase at wholesale.

WM. DAILY, M. D.



DEC 19 1957

SA

