

the pleura, and bringing on pneumonia: except where the catarrh actually passes into pneumonia, they will be distinguished by the degree of severity in the symptoms: thus, the dry, severe and incessant cough, the difficult respiration, and above all, the severe pain in the chest, mark the inflammation of the lungs. The symptoms of pneumonia far advanced, such as livid countenance and lips; orthopnea; excessive anguish and restlessness, are not met with in the other complaint: it is in incipient pneumonia only that there is danger of confusion. Typhus, or common fever is the disease from which it is most important to distinguish this complaint, because the bleeding necessary in pneumonia, might prove fatal in fever; and the treatment most judicious in fever would prove inadequate and inert in pneumonia: but the distinction already pointed out, between fever and catarrh, in treating of the latter complaint, will be more decidedly marked between fever and pneumonia,—vide catarrh.

Pneumonia seldom proves fatal before the ninth or tenth day, and often not before the fourteenth, and sometimes not before the sixteenth day.

CURE.

The principal remedy to be relied on, is bleeding largely; if called in early, from eighteen to twenty

twenty ounces might be taken at once, from an adult, and even more from robust persons: the bleeding is always most useful if it be taken from a large orifice, and in a full stream, and perhaps, from the arm of the side affected, rather than from the other; but if there is any awkwardness in taking it from that side, we should not hesitate to take it immediately from the other, as the difference of the benefit, if any, is trifling, compared with the importance of bleeding without loss of time: a remission of pain procured by the first bleeding must not deter us from repeating the venesection perhaps on the same day, if the pain should appear to return, but certainly on the following day; and if the first bleeding procures little or no mitigation of the pain and other symptoms, we must repeat the blood-letting copiously, in five or six hours after. The orifice ought to be large, in order to admit of a full stream, whereby in a given time a greater quantity of blood is taken away, because the suddenness of the depletion is of material importance in contributing to its utility, perhaps of more importance than the actual quantity of blood lost: this treatment must be resolutely persevered in, until a decided mitigation of symptoms takes place, such as a relaxation of the tightness felt round the chest, a marked alleviation of the pain, but above all, a more humid cough, and a more copious expectoration; the pulse also becomes

becomes softer and slower, when the inflammation begins to give way: it has frequently happened that from sixty to ninety ounces of blood have been lost in the course of four days, and instances have occurred, where one hundred and twenty ounces were taken away in the course of the disease.

Blisters applied before blood is drawn only add to the general irritation and distress, but after relief from pain is procured by bleeding, and the expectoration begins to grow more loose and copious, blistering is a good remedy; the blister should be made very sharp; a good method of preparing the blister is to sprinkle a thin layer of powdered flies over the blistering plaister now laid on the leather; if the blister does not discharge well we should blister again, and perhaps remove as much of the cuticle as has been raised by the former blister: any inconvenience caused by the blistering is trifling indeed when compared with the mischief we endeavour to avert: whenever blisters or sinapisms are applied in order to remove, or to prevent alarming internal pain or inflammation, it may be prudent in general to form a freely suppurating sore: it is not the slight discharge of serum caused by a blister in the ordinary way that we are to be satisfied with in cases of great danger from internal inflammation, or from morbidly increased action: an inflammation
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and sore should be made externally by these irritants; and, in cases of such danger, when they are pushed to this extent, the physician will in general have reason to be proud of his boldness: warm stupes applied to the bottom of the belly; diluent warm drink; and camphorated mixtures, will relieve the urinary pains and ischuria caused by the flies. The best time for blood-letting is the first week; particularly the three first days; but it will be sometimes useful in the second week; when the pain is severe and the cough distressing with little or no expectoration; or when there is much oppression and seemingly threatened suffocation, without acute pain, but rather with a dull heavy pain, we must bleed likewise, even though the pulse be small and feeble: the pulse is sometimes oppressed by the extent and severity of the inflammation, and in consequence of venesection it will be relieved from the oppression and grow larger and fuller: it is proper to observe, that when the pulse improves from bleeding it is a favourable sign. If, after the remission of pain obtained by the loss of blood, the distress returns again, we must again bleed; or if the bleeding gives no relief, we must bleed very soon again, and keep this treatment steadily in view until the expectoration begins to be more free and the cough more loose. Where inflammation of the lungs is clearly marked, we must not be deterred from venesection by apprehensions

hensions of weakening the patient too much ; for unless the inflammation is removed by resolution, there is no prospect of the patient's recovery : but when expectoration begins to be loose, it is necessary to be more guarded in the use of the lancet ; because then there is evidence of the inflammation subsiding, and because blood-letting pushed too far then might weaken so as to check expectoration, the free continuance of which is here the best symptom ; or, though the sputum might be free, it might weaken so as to produce hydrothorax or dropsy of the chest: the application of a blister will afterwards maintain the advantage gained by the bleeding.

Cases sometimes occur in which the propriety of bleeding is doubtful ; blisters are then to be tried, and if they add to the distress of the patient, it will help to remove the doubt and to point out more decisively the necessity of blood-letting: the irritation caused by the blister, without any relief obtained from it, removes the doubt which might have been entertained about the safety of bleeding before the blister was applied, and points out pretty clearly the propriety of instantly resorting to venesection.

When a thick buffy coat forms upon the blood without a large proportion of serum, it is safe to bleed again, but the physician must not be deter-

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red from recommending blood-letting again, because there is not a buffy coat upon the blood already taken away ; for sometimes the blood trickles slowly from the arm, and then the buffy coat will not form upon it, and then too venesection will give little relief in general, it will therefore be proper always to recommend bleeding from a large orifice in order to make the blood flow freely ; it will be of service also to put the patient into a recumbent posture: thus two advantages are gained, there is more blood taken away in a given time, the suddenness of the depletion being important ; and a chance is given of having that buffy coat formed, which may help to direct our judgment as to the necessity of recommending or forbidding further venesection. It often happens that in the beginning the blood first drawn has no buffy coat, the pulse being oppressed by the inflammation, but that the blood next taken away, when the pulse is relieved by the first bleeding, will have the buffy coat, though it flows under the same circumstances at both times.

When the case is very pressing, and doubts arise about the propriety of bleeding, it will be of use to open an orifice, and to examine the pulse whilst the blood is flowing ; if the pulse begins to sink as the blood comes away it will be proper immediately to desist ; but if the pulse swells as

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the blood flows, we should boldly persevere, for then the bleeding will relieve: this trial, even where the pulse is found to sink, cannot be attended with any serious injury, because when that change begins to appear the bleeding can be instantly stopped.

When the crassamentum, or firm part of the blood, even with a buffy coat upon it, floats in a large proportion of serum, we must be cautious in pushing venesection far, as the blood is of a watery and poor quality, and the complaint might by mismanagement rapidly pass into dropsy; we had better in those cases rely on sharp blisters instead of blood-letting: few instances will occur where bleeding will be necessary when the serum abounds in this large proportion.*

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* If the vessel in which the blood is received be shallow and wide, no buffy coat will form upon the most inflammatory blood; but the reverse happens where the vessel is deep and narrow: therefore vessels of a proper shape are commonly kept in hospitals for this purpose.

The blood in inflammatory diseases is more fluid than under other circumstances: the formation of a buffy coat depends on this increased fluidity, which prevents the blood from coagulating as soon as it otherwise would, and allows time for the red particles, which are the heaviest part of the blood, to descend below the surface before the coagulum is formed: this coagulum is of a whitish colour and called the buffy coat: but if the blood even though very fluid coagulates soon, the

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The immediate benefit resulting from bleeding is, the expectoration, which was stopped before, becoming free, opaque, and at length friable; the pulse more soft and more slow, and the pain abating.

The remedies on which, next to bleeding, we must rely are blisters: I have already mentioned the manner and circumstances of their application. In pneumonia it will be necessary to keep the bowels regular. When the state of the tongue shews the stomach and bowels to be loaded with bilious foulness, the pills No. 1 or 3, or the bolus No. 2, will be proper, the principal ingredient in these medicines is calomel, which is indisputably the most efficacious in dislodging bilious and morbid excrements from the alimentary canal, and in restoring the healthful state of the vitiated secretions in the liver and intestines: where it is desirable to procure a speedy evacuation by stool, a dose of castor oil may be given in four or five hours after the calomel; the castor oil may be taken in some

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red particles are prevented from falling down through the coagulum, and therefore a buff is not formed; hence when it flows slowly, or is received in a shallow vessel, it will cool too soon to allow the red particles to descend through it, that is, to have a buffy coat formed; but if it comes away in a full stream, or is received in a deep vessel, its fluidity is longer preserved, and the red particles descend below the surface, that is, there will be a buffy coat.

agreeable water, or in white wine, or in tincture of senna, as in No. 23; by this management the calomel is made to pass through the bowels with effect and in the course of a few hours. Where the above purgative is not immediately indicated, a saline purgative with infusion of tamarinds and senna, as in No. 25 and 48, will generally answer. Antimonial powder, and James's powder, are also useful medicines: they soften the skin, gently determine to the surface, and also keep the bowels free; but they are most proper after bleeding has been premised, and the sordes of the alimentary canal first carried away: divided and small doses of emetics are also useful in the same way, such as ipecacuan wine; antimonial wine; preparations of squills; spiritus mendereri: these may be combined with some agreeable water and mixed with a small quantity of some pleasant syrup: expectorating emulsions made with mucilage, gum ammoniac, spermaceti, or asafetida, as in the formulæ No. 66, 67, 68 and 69, are useful in promoting expectoration and softening the cough: No. 68 is best adapted to those cases where asthmatic breathing and dyspnoea are distressing; camphor is useful to allay irritation and to relieve from the urinary distress which blisters occasion; the inhaler is a useful instrument in diseases of the fauces and lungs, it enables the patient to inhale the vapour of warm water or of any other liquid into the lungs: these vapours act as an emollient

emollient, and probably have the same effect internally where they are applied, which fomentations have at the surface, but they are of little use except where the inflammatory stricture has been already removed. The food should be very light, easy of digestion, and contain but moderate nourishment, such as gruel, sago, flummery, arrow-root, roasted apples and such like: the drink, any mild, palatable liquid, such as whey, barley-water ptysans, &c. The air of the patient's room should be pure and dry, but not cold; therefore a clear but moderate fire should be kept up, and a small but continued stream of fresh air admitted: precautions should be taken however to prevent the air from passing in a direct stream over the patient's bed. Opium is cautiously to be ventured on, and not at all until the necessary bleedings have been premised; it may afterwards be combined in small doses with emetics and other medicines, to promote their diaphoretic and expectorant effects.

Pneumonia is sometimes epidemic, and then, like epidemic catarrh, requires blood-letting more sparingly; but the caution against bleeding is more to be insisted on in the influenza than in the epidemic pneumonia.

PHTHISIS PULMONALIS, OR CONSUMPTION
OF THE LUNGS.

Consumption of the lungs is very common, particularly in cold and damp countries. It generally begins with a slight cough, at first short and dry, which sometimes continues for months without any other considerable distress. But often the progress of the complaint is more rapid, so that it proves fatal in a few weeks, especially if it takes place in the latter end of autumn or beginning of winter: the cough is attended commonly with a sense of heat and stuffing in the chest, increased on motion: sometimes blood is hawked up, attended with a tickling sensation in the fauces, which makes the patient suppose that the blood does not come from the lungs but from the throat; the pulse is always quicker than natural, seldom below 100 vibrations in a minute, and often above 120. In most instances the spirits are good and the appetite moderate, even in the advanced stages of the complaint; there are instances however of great dejection of mind and loss of appetite; there is a sensible wasting of the flesh, and a burning heat felt in the palms of the hands. Such are the first appearances of consumption of the lungs; but all the symptoms very soon become more alarming; the cough, which was at first slight and dry, is soon distressing and severe, attended by an expectoration white or greenish,

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or purulent, and fetid: the expectorated matter has various tastes in different persons; for it is salt, or sweet, or nauseous and putrid: respiration becomes hurried, laborious, and anxious, with a sense of straightness or tightness round the chest: the tongue is clean, red, in the progress of the disease slightly inflamed, and covered with aphthæ, which at its root about the tonsils, and in the fauces, at length sink into ulcers, in several cases exhibiting the appearance of ulcerated sore throat; the ulcers in numerous instances spread down along the trachea, and there is then commonly a weakness and hoarseness of the voice, increasing to such a degree, that the patient can scarcely be heard, and can speak only in whispers: there is a morbidly increased sensibility to cold, and exposure to cold very much exasperates all the symptoms. The eyes generally acquire a high degree of brilliancy, the albuginea being of a pearly whiteness; and the cheeks get a limited or circumscribed redness, the redness however is in many instances not circumscribed, but, towards the circumference, gently blended with the rest of the complexion, so as to give along with the brilliancy of the eyes a great improvement to the charms of the face; but these symptoms are not constant, for the face is sometimes pale and languid: the thirst is always distressing; the breath offensive; and the debility very great, in consequence of which motion is very painful.

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The emaciation becomes in the advanced stages of the disease excessive, so that there is scarcely a vestige of fat remaining, and the bones literally pierce through the skin, and cause bad sores on those parts on which the pressure of the patient is greatest: there is an exacerbation towards evening with an increased sensibility to cold, the patient almost insensibly approaching towards the fire; this shivering or cold fit ends in the course of the night in a perspiration which continues until morning with temporary relief; the smell of the fæces is now very sickening; a purging sets in which alternates with the sweats, that is, whilst the sweats continue the purging is less severe, but upon the sweats subiding, the purging returns: even if we succeed in restraining the diarrhoea with medicines, we thereby in general encrease the perspirations: the eyes at length become hollow and sunk; the voice can scarcely be heard; there are now no intermissions as in the beginning, but only slight remissions. In women, from the commencement of the disease the catamenia are suppressed; and to this suppression they are inclined to ascribe all their sufferings, substituting the effect for the cause.* The nails are

* It commonly happens that women whose catamenia are suppressed ascribe to this suppression all their ailments. It is true that sound health in women during the menstrual age is incompatible with suppressed catamenia; but the suppression is very frequently the consequence not the cause of other complaints.

are incurvated; the lower extremities become dropsical, especially about the feet and legs; the hair of the head falls off: the patient has an inclination to cough, but from extreme weakness cannot expectorate. The sight is sometimes entirely lost, in consequence of which the patients, not aware of the real nature of the sight, will call for light: the breathing is interrupted and difficult: a coldness of the extremities spreading gradually, until it seizes upon the more vital parts, soon closes the scene.

In no complaint does it happen perhaps so much as in this, that a sudden and extraordinary relief from all kinds of distress flatters the patient with hopes of a speedy recovery; but the delusion too soon vanishes, and the malady never fails to resume its former malignity; even a few hours before death the patients will sometimes give us to understand that they are not sensible of any particular distress except weakness, and that they expect to be well in a short time.

The understanding commonly remains clear until a few days before death, when the patients occasionally labour under slight delirium. Where this occurs it announces the fatal period to be fast approaching.

Phthisis when completely formed is perhaps never radically cured. When treated early, and before

before tubercles are inflamed and ulcerated, much may be done, and life in many instances protracted for years: pregnancy in many cases retards the progress of the complaint, and phthisical women will sometimes live consumptive for a long time in consequence of quickly succeeding pregnancies. The more usual progress of the complaint in such persons however is the following. During the first months of pregnancy the hectic and phthisical symptoms disappear; miscarriage takes place about the fifth, sixth or seventh month; the hectic then returns with increased severity and soon carries them off: nursing also sometimes checks the course of hectic; the increased determination of blood to the uterus in one case, and to the mamma in the other, relieving the lungs for the time: but if the nurse be delicate, nursing has the opposite effect, namely, that of making the complaint set in sooner and with more fatal certainty. Mania supervening in phthisis destroys it and restores health and vigour, but when the mania disappears the hectic returns: typhus fever supervening on this disease likewise suspends for the time the progress of the hectic symptoms; but when convalescent from the fever the patient will generally get a relapse of the phthisis which will rapidly prove fatal. Of these occurrences we meet with melancholy instances in this city.

The age most subject to phthisis is from fifteen to forty years: the persons most liable to it are those

those of delicate lungs, such are persons of narrow chests; of broken backs and ribs, in whom the lungs cannot be properly expanded, and in whom the circulation is impeded in a high degree, whence arise a sense of oppression, weakness, and a disposition to suffer from hæmoptysis, catarrh, pneumonia, and phthisis: likewise those who from neglect or otherwise have had repeated attacks of pulmonary complaints, especially if their habits are sedentary; those whose constitutions are broken by early habits of dissipation; but most of all the offspring of phthisical and scrophulous parents, for it is in such that tubercles of the lungs are principally found. In one individual of the family the scrophula will appear to waste itself on the surface, producing disagreeable marks on different parts of it, particularly on the cervical and maxillary glands: * others again of the same family will grow up fair and beautiful without a blemish on the surface, but will fall victims to phthisis at an adult age.

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* Such marks are commonly the consequence of inflammation and suppuration of those glands difficult to heal: but I have seen a very scrophulous family, in two of whom, a brother and sister, there were such marks shining and smooth spread over the greatest part of the face, and neck; and yet in whom those unseemly impressions had not been preceded by any tumours or sores whatever: but in those instances there were sores on different parts of the arms, producing an oozy, fetid discharge; the state of those sores however I had not an opportunity of examining.

The analogy between phthisis and scrophula is also demonstrated by the following facts: scrophulous tumours and sores will begin to appear in winter and spring and heal in summer: phthisical patients also in the beginning of the complaint will suffer much during the cold of winter and spring; and will be greatly relieved during the summer season. From this circumstance arises an useful indication in practice, namely to recommend warm and equable climates to phthisical constitutions; and where this plan is impracticable, flannels should be worn next the body, because, in consequence of being bad conductors of heat, they preserve the natural warmth of the body little altered, and guard against the severity of increased heat and cold.

Another striking resemblance between scrophula and phthisis is, that both are most prevalent in cold climates. I have heard it asserted that scrophulous complaints are more frequent in Scotland than in Ireland, but I have not heard any data from which I could rely on the truth or accuracy of this observation.

CAUSES OF PHTHISIS.

The causes which act more immediately in exciting phthisis are foul, poisonous, and impure air, and particularly if it be cold and damp; depressing

pressing passions and affections of the mind, which, by repressing perspiration, encrease the determination to the lungs; small pox in predisposed constitutions is supposed to bring on this complaint sometimes, though in many instances, when scrophula does not exist, small pox is known to improve the strength and vigour of the system. There is no doubt that chin-cough and measles will act upon a diseased delicacy of the lungs and produce phthisis in predisposed habits, indeed this sequela seems to be the most alarming part of these diseases.

Dyspnœa and asthma may end in phthisis, hence arises a necessary and useful warning to persons labouring under these complaints, to keep the surface equably warm; and to guard most scrupulously against intemperance and dissipation: the common termination of asthma; however, is a fatal dropsy. Repeated attacks of syphilis, and the frequency of mercurial courses necessary for its cure, relax and weaken the system, and dispose to phthisis: cold applied to the skin and to the lungs, will induce catarrh, and in delicate habits cause inflammation of the tubercles, and perhaps produce scrophulous concretions. Cold has the effect of exciting a scrophulous inflammation and suppuration on the surface of the body; from analogy it is fair to conclude that it may act in a similar manner in the lungs, even without previous catarrh.

catarrh. Pneumonia in scrophulous subjects, is sometimes known to terminate in tubercular abscesses and to bring on phthisis. Those are the causes which commonly produce this deplorable malady. There are others which in constitutions greatly predisposed may sometimes cause it; such as suppressed hamorrhoids or piles; suppressed periodical bleeding from any part of the system; issues, setons, or sores, and ulcers of long standing dried up; old cutaneous eruptions repelled. There is a difference of opinion about the contagious nature of this disease; but the probability is, that in this country at least it is not contagious. The opinion that it is contagious seems to have been formed from the fact, that several of the same family have been often known to have suffered from it: but this fatality can be explained, from considering the family predisposition, or pulmonary delicacy. In other countries, however, there is a strong belief of its being contagious. I have been assured by enlightened men, who have lived many years in Italy, that phthisis is a very contagious disease in that country. Flax-dressers; hair-dressers; stone-cutters; and lime-burners, are supposed to be liable to phthisis, from their respective occupations: it is highly probable, that in cases of great predisposition, the particles of dust, with which they are constantly surrounded, might, by their irritation in the bronchix, excite
a cough,

a cough, and thereby tubercular inflammation, ending in phthisis.

CURE.

By early attention to this complaint much may be done, at least to protract life. Pure, dry and temperate air, with uniform warmth, particularly the warmth of flannels worn next the body, are of essential service: where it is practicable, the patients ought to be sent to climates of equal and regular warmth: by this, two advantages are gained, namely, the improvement of the temperature of the climate, and the mild exercise of sailing, an exercise peculiarly fitted for delicate lungs; the benefit to be expected from such climates, is strongly illustrated by the analogy of external scrophula, appearing in cold, and disappearing in warm weather.* Phthisical patients too, are much relieved during the warm summer months when the complaint is recent, and nearly free altogether from distress; but

* We often see the maxillary and cervical glands swell, inflame, and suppurate in the winter, and the swellings subside, and the sores heal in the progress of summer. It seems that in the lungs, slightly inflamed and ulcerated, tubercles might heal likewise during the summer, and that the inflammation and suppuration may return during the cold of winter and spring.

certainly improves the discharge from foul sores, and often is of use in discussing scrophulous tumors. Myrrh is a valuable medicine; it keeps the body gently open, mitigates the pectoral symptoms, and seems to dispose the tubercles to heal.

Acidulous mixtures and fruits are valuable, partly to allay the cough, partly with a view to their refrigerant effects in checking perspiration, and partly from their quality in keeping the bowels regular: as the cough is often very troublesome and incessant, it is desirable to command the means of subduing its irritation and severity; this purpose will be generally attained by the use of the demulcent expectorants, No. 66 and 67. The patients must be particularly cautioned against any exertion of the voice, as singing, talking much, playing on wind instruments, and against heating themselves with exercise or otherwise. Riding on horseback whilst the patient has strength is one of the most effectual remedies that can be employed: sailing is also excellent, but here there is great necessity to make the first voyage short and in mild weather if possible, in order by degrees to accustom the patients to bear the motion of the vessel; in a little time, longer voyages shall be endured without distress, by proceeding in this gradual manner; whereas if the patients were at first to risk a long voyage they might be killed by the experiment.

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When the bowels are slow, laxatives must be used, but we must beware of active purgatives, and especially in the advanced stages of the disease. Even a dose of magnesia or sulphur might injure, by causing a severe purging: oftentimes glysters of warm water only will be sufficient: but in the beginning whilst there is still a considerable portion of strength, pills of aloe and myrrh, commonly called Rufus's pills, will be useful. It will be proper, particularly in spitting of blood, to examine the state of the hepatic system, and, if there be any morbid affection of the liver, marked by foul tongue, fulness of the hypochondria, bitter taste of mouth, and uneasy feel of the head, we ought to give occasionally moderate doses of calomel purgatives, as in No. 1, and a tea-spoonful of the laxative electuary No. 5, the following morning if necessary; and this treatment should be from time to time repeated at the interval of three or four days, until the tongue begins to clear off, and the other symptoms to subside.

The medicine No. 72 should be freely taken whenever there is a spitting of blood, or a profuse sweat, and repeated according to circumstances occasionally during the day, as long as these symptoms continue: mild mucilaginous drinks give great relief, and might be taken freely every day, such as barley water; linseed tea; almond milk: decoctions of Iceland moss, which prove often

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purgative,

purgative, and should therefore at first be taken sparingly, and mixed perhaps with milk and some agreeable syrup.

ANGINA TONSILLARIS OR INFLAMMATORY SORE THROAT.

This complaint, though often troublesome and painful, is seldom dangerous. The appearances are a swelling and inflammation of the throat, which are most commonly seated in those glands at both sides of the throat called tonsils, and in many instances confined to one or both of these without extending farther: often however, the inflammation rises along the velum pendulum to the uvula, and the whole of that curtain becomes inflamed, swelled, and painful: the swelling of the uvula causes an apparent elongation of it, whence in many cases its apex reaches downwards and lodges upon the back part of the tongue; the roof of the mouth is then in vulgar language said to be down;* sometimes the inflammation runs backwards
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* Amongst the lower orders this occurrence is called the roof or palate of the mouth being down; and various and sometimes extremely painful are the remedies employed for lifting it up. One in particular is so singular that I will beg leave to mention it. The patient is seated between the legs of an athletic and muscular operator, who seizes a lock of hair as nearly as he can guess on the crown of the head and pulls it with all his force until he hears a crack; then the cure is pronounced to be accomplished, and the patient is dismissed.

to the muscles called constrictores isthmi faucium and spreads over the membrane which covers them. Deglutition becomes painful and often very difficult; and, when the inflammation is very high, solids in small bulk are more easily swallowed than liquids: there is an encreased secretion of saliva, which cannot be swallowed, but must be spit out, and during sleep it runs out along the angles of the mouth: the breathing is laborious and noisy, and performed with the mouth open, the passage through the throat being now contracted by the inflammation. The swelled tonsils become externally enlarged, particularly in children; and it often happens, especially in young persons, that yellow purulent ulcers suddenly spread over their upper surface, surrounded by a vivid fiery inflammation: the tongue is bilious and loaded; sometimes the inflammation and pain begin in one tonsil and are soon transferred to the other.

The pain is often so severe and lancing as completely to destroy sleep: in violent cases the liquids which the patient would swallow come out of the nostrils: the tongue is sometimes thrust somewhat out of the mouth, and the pain shoots along the eustachian tube to the ear.

When suppuration is formed, the abscess will often burst, and then the complaint with all its distressing

distressing symptoms will disappear almost instantaneously: but in some cases the abscess will not burst spontaneously, the contents of it remain confined, and the pain is exquisitely severe as it is in most instances of confined corruption: the matter discharged is extremely nauseous, bitter, and mixed with blood. The pulse is generally quick, but without any proportionable danger.

Inflammatory sore throat is commonly a disease of youth, and of the vigorous period of manhood: it is sometimes, but seldom, met with after the age of forty.

The spring and winter are the seasons when it is most frequent and severe, but it might attack at any season of the year when the patient is exposed to its exciting causes.

CAUSES.

There are many who have a greater predisposition than others to this complaint, and in whom from slight causes it has a greater tendency to return. The exciting causes are cold applied to the body, especially in a state of predisposition and increased irritability: thus after violent exercise; after a debauch in drinking, and late hours; and after being greatly heated by dancing in a warm and crowded room at a party, and suddenly plunging

ing into damp and night air, a variety of dangerous complaints are produced, and amongst them angina tonsillaris is often known suddenly to appear. It is frequently caused by a stream of air passing over the body seated at an open window: and cold alone will often produce it in persons, in whom there had not been any evidence of a marked predisposition.

Angina tonsillaris terminates by resolution or suppuration. A scirrhus hardness of the tonsils has been observed in a few instances, but so rarely, that it cannot fairly be considered amongst the regular terminations of this complaint.

CURE.

It ought to be the study of the physician to remove the inflammation by resolution, because that is the least tedious, the least painful, and the least dangerous termination. In the beginning an emetic should be given, with the intent of determining to the surface, and discussing the inflammation, the patient being confined to his room. The morning after the emetic is given, an active purgative will be useful, such as the pills No. 3, after which the mixture No. 4, or castor oil may be directed, if necessary, to quicken the passage of the pills and to procure a more complete evacuation: the purgative glyster No. 6 is an auxiliary of the same

same sort, but milder, and answers very well where there is any loathing or sickness at stomach, which might cause the purgative mixture, or castor oil to be rejected by vomiting. The feet at bed-time should be uniformly bathed in warm water; and the neck covered with a thick collar of warm flannel. The drink and food must be always taken warm: these means alone will commonly remove the disease when mild: if however the symptoms are severe and have continued for some days, or if recent, but will not yield to this treatment, we should not hesitate to apply leeches externally to the tonsils: they are an incomparable remedy, and, if used before suppuration has commenced, they reduce the inflammation almost instantaneously.

Where leeches cannot be procured, or, where their application will not be submitted to, a sharp and large blister should be laid across the throat; the purging medicines above mentioned being occasionally employed.

When the pain and inflammation, though somewhat mitigated, still continue after this treatment; or, when, though they remit considerably, they soon return; there is strong reason to suspect that suppuration has commenced; and if there be a throbbing shooting pain, the existence of suppuration is less doubtful. We must then lay aside
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all hopes of a termination by resolution, drop all external applications except the warm flannels; trust to the use of mild detergent gargles, and the inhalation of the steams of warm water, and wait for the bursting of the abscess, an event now most anxiously to be promoted, and which puts a sudden and complete termination to all the sufferings of the patient. Mild subacid gargles are very grateful, and might be used throughout the whole course of the complaint: for the gargles there is a great variety of formulæ. The gargle No. 54 will answer very well. A mixture of honey, vinegar, and water; or of honey, lemon-juice and water, will likewise form an agreeable gargle: port wine, water, and sugar or syrup, is also a good gargle.

The pain of the confined matter is most agonizing in this disease, and therefore, if there is evidence of matter being formed, without a probability of its being discharged by the spontaneous bursting of the abscess, an incision should be made by a convenient instrument in the part which is most pointed. When the matter is discharged, all distress is completely at an end; and it is very remarkable, that in many instances there is but a small quantity of pus discharged, where there had been most excruciating pain. It has been already mentioned that children are attacked with inflammatory sore throat, and that then ulcers sometimes
appear

appear upon the tonsils surrounded by a fiery inflamed base: in those cases, as far as I have been enabled to observe, the inflammation terminates by resolution, and is connected with strongly marked indications of morbid secretion in the liver and alimentary canal: two or three grains of calomel, according to the age and constitution of the patient, removes the bilious distress of the stomach and bowels, and with only the addition of warm flannels worn round the neck, the ulcers become smaller and cleaner; the fever and inflammation abate; the glandular enlargements about the throat and jaws gradually subside; deglutition becomes easier; and very soon appetite and health return: a second dose of the calomel may sometimes be exhibited in two or three days after the first, where there still appears to be a morbid coluvies of the intestines; but a third dose is seldom required, unless there be some other morbid affection of the system existing at the same time.

RHEUMATISM.

This is one of the most common complaints to which the poor, and especially the labouring poor of Dublin are subject. It is properly a disease of cold countries, in which it is endemical, and but rarely known in warm climates. Its attacks are most frequent in winter and spring, but it is sometimes observed in summer and autumn in cold countries.

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There are two sorts of rheumatism, the acute and chronic. The acute is an inflammatory disease, and commonly begins with strongly marked symptoms of fever, as chilliness succeeded by increased heat; impaired appetite; thirst; quick pulse; and a severe pain of some of the larger joints; such as the shoulders, hip-joints, knees, ankles: the smaller joints are not affected at first; but after the disease has often returned and continued long, it attacks the small joints also, such as the wrists, and the joints of the fingers, which frequently become stiff, contracted, distorted, and motionless. The pain at first generally visits one joint, and shifts rapidly to one or more joints, from that first attacked; and it sometimes continues shifting in this manner for several days, whilst under the form of acute rheumatism: but in chronic rheumatism the pain is fixed: inflammation and swelling of the part affected supervene, upon the appearance of which the pain is considerably mitigated.

The pain in many instances is confined to the joint, without running along the muscles; but sometimes it attacks the middle part of the limb, between the joints, and courses along the muscles of the limb, and often along one muscle, to the extent of which it is confined without being communicated to the other muscles in its neighbourhood. The general disorder of the functions which

which accompanies other pyrexia or fevers, never occurs in rheumatism. The pains of acute rheumatism will sometimes affect any part of the surface of the body and will be increased on pressure: sometimes the hairy scalp and the neck are the seat of this pain, whence there arises great headache increased on pressure. The pains often attack the lower part of the back, and shoot through the loins to either side, producing that modification of the disease, called lumbago. Sometimes they are fixed lower down in the muscles and ligaments of the os sacrum, and spread to either side about the origin of the glutæi muscles: in such cases the distress is principally felt at one side. The pains in many cases are seated in the hip-joint, and shoot along from thence in the direction of the great sciatic nerve to the knee, and frequently as far as the ankle; and the knee and ankle joint suffer often severely from pain, weakness, swelling and rigidity. In many cases a fluctuation is evident in the knee; this symptom however does not occur until some time after the inflammation has begun; and perhaps should more properly be referred to chronic rheumatism: but the exact limits between acute and chronic rheumatism are not easily fixed or ascertained. During the inflammatory stage of acute rheumatism, the application of external heat generally causes distress and pain, hence increased pain from the heat of the bed; but sweat breaking out on the affected

part

part gives considerable relief. In chronic rheumatism, external warmth is uniformly a source of comfort. Though acute rheumatism be a very inflammatory disease, it never terminates in suppuration or gangrene; in some instances there is an exudation of a gelatinous fluid into the sheaths or capsules of the affected joints; the bursa mucosa appear to be generally the seat of this deposition. This disease terminates by resolution, without leaving any marked sequela; and very frequently it passes into chronic rheumatism. Rheumatic limbs sometimes become wasted and paralysed; and in predisposed and scrophulous habits, a rheumatic pain of the knee frequently ends in a white swelling; but it is probable that it is only in scrophulous constitutions such untoward terminations take place. Pleurodyne is a rheumatic affection of the intercostal muscles. In rheumatism there is commonly an exacerbation towards evening.

The persons most subject to rheumatism are the plethoric and those about the prime of life; after having once attacked with severity, it is very much disposed to return.

CAUSES.

Acute rheumatism is caused by cold and moisture, which constrict the exhalants of the surface and repress perspiration. Thus a damp shirt;

damp

damp sheets; clothes which have got rain or wet still kept on the body, will bring on acute rheumatism; and also any part of the body being exposed to a stream or current of air, particularly of damp air: the application of those causes will more certainly produce the complaint, if the body be in a state of great irritability at the time, as after a fit of drinking; after violent exercise, such as dancing; or after great perspiration.

CURE OF ACUTE RHEUMATISM.

In acute rheumatism the cure must be conducted strictly on the plan of allaying acute inflammation; our principal view being directed to promote an increased discharge by the skin. Blood-letting is a powerful and quick remedy, it relieves the pains immediately; and prepares the way for exhibiting the other medicines, indicated for removing the complaint. Thus diluents, laxatives, and diaphoretics will be most successful in relieving the pains where blood-letting has been promised: but it must be carefully marked, that it is only in youthful and strong constitutions that blood-letting is admissible even in acute rheumatism; in such persons venesection, if necessary, might be repeated three or four times, according to the urgency of the symptoms; but we must be very careful not to carry this evacuation too far; as it might convert acute into chronic rheumatism; or lay a predisposition favourable to the return of the complaint.

Where

Where the propriety of general blood-letting is doubtful, leeches might be applied to the part in pain, with perfect safety, even in delicate persons. They are of essential service in that modification of the complaint called lumbago.

The bowels ought to be kept open, particularly at the commencement: there is no treatment which has such decided advantage in removing rheumatism as purgatives judiciously and regularly employed: their efficacy is so decisive that they will often cure acute rheumatism without the aid of any other medicine. A dose of the purgatives No. 1, 2, or 3, is well adapted to this end, followed up, if they prove too slow, with the enema No. 6, or a dose of castor oil, or with a purgative mixture, such as that in No. 4.

This purgative process in persons of moderate strength might be repeated so as to procure one or two free stools every day. If the pains still continue after the blood-letting and evacuations by stool, or after free evacuations by stool alone, where blood-letting is deemed inadmissible, it will be proper to encourage a copious and long continued sweat: its duration should not fall short of forty-eight hours, and oftentimes it ought to be longer. Dovers powders are commonly employed for this purpose: the dose is about ten grains, to be repeated every six hours until a sweat breaks out:

out : the sweat is to be kept up by warm diluent drink taken at short intervals, and in small quantities at a time, as long as it is conceived proper : during the sweating process, the sheets should be taken away, and the patients lye in blankets, taking care to be properly supplied with dry well aired linen occasionally. No drink should be taken for an hour after the powder, least vomiting might ensue, which sometimes happens when a draught of any liquid is immediately used after a medicine containing emetic or purgative qualities. Some prefer preparations of antimony to dovers powders as diaphoretics, because their effects are more durable, and because they open the bowels as well as relax the surface : thus antimonial powder in small doses might be added to nitrate of kali, as in the formula No. 59, and repeated every four or five hours until the sweat breaks out. Other practitioners order antimonial wine and laudanum, or a solution of tartar emetic and laudanum, with the same intent ; these substitutes are unquestionably very valuable. Whatever sudorific be employed, warm fomentations to the lower extremities will be useful in a high degree. After the pains disappear, the patients should be particularly careful not to expose themselves to the risk of catching fresh cold, but confine themselves to a warm apartment, and wear flannels close to their body.

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The blood drawn in rheumatism is always buffy, and the urine high coloured ; but when the pains begin to subside, the urine deposits a brick coloured sediment. The sweats will be most effectual in curing this disease, if the inflammatory force of it has been already reduced.

The pain of rheumatism is always more violent than the pain of phlegmon, both because it is seated amongst parts frequently in motion, viz. muscles and joints ; and also because those parts are less yielding and possessed of more sensibility than the seat of phlegmon. Peruvian bark has of late years been commended, as a cure of acute rheumatism : but its benefits are more sensibly felt as a roborant after the severity of the complaint has already yielded to other treatment.

The acute will sometimes last two or three weeks and insensibly pass into the chronic rheumatism ; but in many instances a smart purging and sweat will soon put a stop to it. The diet throughout the inflammatory stage must be low.

After the removal of the complaint, a strengthening plan must be adopted, with a view to guard against its return, such as temperance ; exercise, particularly on horseback ; friction with the flesh-brush to the parts which suffered ; and the cold sea bath, or shower bath.

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CHRONIC

CHRONIC RHEUMATISM.

Is disposed to attack those parts which are the seats of acute rheumatism. It is attended with considerable pain, increased on motion. Sometimes the affected limb becomes stiff, cold, diminished in its sensibility, and considerably wasted in its size; and a real palsy of the limb will sometimes ensue from chronic rheumatism. It is known to fix in the muscles; the ligaments and membranes of the joints; and in the sheath, or involucre of the nerves: this is remarkable in sciatica, which follows the course of the great sciatic nerve: and instances have been observed, where the chronic pain ran along the anterior crural nerve. Into these seats of rheumatic pain, a gelatinous fluid has been sometimes effused, but by proper treatment again taken up by the absorbents: should an opening be made into this fluid, it leaves very bad sores, dangerous and difficult to heal. The pains of chronic rheumatism often run their course without any feverish exacerbation: sometimes sweats will come on spontaneously over the whole body, except the part affected, without any relief: but its pains are generally relieved by the warmth of the bed, and by those sweats which occupy the rheumatic limb.

Chronic rheumatism is most commonly known to visit the infirm and old, and particularly those
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who, at an earlier period, were subject to acute rheumatism; and frequently a fit of the acute will terminate in the chronic rheumatism.

CAUSES.

The causes which in younger persons produce acute, will in the old and predisposed occasion chronic rheumatism: it is likewise often caused by external injuries, as bruises, luxations; by depositions of morbid matter in the hip joint, as in scrophula; and those depositions which are sometimes the sequela of acute diseases, have been observed to occasion sciatica; but the most common cause is the same which brings on acute rheumatism, viz. cold or damp applied to the body, in a state of increased sensibility.

DIAGNOSIS.

Rheumatism may be distinguished from gout, syphilis, and scurvy, the diseases to which it bears the strongest resemblance, by the following characters. From gout it is distinguished by the habit of the patient; the acidity and indigestion which generally precede a fit of the gout; by the hereditary claim and rank of the patient, the gout belonging to the rich, the rheumatism to the poor; and by the seat of the disease, the gout attacking the ball of the toe and the smaller joints of the extremities; but rheumatism the larger joints, at least in the beginning. It frequently

quently happens, however, that gout and rheumatism go together, and that we shall find our patient suffering from their united force.

From syphilis rheumatism is for the most part easily distinguished by those marks which characterize syphilis; such as pains fixed and referred to the bones; by dark copper coloured blotches on the skin; by an ulcerated inflamed soreness of the tonsils; by nodes or swellings on bones which have little covering, as the shin bones, the forehead, the upper and lateral bones of the cranium, the radius near the wrist, and the clavicles: by the venereal eruption, called *corona veneris*: but notwithstanding the clear distinction where these occurrences take place; it will often be found that venereal pains attack like those of rheumatism, even like *lumbago*, and very frequently like *sciatica* accurately marked; and can only be distinguished by their receiving no relief from profuse perspirations, but being rather exasperated thereby; by their continuing unmitigated by such medicines as are efficacious in curing rheumatism; and by their yielding easily to the liberal use of mercury.

Rheumatism is easily distinguished from scurvy, by the patients having used such diet, and being exposed to the other causes and circumstances which ordinarily produce scurvy; by the fatid breath, spongy gums, and ill-conditioned ulcers
of

of scurvy. Rheumatism and scurvy will sometimes attack together persons exposed to their united causes, e: g: seamen in long voyages.

CURE.

Chronic rheumatism is often a very afflicting complaint, and in some instances incurable. The remedies mostly relied on, are those which quicken the circulation through the diseased limb; restore the healthful action of the exhalants; promote the absorption of any fluid which might have been effused, and remove any obstruction which might have taken place. Venesection is inadmissible in chronic rheumatism, but topical bleeding by cupping or leeches will be useful. Blisters applied to the seat of the pain will often entirely remove it for the time; even *sciatica* has frequently yielded to a blister applied over the hip joint; blisters successively applied round the knee have been found to promote the absorption of the effused fluid, and to remove the disease when seated there: in this modification of rheumatism, diaphoretics are a good remedy; the warm salt bath is likewise valuable: the diaphoretics most usually employed, are combinations of opium and antimony; spirits of turpentine; and the various preparations of guaiacum; guaiacum in every shape in which it is given, is unquestionably a valuable medicine in chronic rheumatism; the ammoniated tincture is the preparation most generally used. In many instances of chronic rheumatism I gave the pills
No.

No. 62, consisting of guaiacum, calomel, antimonial powder, opium and cayenne pepper, with considerable benefit; along with the use of the pills I recommended that the limb should be well rubbed twice a day with the liniment No. 63, and afterwards rolled in flannel; this liniment rubbed to the rheumatic limb, e: g: to the knee in swelling and effusion will sometimes answer as a substitute for blisters; the part, after the friction, being always wrapped up in flannel rollers, which will improve the progress of cure very considerably.

Spirit of turpentine is sometimes given with great effect in inveterate rheumatism, and has been found to remove it after the ordinary diaphoretics, and even mercury had failed. It may be given dropped on a lump of sugar, in doses from ten to thirty drops every night at bed time; and some mild drink, such as whey, taken immediately after: thirty drops are too large a dose in general to be continued for many successive nights: the best method is to begin with ten drops, and gradually to increase the dose by the addition of one or two drops every successive night, until it amount to the largest dose, which the patient can bear without griping or sickness.* This is a treatment

* I met with two inveterate and obstinate cases of rheumatism, in which I exhibited the turpentine with gratifying success. In one the pain had been fixed for years in the muscles of the leg, particularly the tibialis anticus, along the course of the shin-bone: from suspicions of a venereal taint,

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treatment that I am inclined earnestly to recommend in all refractory cases of chronic rheumatism.

Sometimes a combination of symptoms similar to those of rheumatism will set in and obstinately persevere, notwithstanding the liberal exhibition of those medicines already recommended. We have then reason to suspect a venereal taint, and to order mercurial unction, which will generally cure the complaint. The confident assertions of our

I recommended mercurial ointment, until a profuse ptyalism came on; and then some of the most active saline preparations of mercury, but all without any benefit; I then blistered the part and kept up the discharge for several days by means of savin ointment, but without much relief: the patient then requested permission to use spirits of turpentine, which I readily and cheerfully granted: he began by taking five drops at night on a lump of sugar, and increased the dose every night until it arrived at thirty: he then took a retrograde course in diminishing them in the same gradual way until he came back to five; he then advanced again as before, and by these means he soon got entirely and permanently free from pain. Soon after this I had the care of another, who had been nearly paralysed in one of his legs by chronic rheumatism of many years standing, the pain of which was most severe at the ankle and instep. He had used several courses of mercury under different persons, so freely exhibited, as to cause profuse salivation, but without relief. I recommended the spirits of turpentine as in the other case, but of which the patient took very large quantities without my directions, along with the liniment and flannel roller already mentioned: he recovered in less than a month in a great degree the thorough use of a limb, which before had been nearly palsied.

our patients that venereal disease is impossible might stagger us at first; but a little experience will soon direct our attention to the state of the symptoms, and to that alone; and here it is but candid to observe, that the patients frequently treasure up a system of causes and effects which they conceive to be conclusive with respect to the existence of venereal poison; and that the hardness of their assertion is often founded upon the supposed infallibility of that system.

GASTRITIS, or INFLAMMATION OF THE STOMACH.

This is fortunately a very rare disease. Its most striking symptoms are violent and incessant straining and vomiting, so that any thing swallowed is instantly thrown up; a very severe pain at the pit of the stomach, stretching towards the left side; a burning heat in the stomach; singultus or hiccup; great anguish; thirst; quick breathing; there are aphthæ or slight sores on the lips and inside of the mouth; the pulse is quick, low, and hard; (this low, quick and wiry pulse is remarkable in inflammation of the stomach and of the intestines) in the last stage of the complaint, when a fatal termination is approaching, the patient is apt to have cold clammy sweats; fainting; coldness of the feet; a lightness or reeling of the head; loss of sight; suppression of urine; and convulsions; and sometimes the fatal termination

nation of the complaint is so rapid, as to leave no room for the exhibition of remedies.

CAUSES.

The causes are cold drink taken when the body is heated, even a drink of cold water will sometimes produce it under these circumstances, of which many instances occur in soldiers after long marches; but the drink will cause gastritis with more certainty, if it be of a sour, or acrid, or poisonous nature, such as laurel water and distilled spirits, which will suddenly induce inflammation of the stomach, gangrene, and death; all stimulating and strong liquor taken to excess. The milk of a nurse in a fit of violent rage or anger, will sometimes cause an inflammation in the stomach of the child, accompanied with convulsions and all the bad symptoms of the complaint (hence a strict caution to avoid drunken and passionate nurses); strokes on the pit of the stomach, and the passage of a cannon ball close to the pit of the stomach, will suddenly kill; inflammation of the liver will sometimes spread to, and cause inflammation of the stomach. The stomach however is covered with a mucus which most commonly protects it from the baneful consequences of those causes.

When inflammation of the stomach has taken place, it has generally a very rapid, and most commonly a fatal termination. Sometimes it will
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run its course of inflammation and gangrene, and kill in the course of twelve hours; and the patients who have once escaped from it, are liable to attacks of it from very slight causes; if costiveness exists, it is sure to exasperate the symptoms and to encrease the danger. When gangrene sets in there is a mitigation of the pain; but with coldness, loss of strength, and a sinking of the pulse, which sufficiently point out the approaching event. Acrid food and hard of digestion, as smoked meat, may cause gastritis, in persons subject to it; too great or too frequently repeated doses of emetics, especially antimonials, and acrid purgatives in large doses, or in doses badly or injudiciously prepared, may also cause it. Erysipelas repelled or spreading from the surface to the stomach, may induce dangerous gastritis.

CURE.

The prospect of saving the patient depends almost entirely upon blood-letting, from which we must not be deterred by the state of the pulse; and it will be necessary to repeat it from time to time, until the danger be subdued. It is obvious that medicines taken by the mouth must rather exasperate than mitigate the symptoms, whilst the stomach is so extremely irritable, that it instantly throws off by vomiting every thing swallowed; even opiates are hurtful in the beginning until this irritability is allayed, but as it is of material

material advantage that the bowels should be opened and preserved in a regular state, purgative glysters in small bulk, as in No. 95, ought be administered, and repeated at short intervals until the bowels are relieved. The feet ought to be bathed frequently, and a large sharp blister laid over the pit of the stomach. If it be produced by poisons; along with the blood-letting, and the evacuations by stool already mentioned, correctors should be employed if possible, adapted to the qualities of the acrid or poisonous cause; but when inflammation of the stomach is the effect of poisons, it is but candid to observe that the case is commonly hopeless.

After the inflammation has subsided, and the acrimony of the primæ viæ has been removed by means of the glysters, opiates injected per anum, as in No. 41, will be useful to allay irritation.

The diet in gastritis, or more properly, after the vomiting and inflammation have stopped, must consist of liquid aliment, bland, and easy of digestion, such as light broths, gruel, panada, arrow root, and such like; the drink might be barley water, runnet whey, fresh buttermilk, &c. There must be particular attention to keep the patient warm and protected from every exciting cause. When the pain, inflammation, and vomiting have disappeared, a little castor oil might